

Note: Only the following pages are required to be submitted to HR Consulting via truck mail or email

# **LUNCHROOM SUPERVISOR Checklist**

| School: Grace M    | lartin School   |
|--------------------|---|
| Key School Conta   | ct (including phone number): <u>Susan McWhinnie 780-462-7121</u>  |
| Principal: Rand    | y Witte   |
| Name of Lunchro    | om Supervisor:  |
| Preferred Start da | ate:  |
|                    | that all of the following documents need to beincluded inthis submission for review. Employment can not ntil all documents are reviewed by HR Consulting. Processing will beindicated inTRS. Pay will not beissued prior to proval. |
| The following do   | cuments are included: Employment Data- Lunchroom Supervisor (page 2)  |
|                    | ☐ Work Permit (if applicable)   |
|                    | Mandatory Applicant Disclosure (page 3)   |
|                    | Support for Lunchroom Variance Form (page 4)  |
|                    | Direct Deposit Enrolment Form (page 5)  |
|                    | Police Information Check (In a sealed envelope or email if provided electronically)   |
|                    | Copy of Social Insurance Number card  |
|                    | Copy of photo ID (Drivers License OR Passport)  |



#### **NEW HIRE EMPLOYMENT DATA-LUNCHROOM SUPERVISOR**

Once completed, this form will include personal information as identified under the Freedom of Information and Protection of Privacy Act, and MUST NOT BE FAXED.

|   | JMs. ⊔ Mi:                         | SS                            |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
|---|------------------------------------|-------------------------------|---|------------|-------|------------|--------|---------------------------------|-------------------|--------|--------|------------|------|----------|--------------|--------|--------|------|
| Legal Name:   |                                    |                               |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
|   |                                    | /Last)                        |   |            |       |            |        |                                 | /First)           |        |        |            |      |          | /Preferred)  |        |        |      |
| Address:  |                                    |                               |   |            |       |            |        |                                 | City              | r.     |        |            |      |          |              |        |        |      |
| Postal Code:  |                                    | Home Phone:                   |   |            |       |            |        | Ī                               | Cell Phone:       |        |        |            |      |          |              |        |        |      |
| Date of Birth:  |                                    | E-m                           |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
|   | n                                  | month/day/year Social Insuran |   |            |       |            | rance  | Numbe                           | er (SIN):         |        |        |            |      |          |              |        |        |      |
| REMINDER: All new hires must attach a SIN card/letter. If the SIN starts with a "9" a copy of the work permit must be |                                    |                               | Copy of the SIN card attached: ☐ YES  Copy of Work Permit attached: ☐ YES |            |       |            |        | Expiry Date of the SIN<br>Card: |                   |        |        |            | SIN  | N        | /lonth       | ı/Day/ | Year   |      |
| attached.   |                                    |                               |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
| Previously Employed by Edmonton Public Schools? ☐ Yes   |                                    |                               |   |            |       | /es        | ID#    |                                 |                   | □ No   | □ No   |            |      |          |              |        |        |      |
| Name used if dif  | Name used if different from above: |                               |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
| Currently employed by Edmonton Public Schools?  |                                    |                               |   |            | □Y€   | S          | ID#    |                                 |                   | □ No   |        |            |      |          |              |        |        |      |
| School Use Only:<br>Attachments:<br>Employee Date  Work Permit  |                                    | atory /                       | Applicar  | nt Disclos | ure [ | ☐ Direct [ | Depos  | it □ Lu                         | nchroom           | Varia  | nce S  | Support Fo | om 🗆 | ] Police | e Info       | rmat   | ion Ch | heck |
| School and Decision Unit#: Grace Martin School 0220   |                                    |                               |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
| Position Title: Lunchroom Supervisor  |                                    |                               |   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
| Commencement Date:  |                                    |                               |   |            | Ì     | Last D     | Day of |                                 | oyment<br>(nown): |        |        |            |      |          |              |        |        |      |
| Rate of Pay: \$19.00  |                                    |                               |   |            | - !   |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
|   |                                    | -                             | -   |            |       |            |        |                                 |                   |        |        |            |      |          |              |        |        |      |
| 6 1 5   | 3 0                                | 1                             | 0   | 2 2        | 0     | 0 0        | 0      | 0                               | 2 0               | ) 8    | 0      | 1          | 0    | 0        | 0            | 0      | 0      | 0    |
| Account Cost Centre Sit   |                                    |                               | Site  |            |       | Pro        | gram   |                                 |                   |        | Ac     | tivity     |      |          |              |        |        |      |
|   |                                    |                               |   |            |       |            |        |                                 |                   | _      |        |            |      |          |              |        |        |      |
| Date  | D.I. Administrator                 |                               |   |            |       |            |        | Hums                            | n Resour          | nac Ca | neulti | ina A      | orov | al       | _   <b> </b> |        |        |      |

COLLECTION AND STORAGE OF PERSONAL INFORMATION

All personal information is collected solely for the purpose of determining suitability, eligibility, or qualifications for employment with Edmonton Public Schools and is retained in accordance with the Freedom af Information and Protection of Privacy Act of Alberta and secured in Human Resources. Information related to staff will be retained in electronic and hard-copy files and will be used to meet district and legal requirements for payroll, recruitment and selection, and information reporting. Human Resources staff, district administrators, and agents of the Board may review information retained in electronic and hard-copy files on a need-to-know.



