

Personal Information to be completed by applicant

Surname:		First Name & Middle Initials:			
Permanent Address:			City:		
Province:	Postal Code:	Email:		Telephone No:	
Are you a student? Yes No If yes, Full-Time:		Part Time:	Undergraduate:	Masters:	PhD:
Trent Student :No:		Current Year of Enrolment: Year		of a Year Program	
Anticipated Graduation Date: _____		Program of Study			
If no, indicate : Postdoctoral Fellow Non university affiliation		Do you have a family member currently employed at Trent University? If yes, who and what is their relationship to you?			
Bank Information (if not already on file)					
<i>A cheque marked VOID or complete direct deposit information provided by your bank must be attached.</i>					
Social Insurance Number			TD1 Income Tax Forms: Federal: Attached Currently on File Provincial: Attached Currently on File		
I certify that my status is: Canadian Citizen Landed Immigrant Status Other Please Specify: _____ <i>Please attach copy of study/work permit.</i>			Department to which statements of earnings will be sent:		

Employment Information:

Bi-Weekly

Start Date:		End Date:				
Account(s) to be Charged:		Rate of Pay per Hour: \$ _____ Hours per week _____ (Vacation Pay at 4% or 6% (> 5 years service) is added to each bi-weekly pay) NB: Every pay generates an employer paid expense				
Varied Schedule (timesheets) OR Fixed Schedule		If fixed schedule, indicate Start/End time each day, including breaks*:				
Sun	Mon	Tue	Wed	Thus	Fri	Sat
Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:
<p><i>*As per the Employment Standards Act (ESA), shifts greater than five hours are required to have a minimum 30-minute unpaid break, free from work. To learn more about ESA requirements, please visit www.ontario.ca/employmentstandards</i></p> <p><i>To view payroll deadlines and pay dates, please visit www.trentu.ca/humanresources/payroll. All new employees must complete the mandatory training. For more information, please visit www.trentu.ca/humanresources/new-employees</i></p>						

Authorization:

Student/Employee Signature:	Date:
Supervisor's Name:	Date:
Supervisor's Signature:	

To be completed by supervisor

Please identify source of funding:			
SSHRC	NSERC	CIHR	Other: <i>Please identify:</i>
Grant/Funding Award Period:			
Start Date:		End Date:	
Grant/Agreement Reference Number:			
Title of Grant/Agreement as it appears on award notice:			

Appointed Position:	New position	Replacement	If replacement, indicate previous employees name/employee #:	
	Post Doctoral Fellow	Technical Staff	Administrative Support	Research Assistant
	Other <i>please explain:</i>			
*An up-to-date curriculum vitae or resume MUST be submitted with this employment record form				

Position Description: <i>Describe the duties for this position</i>
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Office/Lab where employee will be working:	Office/Lab Phone:
<i>Please note that any personnel working in science labs must have WHIMIS certification prior to starting work.</i>	Will employee have access to keys? Yes No

For Office of Research Use Only

OR Authorization:	Employee Ref. Number:	Date:
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For Financial Services, Research Accounts Use Only

FSRA Authorization:		Date:
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