

Sheridan is an equal opportunity employer and in compliance with the Ontario's Human Rights Code R.S.O. 1990, c.H19 promotes equal treatment with respect to employment without discrimination because of age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, record of offences, sex, or sexual orientation.

### PERSONAL DATA

|           |               |                |
|-----------|---------------|----------------|
| Last Name | Given Name(s) | Preferred Name |
|-----------|---------------|----------------|

|         |        |          |                      |
|---------|--------|----------|----------------------|
| Address | Street | Apt. No. | Primary Phone Number |
|---------|--------|----------|----------------------|

|      |          |             |               |
|------|----------|-------------|---------------|
| City | Province | Postal Code | Email Address |
|------|----------|-------------|---------------|

Are you legally authorized to work in Canada? (e.g. work permit holder, Canadian citizen, Canadian permanent resident, etc.)

Yes  No

Are you 18 years of age or older?

Yes  No

Have you ever been convicted of a federal criminal offence for which a record suspension (formerly pardon) has not been granted?

Yes  No

Have you worked for Sheridan before?

Yes  No

• If so, please indicate your position and dates of employment:

|  | Position | Date |
|--|----------|------|
|  |          |      |

### EDUCATION

| College Diploma:                     | Obtained:                | Field of Study: | University Degree: | Obtained:                | Field of Study: |
|--------------------------------------|--------------------------|-----------------|--------------------|--------------------------|-----------------|
| Certificate                          | <input type="checkbox"/> | _____           | 3 year Degree      | <input type="checkbox"/> | _____           |
| Ontario College Certificate (1 year) | <input type="checkbox"/> | _____           | 4 year Degree      | <input type="checkbox"/> | _____           |
| 2 year Diploma                       | <input type="checkbox"/> | _____           | 1 year Master's    | <input type="checkbox"/> | _____           |
| 3 year Diploma                       | <input type="checkbox"/> | _____           | 2 year Master's    | <input type="checkbox"/> | _____           |
| Professional Designations            | <input type="checkbox"/> | _____           | PhD                | <input type="checkbox"/> | _____           |

### REFERENCES (Please provide 2 Recent Supervisory References)

As per Section 39(1) of the Freedom of Information and Protection of Individual Privacy Act (FIPPA), I \_\_\_\_\_, authorize Sheridan to contact the persons or organizations listed below to obtain reference information.

|   |  |
|---|--|
| <b>Name of Organization:</b><br><br><b>Contact Name:</b><br><br><b>Title:</b> | <b>Phone:</b><br><br><b>Email:</b><br><br><b>Relationship to Reference (e.g. direct supervisor):</b> |
| <b>Name of Organization:</b><br><br><b>Contact Name:</b><br><br><b>Title:</b> | <b>Phone:</b><br><br><b>Email:</b><br><br><b>Relationship to Reference (e.g. direct supervisor):</b> |

Do you authorize Sheridan to contact the references listed above at any time: Yes  No

### DECLARATION

I hereby declare that the foregoing information and attached documents are true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or may be cause for my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_