



# North East School Division

Box 6000, 402 Main St.  
Melfort, SK S0E 1A0

Phone: (306) 752-5741  
Fax: (306) 752-1933

Toll Free: 1-888-752-5741  
Website: [www.nesd.ca](http://www.nesd.ca)

## Casual Caretaker Application Process

Applicants are required to provide a complete casual caretaker position application package which includes:

- a) NESD Caretaker application form – indicating the school(s) where you would like to work;
- b) copies of any applicable certificates, diplomas or certifications;
- c) three current references;
- d) a criminal record check & vulnerable sector checks completed within the last six months.

The complete application package can be sent to:

**Human Resources**  
**NESD**  
**Box 6000, 402 Main Street**  
**Melfort, Saskatchewan**  
**S0E 1A0**  
**Email: [careers@nesd.ca](mailto:careers@nesd.ca) Fax: 306-752-4533**

Only those selected for an interview will be contacted. If you are interviewed, please give us at least two weeks to get back to you.



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## Caretaker Application Form

Where did you hear about us? \_\_\_\_\_

### Personal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you worked with the school division before? Yes / No

### Position:

Full Time Caretaker  Casual Caretaker

Are you eligible to work in Canada? Yes  No

Indicate in which schools you wish to be a casual (please check all that apply)

- Arborfield School
- Bjorkdale School
- Carrot River Schools
- Gronlid School
- Hudson Bay Community School
- Melfort Schools
- Naicam School
- Nipawin Schools
- Porcupine Plain Comprehensive School
- Star City Schools
- Tisdale Schools
- White Fox School
- William Mason School (Chociceland)

Please identify your availability (circle the day and times):

Monday:	am	pm	evening	Friday:	am	pm	evening
Tuesday:	am	pm	evening	Saturday:	am	pm	evening
Wednesday:	am	pm	evening	Sunday:	am	pm	evening
Thursday:	am	pm	evening				

Do you have a disability which will affect your ability to perform any of the functions of this job? Yes  No

If yes, what functions can you not perform (to assist us in determining what accommodation can be made)?

\_\_\_\_\_

Do you have work experience as a caretaker? Yes  No

If yes, list details \_\_\_\_\_

**Education:**

Highest level/grade completed: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Other courses/training (first aid, WHMIS, etc.): \_\_\_\_\_

**Employment History (last three employers):**

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact? Yes / No

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact? Yes / No

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact? Yes / No

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_**References:**

Please provide the names of individuals familiar with you in a work setting, particularly those who have supervised you.

Name & Position	Relationship	Phone Number(s)

May we contact your references? Yes / No

I certify that the information given by me on this application is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_