



APPLICATION FOR EMPLOYMENT Non-Teaching Personnel

District Education Office
Human Resources Department
22225 Brown Avenue
Maple Ridge, B.C. V2X 8N6
Phone: (604)463-4200
Fax: (604)463-4181
Web: www.sd42.ca

POSITION DESIRED:

When are you Available to Start?

Please print and complete form in detail. All information provided will be held in strict confidence.

LAST Name	FIRST Name	MIDDLE Name
Address	City	Province
Postal Code		
Telephone #	Alternate Telephone #	E-Mail

EMPLOYMENT RECORD (Please attach current resumé if available.)

Employed -	FROM:	TO:	Position Held:
Employer:			Address:
Supervisor:			
Status on Leaving:	<i>full-time:</i> <input type="checkbox"/> <i>part-time:</i> <input type="checkbox"/> <i>casual:</i> <input type="checkbox"/>		Reasons for Leaving:
Employed -	FROM:	TO:	Position Held:
Employer:			Address:
Supervisor:			
Status on Leaving:	<i>full-time:</i> <input type="checkbox"/> <i>part-time:</i> <input type="checkbox"/> <i>casual:</i> <input type="checkbox"/>		Reasons for Leaving:
Employed -	FROM:	TO:	Position Held:
Employer:			Address:
Supervisor:			
Status on Leaving:	<i>full-time:</i> <input type="checkbox"/> <i>part-time:</i> <input type="checkbox"/> <i>casual:</i> <input type="checkbox"/>		Reasons for Leaving:

EDUCATION

	Name & Location of School	Dates Attended	Diploma, Degree or Grade Completed
High School			
College/University			
Other			
Additional Education or Training			

Typing: wpm

Valid Driver's License: Yes No

In addition, please include photocopies of reports, letters of reference, school transcripts as well as other information in support of this application.

BACKGROUND INFORMATION

1. Are you legally entitled to work in Canada?	YES	NO
2. Have you previously been employed by District 42? <i>When?</i>	YES	NO
3. Have you done a practicum in District 42? <i>Name of School & Dates:</i>	YES	NO
4. Do you know of any reason why it might be determined that you should not be employed in a capacity in which you work with children or may potentially have unsupervised access to children?	YES	NO
5. Do you have any physical limitations that may interfere with your ability to perform the work for which you are applying?	YES	NO
6. Are you under 16 years of age?	YES	NO

If you answered 'Yes' to any of the questions 4 through 6 please provide particulars on a separate sheet and place the sheet in an envelope marked 'Confidential' to accompany this application.

Note: Answering 'Yes' to any of the questions 4 through 6 does not necessarily preclude employment with the School Board.

REFERENCES: Exclude Relatives (Please list only those who have already agreed to provide a reference on your behalf.)

	Name	Position	Employer/School	Telephone No.
1.				
2.				
3.				
4.				

APPLICANT'S DECLARATION AND AGREEMENT

I declare and certify that all the information I have provided concerning my application for employment including any other documents which accompany this application is complete and true in every respect. I understand and agree that any failure to provide accurate and complete answers of the questions asked of me, when discovered, will constitute sufficient grounds for discharge. Furthermore, I understand and agree that any offer of employment I receive is conditional on my having provided complete and accurate information with respect to this application, and furthermore, I agree that I will resign in the event that it comes to light that any of the information I have provided is not accurate or complete.

I hereby authorize School District No. 42 to conduct reference checks, now and in the future, and criminal record searches in connection with my application for employment. I understand that in addition to the other conditions of employment referred to above, any offer of employment extended to me is conditional upon me accurately and completely disclosing any criminal records and the criminal records checks not revealing criminal convictions, outstanding charges, or pending investigations which, in the opinion of the Board, render me unsuitable for employment in this position.

I further understand that as a condition of employment, I may be required to pass a medical examination, the result of which must be satisfactory in the sole judgment of the School District before and during employment.

DATE:

SIGNATURE: 

FOR DEPARTMENTAL USE ONLY

Reviewed by:		Date:	
Interviewed? Y/N	Date:	By:	