



BUFFALO TRAIL PUBLIC SCHOOLS
 1041 – 10A Street
 Wainwright, AB T9W 2R4
 T: 780.842.6144 F: 780.842.3255
 Email: hrrsupportstaff@btps.ca
www.btps.ca

NEW EMPLOYEE FORM FOR CASUAL EMPLOYEES

Position	Casual Employee	SCHOOL/SITE		
Surname		First	Middle	
Have you been employed by Buffalo Trail Public Schools in the past?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please enter the surname you used in the space to the right.				
Birth Date		Start Date:		
	yyyy/mm/dd		yyyy/mm/dd	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Insurance Number		
Citizenship	Canadian <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Other <input type="checkbox"/>	If other, please specify
Telephone:		Cell		Email
Address				
	Mailing Address	City/Town	Prov.	Postal Code

BUFFALO TRAIL PUBLIC SCHOOLS PAYS EMPLOYEES BY DIRECT DEPOSIT ONLY. A VOID PERSONAL CHEQUE IS REQUIRED. PLEASE STAPLE IT TO THE FORM. IF YOU CHANGE YOUR BANK ACCOUNT, YOU MUST NOTIFY US IMMEDIATELY. A DIRECT DEPOSIT FORM CAN BE PRINTED FROM YOUR BANK AND WILL BE ACCEPTED.

**STAPLE VOID CHEQUE
HERE**

I confirm that Buffalo Trail Public Schools is to deposit my pay into the bank account as identified on the attached blank void cheque. I understand that it is my responsibility to advise Buffalo Trail Public Schools Payroll Department of any changes in the banking information provided fourteen (14) days prior to a direct deposit being made.

SIGNATURE

DATE

Please send completed information to: hrrsupportstaff@btps.ca

An original Criminal Record Check, with Vulnerable Sector Check must be submitted to the Central Office within a month of being hired. If you wish to have your original document back, please indicate when sending it in.

Part 2: Employment History

Employer	Position	Start Date	End Date

Part 3: Emergency Contact

Contact Name:	Relationship:	Telephone:
Alternate Contact Name:	Relationship:	Telephone:

Part 4: Education

Name of High School:
Address:
Year of Completion:

Universities, Colleges, or Trade Schools (Please send a copy of your certificates/transcripts to determine pay rate)		
Name	Year Completed	Certificate (yes or no)

Part 5: Career**Expertise (i.e., Computer Programs (Specify), Sign Language, etc.)**

Achievements (i.e., Awards, commendations, committees served on)

Interests

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Please check safety courses taken:

CPR <input type="checkbox"/>	First Aid <input type="checkbox"/>	WHIMIS <input type="checkbox"/>	Transportation of Dangerous Goods <input type="checkbox"/>	Other (please specify):
<div></div>				

In the event that I move, mail may be forwarded to the following permanent address:(ie parent or family member’s address)

Mailing Address:	<div></div>
City/Town:	<div></div>
Province:	<div></div>
Postal Code:	<div></div>

IF YOU HAVE ANY QUESTIONS REGARDING YOUR EMPLOYMENT WITH BUFFALO TRAIL PUBLIC SCHOOLS, WE WOULD BE HAPPY TO ASSIST YOU. PLEASE CONTACT US BY EMAIL AT hrsupportstaff@btps.ca