

EMPLOYMENT APPLICATION

District Education Office - Human Resources Department · 22225 Brown Avenue, Maple Ridge, BC, V2X 8N6
t. 604.463.4200 · f. 604.463.4181 · e. applicants@sd42.ca · web: www.sd42.ca

Date of application: When are you available to start?

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

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** **Postal Code**

Telephone Number **Alternate Telephone Number** **Email**

Valid BC Driver's License: YES NO

EMPLOYMENT HISTORY (Please attach current resume if available)

Employed Dates: from to **Position Held:**
Employer Name: **Address:**
Supervisor Name: **Reason(s) for Leaving:**
Status on Leaving: full-time: part-time: casual:

Employed Dates: from to **Position Held:**
Employer Name: **Address:**
Supervisor Name: **Reason(s) for Leaving:**
Status on Leaving: full-time: part-time: casual:

Employed Dates: from to
Position Held:

Employer Name:
Address:

Supervisor Name:
Reason(s) for Leaving:

Status on Leaving: full-time: part-time: casual:

EDUCATION

	Name and Location of School	Diploma, Degree/Level Completed	Subject Specialty (if applicable)
High School			
College/University <i>Dates Attended:</i> FROM: <input type="text"/> TO: <input type="text"/>			
Other <i>Dates Attended:</i> FROM: <input type="text"/> TO: <input type="text"/>			
Additional Education/Training <i>Dates Attended:</i> FROM: <input type="text"/> TO: <input type="text"/>			

What language(s) 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 (Clerical applicants only)

TYPING: wpm

Skill level of MS Word: Basic Intermediate Advanced
 Skill level of MS Excel: Basic Intermediate Advanced

BACKGROUND INFORMATION

Have you previously been employed by Maple Ridge - Pitt Meadows School District No. 42?	YES	NO
Have you completed a practicum in the Maple Ridge - Pitt Meadows School District?	YES	NO
Are you under 16 years of age?	YES	NO
Do you know of any reason why it might be determined that you should not be employed in any capacity in which you work with children or may potentially have unsupervised access to children?	YES	NO
Are you legally entitled to work in Canada? <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
Have you ever been dismissed, suspended, censured or disqualified as a member of any profession or organization?	YES	NO
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

NOTE: Answering "YES" to any of the questions above does not necessarily preclude employment with the school district.

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** - 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
			Work: <input type="text"/> Home: <input type="text"/> Email: <input type="text"/>
			Work: <input type="text"/> Home: <input type="text"/> Email: <input type="text"/>
			Work: <input type="text"/> Home: <input type="text"/> Email: <input type="text"/>

Is there anyone you do not want us to contact to seek a professional reference? **YES** **NO**

If "YES," who and why?

THIS SECTION IS FOR TEACHING AND ADMINISTRATOR APPLICANTS ONLY

TEACHER TRAINING:

DATES	DISTRICT	SCHOOL	PRACTICUM GRADE/SUBJECT ASSIGNMENT
FROM: <input type="text"/> TO: <input type="text"/>			
FROM: <input type="text"/> TO: <input type="text"/>			
FROM: <input type="text"/> TO: <input type="text"/>			

TEACHER EXPERIENCE (MOST RECENT FIRST):

DATES	DISTRICT	SCHOOL	GRADE/SUBJECT
FROM: <input type="text"/> TO: <input type="text"/>			
FROM: <input type="text"/> TO: <input type="text"/>			
FROM: <input type="text"/> TO: <input type="text"/>			

TEACHER TRAINING AND 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 A SCHOOL DISTRICT EMPLOYEE REFER YOU?

Our school district has implemented a "Refer a Friend" initiative. If you were referred by a Maple Ridge - Pitt Meadows School District employee, please share their full name below so that we can thank them for the referral.

First Name, Last Name: _____

FOR DEPARTMENTAL USE ONLY

APPLICATION REVIEWED BY:

DATE:

INTERVIEWED? YES NO

DATE:

BY:

NOTES: