

Application Form for:

Mathematics Student Marker and Statistics Lab Assistant

THIS APPLICATION MUST BE FILLED OUT AT THE BEGINNING OF EACH TERM

Section I

Name _____ TERM _____

Student ID _____ Email _____

Phone _____ Alternate Phone _____

Have you been a marker or TA before in the Mathematics department? Y/N _____

if YES, *Section II* may be waived with instructor approval

if NO, have you been a marker or TA in any other MSVU department? Y/N _____ (list below)

Note: You will be required to sign a *Confidentiality agreement*. The shaded box below must be filled in and signed by either your instructor or Mathematics admin staff. Only one copy is required and will be kept on file.

Office Use Only:		
_____	_____	_____
Date of Signed Agreement	Office Signature	Date

This Application Is Regarding being a marker or TA for (check all that apply):

(Include the name of the professor you had when you took this course)

- ___ MATH 0020 COLLEGE ALGEBRA _____
- ___ MATH 1102 PRECALCULUS I _____
- ___ MATH 1103 PRECALCULUS II _____
- ___ MATH 1113 INTRODUCTORY CALCULUS I _____
- ___ MATH 1114 INTRODUCTORY CALCULUS II _____
- ___ MATH 1130 FINITE MATHEMATICS _____
- ___ MATH 2208 INTRO TO STATISTICS I – LECTURE _____
- ___ MATH 2209 INTRO TO STATISTICS II -LECTURE _____
- ___ MATH 208L INTRO TO STATISTICS I – LAB (MARKING) _____
- ___ MATH 208L INTRO TO STATISTICS I – LAB (TA)* _____
- ___ MATH 209L INTRO TO STATISTICS II - LAB (MARKING) _____
- ___ MATH 209L INTRO TO STATISTICS II – LAB (TA)* _____
- ___ MATH 2284 SURVEY DESIGN _____
- ___ MATH 2277 NON PARAMETIC METHODS _____
- ___ MATH 3302 INTERMEDIATE STATISTICS I _____
- ___ MATH 3304 INTERMEDIATE STATISTICS II _____

***If you are applying to work as a Statistics Lab Assistant (TA) record your availability below:**

Monday _____
Tuesday _____
Wednesday _____

Thursday _____
Friday _____

Section II

List any relevant mathematics courses that you have completed. Please indicate the final grade that you received for each course listed.

Course Name	Date Completed	Final Grade (may be verified)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe any other relevant experience or skills that you feel would be applicable to the desired position (e.g. tutoring).

List any academic and or professional References along with contact information:

1. Name:
Contact:

2. Name:
Contact:

Section III

Student Signature

Date

Instructor Use	
*On-Campus Instructor/s who will be signing Time Sheets:	_____
*DISTANCE Instructor/s who will be signing Time Sheets:	_____
_____	[<input type="checkbox"/>] Check if <i>Section II</i> is to be waived
Department Signature (or admin initials if permission given electronically)	DATE



CONFIDENTIALITY AGREEMENT

In consideration of my employment with the Department of Mathematics/Computer Science and Mount Saint Vincent University (hereafter referred to as MSVU), I acknowledge that I have or will have access, while employed by the Department of Mathematics/Computer Science at MSVU, to confidential information.

Confidential information consists of any and all information disclosed, acquired or known to me as a result of my employment with the Department of Mathematics/Computer Science at MSVU, including any other information gathered or developed by me and relating to the business of the Department of Mathematics/Computer Science at MSVU. Confidential information includes without limitation: all documents and software pertaining to the interests of MSVU, technical, human resource and financial information, as well as all other information, written, oral, graphic, or computerized about the Department of Mathematics/Computer Science at MSVU, its students, staff or faculty.

I acknowledge and agree that all confidential information is and shall remain the sole and exclusive property of the Department of Mathematics/Computer Science at MSVU, that such information shall be treated at all times as being confidential and that it is of great value to the Department of Mathematics/Computer Science at MSVU. Consequently, while employed by the Department of Mathematics/Computer Science at MSVU and following the termination of my employment for any reason whatsoever, I hereby unconditionally undertake, at all times and everywhere, that I shall not, directly or indirectly, use, disseminate, dispose of, communicate, divulge, copy or publish any confidential information or part thereof for my own benefit or that of any person, physical or moral, unless I have obtained the prior written approval of the Department of Mathematics/Computer Science at MSVU or if the said information is already in the public domain or can be lawfully revealed by a third party.

Signed the _____ day of _____

Employee's signature

Employee's name (print)