

APPLICATION FORM CUPE LOCAL 3902 UNIT 3

Please attach an updated cv with this form

Covering persons employed for a period of less than one year, who are **NOT** undergraduate or graduate students, or post-doctoral fellows, in the University of Toronto.

(see collective agreement posted at http://www.hrandequity.utoronto.ca/Assests/Collective+agreements/cupe3902unit3.pdf for a full description of the Unit 3 bargaining unit)

, , ,	UofT Personnel #: Leave blank if you have never been employed by			
Name	the University of Toronto			
Address	City			
Province/State Postal Code	Country			
Email address*	*a valid email address is required to receive notification of job postings			
Telephone # Fax #	SIN #			
Highest Degree Obtained				
Granting Institution				
Department	Date conferred			
Academic Rank at UofT				
OURSES APPLIED FOR	TOTAL HOURS REQUESTED:			
Course # Course name				
Pate Type of position applying for				
Course # Course name				
Date Type of position applying for				
Course # Course name				
Date Type of position applying for				
PREVIOUS TEACHING EXPERIENCE AT THE UNIVERSITY OF TORONTO				
Course # Course name	○ Half course○ Full Course			
Department Type of position	Year			
Course # Course name	○ Half course○ Full Course			
Department Type of position	Year			

OTHER PREVIOUS TEACHING EXPERIENCE			
Course name		○ Half course○ Full Course	Year
Type of position	Dept/U	niversity	
Causea nama		○ Half course	Voor
Course name		Full Course	Year
Type of position	Dept/U	niversity	
Course name		○ Half course○ Full Course	Year
Type of position	Dept/U	niversity	
OTHER EXPERIENCE			
CONFIRMATION OF STATUS (required)			
Are you an undergraduate or graduate stu	udent in the University of Toronto	? OYES ONO	
Are you a postdoctoral fellow in the Unive	ersity of Toronto? YES	NO	
Are you legally entitled to work in Canada	for any employer? \(\text{YES} \)	NO	
Please submit your application no later th Applications received after the closing date		ting.	
NOTE: The University of Toronto strongly application in a non-electronic format, ple			s. If you are submitting this
Return this completed form, with an update	d/current cv to:		
Sherry Kuhn			
University of Toronto Department of Immunology Medical Sciences Bldg., Room 7207 Toronto, Ontario M5S 1A8			
Email: <u>immunology.office@utoronto.ca</u> Tel: 416-978-8216	<u></u>		
	Signature		
	Data		
	Date		