



EMPLOYMENT APPLICATION

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
 Email: applicants@sd42.ca

DATE OF APPLICATION: _____ (YYYY/MM/DD)

- POSITION DESIRED:**
- SUPPORT STAFF** (*Position desired*) _____
- EXEMPT STAFF** (*Position desired*) _____
- PRINCIPAL/VICE PRINCIPAL** **Elementary** **Secondary** **Both**
- TEACHING** (*Teaching Major/Area*) _____
- Primary K-3 Intermediate 4-7 All Elementary K-7
- Junior/Secondary 8-12 Montessori Special Education

WHEN ARE YOU AVAILABLE TO START? _____ (YYYY/MM/DD)

PERSONAL DATA:

Please complete this form accurately as it will become an important part of the assessment to determine your suitability for the position.

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

Valid BC Driver's License: Yes No

EMPLOYMENT HISTORY: (*Please attach current resumé if available*)

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

Employed - Employer: Supervisor: Status on Leaving:	FROM:	TO:	Position Held:
			Address:
	<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 Level Completed	Subject Specialty if Applicable
		FROM	TO		
High School					
College/University					
Other					
Additional Education or Training					

What language other than English do you SPEAK? WRITE? READ?

List special certificates, memberships in professional or technical associations, relevant special interests and activities:

MOST RECENT PROFESSIONAL DEVELOPMENT ACTIVITIES:

DATE	LOCATION	TOPIC OF WORKSHOP/CONFERENCE

TYPING AND MICROSOFT OFFICE SKILLS:

Typing: wpm

MS Word Basic Intermediate Advanced

MS Excel Basic Intermediate Advanced

Other Software Programs: _____

BACKGROUND INFORMATION:

1.. Have you previously been employed by District 42? <i>When?</i>	YES	NO
2. Have you completed a practicum in District 42? <i>Name of School & Dates:</i>	YES	NO
3. Are you under 16 years of age or over 65 years of age?	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. Are you legally entitled to work in Canada and B.C.? <i>To work in Canada, you must have one of the following: Canadian Citizenship, immigration status with authorization to work, or a valid work permit. In B.C., if you are under the age of 15 and wish to be employed, you must provide written permission from your parent or legal guardian.</i>	YES	NO

Note: Answering 'Yes' to any of the questions 1 through 4 does not necessarily preclude employment with the School Board

Please continue to answer the following three questions below:

1. Have you ever been dismissed, suspended, censured or disqualified as a member of any profession or organization?	YES	NO
2. Have you ever received a less than satisfactory rating on a performance evaluation or practicum evaluation?	YES	NO
Have you ever been investigated or disciplined (which includes a warning, suspension or other disciplinary measure) for misconduct or failure to adequately perform your job?	YES	NO
Are you now being investigated by your current or any previous employer, or where applicable, by the Teacher Regulation Branch or other organization for any alleged misconduct or inadequacy relating to your certification, employment, or volunteer activities with children?	YES	NO
Have you resigned from a position while an investigation of your behaviour was pending?	YES	NO
Have you ever been voluntarily dismissed from employment, not had your contract renewed, or have you ever resigned from any employment at the request of your employer or in lieu of being disciplined or dismissed?	YES	NO

3. How many work days have you lost through illness in the past year? _____	YES	NO
Have you ever had an accident or injury during the course of your employment? <i>(Note: This information is being used to determine whether or not a duty to accommodate may be required)</i>	YES	NO

Note: Answering 'Yes' to any of the questions 1 through 3 does not necessarily preclude employment with the School Board

PROFESSIONAL REFERENCES:

Please provide the contact information for three recent work related references. Please ensure that current work and home telephone numbers, and email contact address are included. *For TEACHING APPLICANTS only, references are either Faculty Associates, School Associates, Administrators, or other professionals in a supervisory/administrative capacity who have observed you teaching.

	Name	Position	Employer	Contact Information
1.				Work: Home: Email:
2.				Work: Home: Email:
3.				Work: Home: Email:

Is there anyone you do not want us to contact to seek a professional reference? (PLEASE CIRCLE) YES NO

If yes, who and why: _____

THIS SECTION IS FOR TEACHING APPLICANTS ONLY

TEACHER TRAINING:

DATES	DISTRICT	SCHOOL	PRACTICUM GRADE/SUBJECT ASSIGNMENT

TEACHING EXPERIENCE: (MOST RECENT FIRST)

DATES	DISTRICT	SCHOOL	GRADE/SUBJECT

TEACHER TRAINING & CERTIFICATION:

B.C. Teaching Certificate Number: Standard Professional
 Letter of Permission Interim Expiry date:

Teacher Qualification Category: 3 4 5 6 Not assigned Expiry Date:

Please include a copy of your B.C. Teaching Certificate, T.Q.S. card and Teacher Regulation Branch Membership Card.

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. I understand and agree that any offer of employment I receive is conditional upon my having provided complete and accurate information with respect to this application. I also 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. I further understand that confidential reference reports and any personal information gathered which is part of this application will be regarded as confidential and shall not be revealed to me. By making this application, I understand that in order to determine my suitability for employment, I authorize you to contact my references as well as any other individuals during the course of the selection process.

I further understand that as a condition of employment, I may be required to pass a medical examination and be in good standing with the Teachers Regulation Branch where applicable. I will be required to provide consent to have a criminal record check conducted, the result of which must be satisfactory in the sole judgment of the School District during employment.

DATE:

SIGNATURE OF CONSENT:

The information in this form, and other information collected during the hiring process, is collected under the authority of the *School Act* (including Sections 15 and 19), and Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions or concerns about the collection, use or disclosure of your personal information, please contact the Director of Human Resources at 604-463-4200.

**Did one of our School District Employees refer you?
Our District has implemented 'Refer a Friend Initiative'. If you were referred by one of our employees in the District, please share their full name below so that we can thank them for passing along information to you about working in our District.**

Last Name, First Name: _____

FOR DEPARTMENTAL USE ONLY			
Application Reviewed by:		Date:	
Interviewed? Y/N		Date:	By:
Notes:			