

# Employment Application | Invigilator

Test and Exam Services | University of Toronto | St. George Campus

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*Test and Exam Services is the department responsible for coordinating test and examination accommodations for students with documented disabilities enrolled in courses at the University of Toronto, St. George Campus*

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|                       |   |
|-----------------------|---|
| 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

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**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:**

Wednesday August 29, 2018 (10:00 AM - 2:00 PM)  
Friday August 31, 2018 (10:00 AM - 2:00 PM)  
Wednesday September 5, 2018 (10:00 AM - 4:00 PM)

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**I will be available to cover invigilating shifts throughout the December 2018 exam period (December 7th through 21st).**

Yes  
No  
Unsure

**I will be available to cover invigilating shifts throughout the April 2019 exam period (April 6th through 30th).**

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 2018 session (September through December) and the Winter 2019 session (January through April).

**I have attached a copy of my course list.**

Yes

No

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## REFERENCES

**Reference #1**

**Reference #2**

**Name**

**Name**

**Job Title / Position**

**Job Title / Position**

**Company / Institution / Organization**

**Company / Institution / Organization**

**Telephone #**

**Telephone #**

**E-mail Address**

**E-mail Address**

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## APPLICANT'S STATEMENT

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)**