

SUBSTITUTE BUS DRIVER EMPLOYMENT FORM

TURTLE MOUNTAIN SCHOOL DIVISION

DATE

LAST NAME

FIRST NAME

ADDRESS

EMAIL ADDRESS

(*notice of direct deposit will be sent to the email address provided)

TELEPHONE NUMBER

SOCIAL INSURANCE NUMBER

DATE OF BIRTH

NOTE: A copy of your driving record issued by Manitoba Motor Vehicle Branch must be submitted with this employment form.

EDUCATION AND TRAINING: (work experience, etc.)

REFERENCES: Please provide the names and addresses of at least three people whom we may contact with regard to your employment. If possible, select people qualified to comment on your working ability.

NAME	ADDRESS	POSITION	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION:

See Reverse

_____ I consent to electronic pay statements available via secure online access. The Turtle Mountain School Division will supply me with a user ID, password, and instruction.

_____ I consent to receive my T4 electronically from a secure online site and will print when it is available. I understand the copy I print is a legal and acceptable form and can be used for filing my personal income tax return.

I understand that the information provided by me in this employment form to the Turtle Mountain School Division constitutes material and important representations by me intended to induce the Division to enter into a contract of employment with me. I, therefore, understand and agree that the giving of false information in this employment form will constitute just cause for dismissal of me from employment entered into me by the Division and will also justify the Division treating any contract entered into by me to be null and void.

In connection with my employment, I hereby consent to the Turtle Mountain School Division, or its representative, any or all information which may be requested by them regarding my past or present mental, physical, or other condition history or treatment, and to furnish them with any records in respect of same.

Date

Signature of Applicant

Signature of Witness

Turtle Mountain School Division uses the direct deposit method for paying employees; therefore, please remit a void cheque to which account you would like your sub fees deposited.

Return employment form and void cheque to:

TURTLE MOUNTAIN SCHOOL DIVISION
435 WILLIAMS AVENUE
BOX 280
KILLARNEY, MANITOBA R0K 1G0
TELEPHONE: (204) 523-7531