

VANCOUVER ISLAND WEST SCHOOL DISTRICT 84

Box 100, #2 Highway 28, Gold River, BC V0P 1G0

Telephone: 250-283-2241 Fax: 250-283-7352

www.sd84.bc.ca

APPLICATION FORM – TEACHING

NAME: _____

ELEMENTARY SECONDARY

SPECIALTY: SPECIAL EDUCATION

SUBJECT/TEACHING AREA: _____

RESUME ATTACHED: YES NO DATE OF APPLICATION: _____

MM / DD / YY

Please complete all information requested on the application, even though it may be duplicated on your resume. The law prohibits discrimination in employment practices because of race, colour, ancestry, place of origin, political belief, religion, marital or family status, physical or mental disability, sex, sexual orientation, age, or conviction of a criminal or summary offence that is unrelated to employment.

It is the District's practice to review each application. Please note that only those applicants selected for interviews will be contacted by telephone. Shortlisted applications are kept on file for one year. All other applications are kept for six (6) months from time of receipt. If you have additional information relevant to your application, please submit and we will update your file.

In the event you are hired to work for School District 84 please sign this declaration indicating your permission to have your name and address and phone number published in our Staff Directory and that this confidential information is for School District 84 us only.

Signature

Date

NAME: _____
 Surname *First* *Middle*

ADDRESS: _____
 Street *City* *Province* *Postal Code*

TELEPHONE: () _____ **or** () _____ **Email:** _____

GRADE LEVEL (*Designate in numerical order of preference*):

Elementary **K** **1 - 3** **4-7**

Secondary **8 - 12** **8 - 10** **11- 12**

TEACHER-ON-CALL POSITION ONLY: **YES** **NO**

HAVE YOU PREVIOUSLY APPLIED TO VANCOUVER ISLAND WEST SCHOOL DISTRICT?

YES **NO** **If yes, when?** _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY VANCOUVER ISLAND WEST SCHOOL DISTRICT?

YES **NO** **If yes, when?** _____ **Position** _____

DO YOU HOLD, OR ARE YOU ELIGIBLE FOR A BC TEACHING CERTIFICATE? YES **NO**

GRADUATION YEAR	UNIVERSITY	DEGREE(S)	CUMGPA

MAJOR(S)/SPECIALTY:

LANGUAGES	(✓)	LEVEL (Indicate Proficiency)		
French		Intermediate	Advanced	Expert
Spanish		Intermediate	Advanced	Expert
First Nations		Intermediate	Advanced	Expert
Other		Intermediate	Advanced	Expert

STUDENT TEACHING EXPERIENCE (*List chronologically from most recent*)

Dates (from.....to)	Grade/Assignment	School	District (#)/Province

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TEACHING EXPERIENCE (List chronologically from most recent. List every school district where you have been employed and number of years of teaching experience)

Dates (from.....to)	Total # of Years	Grade/Assignment	School	District (#)/Province

RECENT WORK EXPERIENCE OTHER THAN TEACHING (List chronologically from most recent)

Dates (from.....to)	Total # of Years	Employer	Type of Work

INTERRUPTION IN EMPLOYMENT (Please explain any interruption in your employment history)

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B.C. TEACHING CERTIFICATION

Type (✓)	Date Issued	Certificate No.	In Process (✓)	Date of Application
Professional <input type="checkbox"/> Standard <input type="checkbox"/> Interim <input type="checkbox"/>				

TEACHER QUALIFICATION SERVICE CATEGORY

Category Assigned	Effective Date	Date of Evaluation	In Process (✓)	Date of Application

PERSONAL/GENERAL INFORMATION(✓)	YES	NO
Have you ever been convicted or charged under any Federal enactment or do you have any outstanding criminal charges pending? A conviction does not necessarily preclude an offer of employment.		
Have you ever been dismissed, or suspended, or disciplined by any governing bodies, school board and /or College of Teachers?		
Have you ever received a less than satisfactory teacher evaluation or practicum?		
Are you on a leave of absence from your current employment?		
Have you ever been disciplined, discharged, asked to resign or agreed to resign from a prior position (either teaching or non-teaching) after a complaint has been received against you, or your conduct was under investigation or review?		
Do you know of any reason why you should not be employed in a capacity in which you work with or will be in contact with children?		
Do you have any health-related limitations (mental or physical) that could affect the manner in which you perform the occupational requirements of the position applied for? A limitation does not necessarily preclude an offer of employment.		
Do you have any visa or immigration restrictions which could prevent lawful employment?		

If you have answered YES to any of the previous questions, please provide a detailed explanation, place in an envelope marked CONFIDENTIAL, and include with this application.

LIST ANY ADDITIONAL JOB RELATED SKILLS, EXPERIENCES, TRAINING, VOLUNTEER WORK, HOBBIES AND QUALIFICATIONS THAT WOULD SUPPORT YOUR APPLICATION.

REFERENCES

Please provide at least three professional references who have had first hand knowledge of your professional competence and personal qualifications. Your references may be checked during the screening of applications or prior to the interview stage. Reference checks will be initiated prior to the offer of any position.

I authorize Vancouver Island West School District 84 to contact the persons or organizations listed below for the purpose of obtaining reference information, including information contained in my personnel file. In addition, I authorize the School District to contact any other references, school or faculty associates, or prior/present employers named in this application.

Do you want us to contact you before speaking to your Supervisor? Yes No

NAME	INSTITUTION	POSITION	TELEPHONE
			()
			()
			()
			()

I understand that any evaluative or opinionative material obtained from the person or organizations listed above need not be disclosed to me when the disclosure would reveal the identity of the sources of such information, which I agree is confidential.

If this is an electronic submission, my signature is considered to be attached in the e-transmission of this form.

Signature of Applicant _____

PLEASE READ CAREFULLY

APPLICANT’S DECLARATION AND AGREEMENT

I declare that all of the information I have provided in this application for employment, and in any other documentation which accompanies this application, is complete and true in every respect. Furthermore, I understand that, if there is any failure to respond completely and truthfully to all questions asked, or any deliberate misrepresentation of information provided by me, or any failure to disclose a criminal record, that upon discovery by the Board of any such falsehoods, this will constitute sufficient grounds for my dismissal.

As a condition of employment, I give permission to Vancouver Island West School District 84 to contact any references, school or faculty associates, or any past or present employers named in this application. I further understand that confidential professional reference reports given to the School Board will not be released to me without the consent of the referee. If requested and at my cost, I will provide the School District with a completed Criminal Record Search, which must be reviewed and affirmed acceptable to the District prior to any offer of employment..

(Signature of Applicant)

(Date)