

## **Employment Application | Invigilator**

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Test and Exam Services is the department responsible for coordinating test and examination accommodations for students registered with Accessibility Services at the University of Toronto, St. George Campus

| Applicant's Last Name                       | Position Identification Number ("Job ID") |
|---|---|
| Applicant's First Name                      | Street Address                            |
| University of Toronto Student #             | City                                      |
| University-Issued E-mail Address            | Province                                  |
| Cell Phone #                                | Postal Code                               |
| Home Phone # (if applicable)                | UTORid                                    |
| Student Status at UofT as of September 2018 | Anticipated Month & Year of Convocation   |
| SGS I                                       |   |
| SGS II                                      |   |
| SGS III                                     |   |
| Other                                       |   |

**SGS I:** Enrolled in a Master's program, completed fewer than two (2) years of full-time graduate study, does not have a Master's degree (or equivalent) in the discipline

**SGS II:** Enrolled in a Master's program, completed two (2) or more years of full-time graduate study, does not have a Master's degree (or equivalent) in the discipline

SGS III: Enrolled in a Doctoral program

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#### **AVAILABILITY**

Invigilating shifts are typically arranged into three scheduling blocks each day: mornings, afternoons, and evenings. Considering your academic and personal obligations, please indicate the days and times that you will (generally) be available to cover invigilating shifts. CHECK ALL THAT APPLY. Note that a minimum number of invigilating shifts and/or hours is not guaranteed.

#### **Mondays**

Mornings (7:00 AM - 1:00 PM)

Afternoons (12:00 PM - 6:00 PM)

Evenings (5:00 PM - 11:00 PM)

No Availability

### **Thursdays**

Mornings (7:00 AM - 1:00 PM)

Afternoons (12:00 PM - 6:00 PM)

Evenings (5:00 PM - 11:00 PM)

No Availability

### **Tuesdays**

Mornings (7:00 AM - 1:00 PM)

Afternoons (12:00 PM - 6:00 PM)

Evenings (5:00 PM - 11:00 PM)

No Availability

### **Fridays**

Mornings (7:00 AM - 1:00 PM)

Afternoons (12:00 PM - 6:00 PM)

Evenings (5:00 PM - 11:00 PM)

No Availability

#### **Wednesdays**

Mornings (7:00 AM - 1:00 PM)

Afternoons (12:00 PM - 6:00 PM)

Evenings (5:00 PM - 11:00 PM)

No Availability

# I will be available to ATTEND ALL OF THE MANDATORY TRAINING SESSIONS listed below:

Wednesday August 28, 2019 (TBC)

Friday August 30, 2019 (TBC)

Wednesday September 4, 2019 (TBC)

I will be available to cover invigilating shifts throughout the December 2019 exam period (December 7th through 20th).

Yes

No

Unsure

I will be available to cover invigilating shifts throughout the April 2020 exam period (April 6th through 25th).

Yes

No

Unsure

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#### **COURSE LIST**

Attach a copy of your course list exactly as it appears on ACORN for the Fall 2019 session (September through December) and the Winter 2020 session (January through April).

| December) and the Winter 2020 Session (January through April). |                                      |
|--|--------------------------------------|
| I have attached a copy of my course list.                      |                                      |
| Yes  |                                      |
| No   |                                      |
|  |                                      |
| REFERENCES   |                                      |
| Reference #1   | Reference #2                         |
| Name   | Name                                 |
|  |                                      |
| Job Title / Position   | Job Title / Position                 |
|  |                                      |
| Company / Institution / Organization                           | Company / Institution / Organization |
|  |                                      |
| Telephone #  | Telephone #                          |

#### **APPLICANT'S STATEMENT**

E-mail Address

I hereby certify that the information contained in this Employment Application is true and correct to the best of my knowledge.

**Applicant's Name (First and Last)** 

Date (DD/MM/YYYY)

E-mail Address