

QUALIFYING CREDENTIALS & WORK HISTORY FORM

MUST BE COMPLETED IN FULL

Completion of this form supports the initial placement of new employees on the salary scale. Scale placement is based on education and years of previous related experience in accordance with the respective Collective Agreement.

Application Date (DD/MM/YYYY):	Job Title:
Full Name:	
Mailing Address:	
Phone:	Email:

QUALIFYING CREDENTIALS

Please list all those that apply (e.g. Masters, professional designation etc.). Also note that a copy of the credential will be required prior to an application being considered.

CREDENTIAL ONE	
Designation:	
Issued By:	
Date Issued:	
CREDENTIAL TWO	
Designation:	
Issued By:	
Date Issued:	
CREDENTIAL THREE	
Designation:	
Issued By:	
Date Issued:	
CREDENTIAL FOUR	
Designation:	
Issued By:	
Date Issued:	

DIRECT WORK EXPERIENCE (TEACHING)

Please list all those that apply.

- **For Instructional Faculty:** Post-secondary teaching experience, or combination of relief and part-time teaching
- **For Non-Instructional Faculty:** working in the specified field (e.g. librarian, counselor, computer centre).
- **For Faculty Assistants:** previous experience working in the specified field (e.g. laboratory assistant/technician).

DIRECT WORK HISTORY ONE			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			
DIRECT WORK HISTORY TWO			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			
DIRECT WORK HISTORY THREE			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			

Please list all those that apply.

- **For Instructional Faculty:** Post-secondary teaching experience, or combination of relief and part-time teaching
- **For Non-Instructional Faculty:** working in the specified field (e.g. librarian, counselor, computer centre).
- **For Faculty Assistants:** previous experience working in the specified field (e.g. laboratory assistant/technician).

DIRECT WORK HISTORY FOUR			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			
DIRECT WORK HISTORY FIVE			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			
DIRECT WORK HISTORY SIX			
Position			
Course(s) Taught / Experience			
Institution / Employer			
Start Date		Delivery Method	☐ In-person ☐ Online ☐ Blended
End Date			
Total Months			
Hours per Week			

INDIRECT WORK EXPERIENCE (INDUSTRY)

Please list all those that apply.

INDIRECT WORK HISTORY ONE			
Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	
INDIRECT WORK HISTORY TWO			
Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	
INDIRECT WORK HISTORY THREE			
Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	
INDIRECT WORK HISTORY FOUR			
Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	
INDIRECT WORK HISTORY FIVE			
Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	

If required, additional work experience can be filled out on the next page.

ADDITIONAL WORK EXPERIENCE

ADDITIONAL WORK HISTORY ONE

Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	

ADDITIONAL WORK HISTORY TWO

Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	

ADDITIONAL WORK HISTORY THREE

Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	

ADDITIONAL WORK HISTORY FOUR

Position			
Employer			
Start Date		Total Months	
End Date		Hours per Week	

DECLARATION

I hereby declare that the foregoing information and resume is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or be grounds for dismissal.

Applicant Signature

Date (DD/MM/YYYY)