

# Application To Teach

**Position Applied for:** \_\_\_\_\_

Have you previously been a student and/or employee at Red River College?      Yes      No

If Yes: What is your student or employee Number: \_\_\_\_\_

Are you entitled to work in Canada?      Yes      No

*Please attach resume and cover letter*

## Personal Information :

Last name:		First name:	
Previous last name (if applicable):		Date of Birth (dd/mm/yy):	
Social Insurance Number (optional):			
Address:			
City/town:		Province/state:	Postal/zip code:
Email:			
Academic program and/or Course:			

## Education:

Highest education level attained: \_\_\_\_\_

### Post Secondary

Trade or Technical:

Institution \_\_\_\_\_

Location \_\_\_\_\_

Diploma or certificate \_\_\_\_\_

Trade certificate no. \_\_\_\_\_

Professional designation \_\_\_\_\_

Other (specify) \_\_\_\_\_

University/College

Institution \_\_\_\_\_

Degree/Diploma \_\_\_\_\_

Major \_\_\_\_\_

Completion date \_\_\_\_\_

*If more than one degree, please attach a separate sheet of paper*

### Secondary

Institution \_\_\_\_\_

Program taken                      U.E                      Bus. Ed.                      General

Grade Completed \_\_\_\_\_

### School of Continuing Education

C116-2055 Notre Dame Ave, Winnipeg, MB R3H 0J9

Tel: 204.694.1789 Fax: 204.633.6489

Toll-Fee: 1.866.242.7073

Web Site: rrc.ca/coned

Email: cde@rrc.ca

## Employment History :

Position:		
Type of Business:		
Present/Last Employer		
Address:		
City/town:	Province/state:	Postal/zip code:
Period of Employment: From		To

## References :

Name:	Title:
Name of Organization:	
Relationship to Referee:	
Email:	Phone Number:

## Declaration Statement :

I expressly consent to RRC verifying any information supplied by me in this application (and resume if applicable) for that purpose and for the purpose of obtaining any other information pertaining to my suitability for employment. RRC may contact any person or persons (not including my present employer), unless otherwise noted in this application.

**I am aware that I am subject to all relevant RRC policies related to such access and that I have read and understood the attached Policy IT1-Acceptable Use of Information Technology Resources.**

I certify that the statements made by me are true and to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Courses qualified to teach:	Course Code: _____
1. _____	
2. _____	
Positions Needed: CES      CEI      DES      DEI      CEI/DEI Hourly Rate \$ _____	
Manager Fund Code _____ <small>(e.g. BUTC)</small>	Course Start Date: _____
<b>I authorize that the above-named person may be provided with access to the Corporate Network, prior to his/her employment start date at RRC. (please check if applicable)</b>	
_____ Program Manager	_____ Date

### School of Continuing Education