**2016 Continuing Education Application for Summer School Assistant Position**

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| 1. **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | Given Names: | | | |  | | | | | | | | | | | | |
| Home Address: | |  | | | | | | |  | | | | | |  | | | | | | |  | | |
|  | | STREET | | | | | | | CITY | | | | | | PROVINCE | | | | | | | POSTAL CODE | | |
| Home Telephone Number: | | | |  | | | | | | Local Telephone Number: | | | | | | | | |  | | | | | |
| University Email Address: | | | |  | | | | | | | Alternate Email Address: | | | | | | | | |  | | | | |
| Current Post Secondary Program: | | | | |  | | | | | | | | | Location: | | |  | | | | | | | |
| Program Completion Date: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Are you returning to the position? | | | | | | Yes  No | | | If yes, record dates of employment as a Summer School Assistant in **B. Employment History** | | | | | | | | | | | | | | | |
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| 1. **Employment History** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: | | | Position: | | | | Duties: | | | | | | FROM | | | | | | | | TO | | | |
| Day | | | Mo. | | Yr. | | | Day | | Mo. | Yr. |
|  | | |  | | | |  | | | | | |  | | |  | |  | | |  | |  |  |
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| **Describe any previous experience as a Summer School Assistant and/or related experience:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Why are you applying for or desire to return to a Summer School Assistant position?** | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **References (Those previously employed as SSAs need not complete this section.)** | | | |
| 1.  Professional/Employer | Name/Address: | | Phone #: |
| Email: |
| 2.  Professional/Employer | Name/Address: | | Phone #: |
| Email: |
| 3.  Personal | Name/Address: | | Tel: |
| Email: |
| Consent to Collect Information: | | | |
| It is expected that any person(s) named by the applicant as a reference has received permission to provide (employment) information to the Centre for Lifelong Learning of the London District Catholic School Board. This will ensure compliance with the Municipal Freedom of Information and Protection of Privacy Act. | | | |
| Date: | | Signature: | |
| Declaration (Please Read Carefully) | | | |
| I certify that the statements made by me in this application are true and complete to the best of my knowledge and beliefs and are made in good faith and, I agree that, if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal. I understand that any offer of employment as a Summer School Assistant with the Centre for Lifelong Learning of the London District Catholic School Board is dependent on my meeting the conditions outlined above. | | | |
| Date: | | Signature: | |
| Additional Comments: | | | |

*Fax or email to: John Marinelli, Vice Principal of Alternative, Adult, and Continuing Education*

***Fax: 519-659-2282******Email: jmarinelli@office.ldcsb.on.ca***