

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 (yy/mm/dd):	Job Title:
Full Name:	
Mailing Address:	
Phone:	Email:

QUALIFYING CREDENTIALS

Please list all those that apply. (E.G. Masters, Professional Designation) Also note that a copy of the credential will be required prior to an application being considered.)

Credential 1	
Designation:	
Issued By:	
Date Issued:	
Credential 2	
Designation:	
Issued By:	
Date Issued:	
Credential 3	
Designation:	
Issued By:	
Date Issued:	
Credential 4	
Designation:	
Issued By:	
Date Issued:	

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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).

Work History 1			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

Work History 2			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

Work History 3			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

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- **For Faculty Assistants:** previous experience working in the specified field (e.g. laboratory assistant/technician).

Work History 4			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

Work History 5			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

Work History 6			
Position:			
Course(s) Taught/Experience:			
Intitution/Employeer:			
Start Date:		Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Blended
End Date:			
Total Months:			
Hours per Week:			

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INDIRECT WORK EXPERIENCE (INDUSTRY)

Please list all those that apply.

Work History 1			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

Work History 2			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

Work History 3			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

Work History 4			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

Work History 5			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

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

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ADDITIONAL WORK EXPERIENCE

Work History 1			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	
Work History 2			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	
Work History 3			
Position:			
Employer:			
Start Date:		Total Months:	
End Date:		Hours per Week:	

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

YEAR / MONTH / DATE