### **Mandatory Applicant Disclosure**

Edmonton Public Schools is committed to providing a safe environment for students and staff. If you wish your application for employment to be considered, you are required to answer the three questions below under **APPLICANT DISCLOSURE**. Answering *YES* to any of the questions will not automatically exclude you from further consideration for employment. The requirements of the position and related circumstances will be considered.

Before answering the questions, carefully read the following information:

- Effective September 1, 2004, all employees hired by Edmonton Public Schools are required to submit a Police Information/Criminal Records check which includes information relevant to working with the vulnerable sector, as applicable. The nature of any charges, convictions, or investigations revealed in a Police Information/Criminal Records check, and the date at that time, will be considered relative to the date of hire and the position responsibilities.
- Instructions for obtaining a Police Information/Criminal Records check will be provided at the time of hire or offer of employment.
- If the information revealed by the Police Information/Criminal Records check indicates that an employee or prospective employee is unsuitable for employment with a school division, an offer of employment will be rescinded or employment will immediately be terminated by mutual agreement.

| APPLICANT DISCLOSURE   |            |       |  |  |  |  |  |
|--|------------|-------|--|--|--|--|--|
| Details must be provided for a YES response.   |            |       |  |  |  |  |  |
| Have you ever been charged or convicted of an offence und<br>Act, or Firearms Act of Canada, or the criminal laws of any<br>If you have been granted a pardon, you are not required to | YES        | NO NO |  |  |  |  |  |
| Have you ever been suspended, disqualified, reprimanded, against you as a member of any profession or organization   | YES        | NO NO |  |  |  |  |  |
| Have you ever been denied, or had revoked, any certificate, license, or permit?  |            |       |  |  |  |  |  |
| Provide details for a YES response including dates, disposition, and any other pertinent information.  |            |       |  |  |  |  |  |
|  |            |       |  |  |  |  |  |
| Last name  | First name |       |  |  |  |  |  |
| Middle name(s)   | Date       |       |  |  |  |  |  |



#### **Support for Lunchroom Variance Form**

Edmonton Public Schools applies for a variance or exemption to the *Employment Standards Regulation Section 11 - Employment for less than 3 Hours*. This variance or exemption applies only to lunchroom supervisors whose role is to provide supervision during the lunch hour and does not apply to other employment in the Division. The variance or exemption allows Edmonton Public Schools to compensate lunchroom supervisors only for actual hours worked.

As you are a Lunchroom Supervisor with **Grace Martin School**, you are being advised of the Minister's Variance or Exemption as a condition of your employment.

Please discuss with your supervisor any questions you may have.

I acknowledge that my supervisor has discussed the lunchroom variance with me. I support the variance and agree, in my role as a lunchroom supervisor, to only be paid for actual time worked during the course of this employment with Edmonton Public Schools.

|                        | 7.        |
|------------------------|-----------|
| Employee Name (Print)  |           |
| Date                   | Signature |
|                        |           |
| Randy Witte            |           |
| Principal Name (Print) |           |
|                        |           |
| Date                   | Signature |

"Edmonton Public Schools is collecting this personal information in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP), to determine and verify the Applicant's eligibility for employment. The use and disclosure of your personal information is managed in Accordance with the FOIP Act. "

cc: HR Service Centre



| OFFICE USE ONLY |             |           |  |  |  |  |  |
|-----------------|-------------|-----------|--|--|--|--|--|
| Form – DD       |             |           |  |  |  |  |  |
| Emp. ID         | Description | Signature |  |  |  |  |  |

# **DIRECT DEPOSIT FORM**

### **Instructions:**

- Complete **Section A** Personal Information (\*If Social Insurance number begins with "9" a copy of your work visa must be included)
- Complete **Section B** Confirmation
- Attach a sample cheque marked "void" for deposit to a chequing account.
- If you are not depositing to a chequing account, have your financial institution complete and sign Section C
- Return the completed form to HR Service Centre Payroll

| SECTION A – Personal Information   |                  |                                |             |            |  |  |  |  |  |  |  |  |
|--|------------------|--------------------------------|-------------|------------|--|--|--|--|--|--|--|--|
| Employee ID #:   | Social Insurance | Social Insurance # (Required): |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
| LAST NAME  | FIRS             | ST NAME                        | MIDDLE NAME |            |  |  |  |  |  |  |  |  |
| SECTION B – Confirmation   |                  |                                |             |            |  |  |  |  |  |  |  |  |
| I confirm that Edmonton Public Schools is to deposit my pay into the bank account <u>as identified on the attached cheque</u> or as provided by my financial institution. I understand that it is my responsibility to advise Human Resources - Payroll of any changes in the banking information provided a minimum of fourteen (14) days prior to a direct deposit being made. |                  |                                |             |            |  |  |  |  |  |  |  |  |
| Employee Signature Date  |                  |                                |             |            |  |  |  |  |  |  |  |  |
| SECTION C – To Be  | Completed By Fi  | nancial Institutior            | or Attach V | oid Cheque |  |  |  |  |  |  |  |  |
| Account Number   |                  |                                |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
| Institution Number   |                  | Branch Numbe                   | er          |            |  |  |  |  |  |  |  |  |
| Name and Address of Financial Institution  |                  |                                |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
| Postal Code  | Tele             | phone Number                   |             |            |  |  |  |  |  |  |  |  |
|  |                  |                                |             |            |  |  |  |  |  |  |  |  |
| Signature of Financial Rep   | presentative     | Date                           |             |            |  |  |  |  |  |  |  |  |