## APPLICATION FOR A TEACHING ASSISTANTSHIP POSITION YORK UNIVERSITY UNIT 1

(If you are registered at York as a full-time graduate student)

NAME	TELEPHONE
surname	given name
ADDRESS	POSTAL CODE
street	city
SUMMER ADDRESS	
SUMMER PHONEEMAIL ADDRESS	
SOCIAL INSURANCE NUMBE DATE OF APPLICATION	
STUDENT NUMBER	
TYPE OF APPLICATION: Bla	nket/Specific (circle one)
Faculty	Department/Division
academic sessions that commence 31 is specific to the position or position or position.	31 falls on a week-end) and shall apply to all positions in the hiring unit for e during the twelve months following January 31. Any application after January ositions listed below.  *how to fill in this application, please call the CUPE 3903*
COURSES/POSITIONS	1
<b>REQUESTED:</b> (Even if this is a blanket application)	1
please specify the position(s), cou	urse # 2
and title, and academic session in you are most interested.)	which 3
	OY: Graduate Program
Masters	Ph.D/ Year of Study
	Entry Date 1st, 2nd etc.
Graduate Supervisor	
If applying for summer employm	ent, are you a visa student?
PRIORITY POOL STATUS:	
Number of years (including curre TA assignments held at York who	
111 assignments nett at 10th Wil	iic. a masters candidate

## **PREVIOUS TEACHING ASSISTANTSHIPS AT YORK:** Including any currently held.

(e.g Arts/HIST2510/Canadian History)	Year e.g. 1992-93)	Study Level (e.g. Ph.D I)
EDUCATION: Begin with current.		
	iversity	Date Completed/In Progress
1		
2		
4		
PUBLICATIONS: Give authors, titles and jour	nal references.	
CURRENT RESEARCH:		
RELEVANT GRADUATE LEVEL COURSE	E WORK:	
	z work.	
	, worker	

RELATED WORK OR ACADEMIC EXPERIENCE:				
	RECEIPT OF APPLICATION			
	from YORK UNIVERSITY			
	YORK UNIVERSITY			
DATE:				
FACULTY:	DEPARTMENT/DIVISION:			
This is to acknowledge receipt of	ote that the blanket application applies to all positions in this Unit			
(circle one) application form. Please n	ote that the blanket application applies to all positions in this Unit			
for all academic sessions which comm	ence during the twelve months following January 31.			
Signed				
<u> </u>				

Revised: September 2012 Revised: November 2012

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Employmen	nt Equity (completion of this section is voluntary):
Committee. Employmenthe boxes be	ation below is important for the CUPE 3903 Joint Employment Equity  A high response rate is critical to the ongoing development of the CUPE 3903 at Equity Plan. We ask that you please self-identify by checking one or more of elow and submit it to the departmental administrative assistant. Please note that this information to be useful we need you to include your Employee Number.
☐ Visible N	Minorities Aboriginal People Persons with Disabilities Women
Employee N	Number
NOTE:	If you are a person with a disability and wish to discuss workplace accommodation please contact the University's Employee Well Being Office:
	http://www.yorku.ca/hr/units/employeerelations/ewb.html