

**PERSONAL INFORMATION**

Last Name		Middle Name	First Name	
Street Address		City	Province	Postal Code
Home Telephone No.	Alternate Telephone No.		Email Address	
Are you presently a McMaster student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which level?	
Have you ever worked for McMaster Hospitality Services before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which unit?	
Are you currently working for McMaster University?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which department and hours/a week?	
Do you know anyone who works for McMaster Hospitality Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate his/her name and unit!	

**AVAILABILITY**

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	Date available for work?
From								
To								

**EDUCATION**

School/College/University Name & Location	From	To	Major	Graduated?	Qualification obtained?

**WORK EXPERIENCE**

Employer		Position Held	
Supervisor	Telephone	From	To
Description of Duties:			
Reason for Leaving:			
Employer		Position Held	
Supervisor	Telephone	From	To
Description of Duties:			
Reason for Leaving:			
Employer		Position Held	
Supervisor	Telephone:	From	To
Description of Duties:			
Reason for Leaving:			

*It is understood that the company may, at any time, verify the information on this form and I hereby consent thereto. I further agree that any omission or misrepresentation with respect to this information may be a cause for denial or immediate termination of my employment at any time. I understand that due to business cycles, my hours of work may vary and that notice of reduction of hours may not always be given. I also agree that at all time, I will follow the rules and regulations of McMaster Hospitality Services. I understand and accept that my employment is contingent upon the company verifying and receiving appropriate and favourable references and background checks. I also authorize during my employment and as a continuing condition of employment, that the parties mentioned above may conduct occasional updates on my background and all information covered by this release.*

Signature	Date
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### **Application for Employment with McMaster University**

In submitting my application for employment, I authorize McMaster University to use the personal information I have provided for the purposes of assessing and verifying my qualifications for any employment opportunity that may be suitable.

The information gathered on the following forms is collected under the authority of the *McMaster University Act, 1976*.

The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, University Hall, Room 210, McMaster University.

I have read and understood the foregoing information, and authorize McMaster University to use the information collected on these forms for the purposes as outlined above.

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Signature of New Employee

\_\_\_\_\_  
Date Signed