

EMPLOYMENT - TEACHING PERSONNEL

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FACULTY, SCHOOL				DEPARTMENT			
FOAP - ACCOUNTING PLAN				POSITION NO.	POSITION CLASS	EMPLOYEE CLASS	FTE
FUND	ORGANIZATION	ACCOUNT	PROGRAM				
REASON FOR EMPLOYMENT							

SURNAME (CANDIDATE)	GIVEN NAMES	EMPLOYEE NO.
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PERMANENT HOME ADDRESS

POSTAL CODE	AREA CODE & TEL. NO.	PERSONAL E-MAIL
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DATE OF BIRTH	MARITAL STATUS	GENDER	LANGUAGE OF CORRESPONDENCE
YEAR MONTH DAY	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH

CANADIAN CITIZEN
 PERMANENT RESIDENT
 INTERNATIONAL HIRE REQUIRING WORK PERMIT

LANGUAGE IN WHICH CANDIDATE CAN WORK?
 FRENCH
 ENGLISH
 OTHER (SPECIFY) > _____

STUDIES, DIPLOMAS

INSTITUTION	LOCATION	DIPLOMA	YEAR OBTAINED

WORK EXPERIENCE

EMPLOYER	LOCATION	POSITION	YEAR(S)

POSITION	RANK	FROM	TO
ELIGIBILITY FOR TENURE	YEARS OF UNIVERSITY LEVEL EXPERIENCE (YULE) :	YEAR	MONTH DAY YEAR MONTH DAY
	YEARS OF REGULAR UNIVERSITY LEVEL EXPERIENCE (RULE) :	<input type="checkbox"/> REGULAR	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> GUEST LECTURER

SALARY \$ ANNUAL PERIOD PAID BY THE UNIVERSITY OTHER SOURCE (SPECIFY) > _____

NAME _____ (ENCLOSE APPLICANT'S COMPLETE OFFICIAL RECORD)

DATE _____ SIGNATURE _____

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