

**Unifor 2458 UNION – Full Time**

**Application for Transfer**

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| **Open only to employees of the University of Windsor**  **Incorrect statements may result in the**  **rejection of application or rescindment of appointment.** |

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| **Position Applied for (Title)** | | | | | **Posting Number** | | | |
| **Name in Full (Please Print)** | | | | | | | **EMPLOYEE I.D. #** | |
| **Present Department, Position Title and Classification** | | | | | **Dept. Ext. No.** | | | **Home Phone** |
| **Name of Immediate Supervisor** | | | | | **Unifor 2458 full-time seniority date** | | | |
| **EDUCATION** | | | | | | | | |
| **Institution** | | **Grade or Year Completed** | | **Specialization**  ***(Degrees of Diplomas Awarded)*** | | | | |
| **High School (Secondary)** | |  | |  | | | | |
| **Community College** | |  | |  | | | | |
| **University** | |  | |  | | | | |
| **Post-Graduate Courses** | |  | |  | | | | |
| **Others** | |  | |  | | | | |
| **EMPLOYMENT**  ***(State the positions you have had since you began working. List most current positions first)*** | | | | | | | | |
| **YEARS OF EMPLOYMENT**  **FROM TO** | | | **TITLE AND KIND OF WORK** | | | **PLACE** | | |
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| **COMPUTER PROGRAM SKILLS ASSESSMENT:** | | | |  |  |
| ☐ Word Processing | ☐ Spreadsheets | | ☐ Databases | ☐ Medical Terminology | ☐ Keyboarding \_\_\_\_\_\_\_\_ **wpm** |
| ☐ Dictaphone | ☐ Data Entry | | ☐ Graphics | ☐ Scientific | ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **specify** |
| Please specify computer packages you are familiar with below, and rate your proficiency as follows: | | | | | |
| 1) course only/no experience *EXAMPLE: Ms Word (3)* | | 2) some working knowledge | | 3) proficient | 4) expert |
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| **N.B.: State in Sufficient Detail How, By Your Experience and Personal Interests, You Are Especially Qualified for this Position. (Please attach a separate or additional page if necessary.)** |
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**I certify to the best of my knowledge and belief that the foregoing statements are true and made in good faith.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE SIGNATURE**

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| **THIS FORM IS AN INTEGRAL PART OF THE SELECTION PROCEDURE,**  **THEREFORE IT WILL BE TO YOUR ADVANTAGE TO COMPLETE IT FULLY.** |