## **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 PRINCIPAL or VICE-PRINCIPAL POSITION

NAME:
POSITION APPLYING FOR:
RESUME ATTACHED: YES NO DATE OF APPLICATION:
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.						
NAME:	Surname First			Middle		
ADDDEGG.						
ADDRESS:	Street		City		Province	Postal Code
				_		
TELEPHONE: (	)		or ( )	F	Cmail:	
HAVE YOU PREVI	OUSLY	APPLIED TO VA	ANCOUVER I	SLAND WEST SC	CHOOL DISTRIC	T 84? YES □ NO □
If yes, when?						
HAVE YOU PREVI	OUSLY	BEEN EMPLOY	ED BY VANC	OUVER ISLAND	WEST SCHOOL	DISTRICT 84?
YES NO	If ye	s, when?		Position		
BRITISH COLUME	BIA TEA	CHING CERTIF	ICATION:			
Ту	ype (✓)		Date Issued	Certificate No.	In Process (✓)	Date of Application
Professional   Star	ndard $\square$	Interim				
OTHER TEACHIN		IFICATION:	<u> </u>	T	Τ .	<u> </u>
Ту	ype (✓)		Date Issued	Certificate No.	In Process (✓)	Date of Application
Professional						
				1	1	
TEACHER QUALII Category Assign		ON SERVICE CA  Effective Date		f Evaluation	In Process (✓)	Date of Application
Category Assign	iea	Effective Date	Date of	I Evaluation	In Process (V)	Date of Application
A CADEMIC DACE	CDOIN	D. O. You			,	
accepted into the progra				l, please indicate wha	t stage you have reach	ned, or if you have just been
Graduation Year			Deg		egree(s)	CUMGPA
Major(s) Specialty:						
- 1222-1 22-2				·		
LANGUAGES	1	¥ .	(√		te your proficiency)	
French Spanish			mediate mediate			Expert Expert
First Nations		Inter	mediate	Advanced Exp		xpert
Other		Inter	mediate	Advanced	l E	Expert

	<u> </u>	y school where you have worke				
Dates (fromto)	Total # of Years	Grade/Assignment	School	District (#)/Province		
TEACHING EXPERIEN	NCE: (List abronalacies	Illy from most recent )				
Dates (fromto)	Total # of Years	Grade/Assignment	School	District (#)/Province		
Dates (Homto)	Total # 01 Tears	Grade/Assignment	School	District (#)/I Tovince		
OTHER RELEVANT W	ORK EXPERIENCE: (	List chronologically from mos	t recent.)			
Dates (fromto)	Total # of Years	Employer		Type of Work		
LIST ANY ADDITIONA	AL JOB RELATED SKI	LLS, EXPERIENCES, TRA	INING, VOLUNTEER W	ORK, HOBBIES,		
AND QUALIFICATION	S THAT WOULD SUP	PORT YOUR APPLICATION	ON:			
INTERRUPTION IN EM	MPLOYMENT (Please e	xplain any interruption in you	r employment history)			
				of your professional competence and interview stage. Reference checks will		
be initiated prior to the of		ecked during the screening of t	applications of prior to the	interview stage. Reference checks with		
		C	No. II			
Do you want us to contact	you before speaking to yo	our Supervisor? Yes	No □			
Name	En	nployer	Position	Telephone		
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I authorize Vancouver Island West School District 84 to contact the persons or organizations listed above 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.

I understand that any evaluative or opinionative material obtained from the persons 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.

Signature of Applicant	
Signature of Applicant	

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 currently on a leave of absence from your present 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 you 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.

#### 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)

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

NOTE:
You are asked to provide, on a separate sheet, a one-page statement describing a significant contribution you have made as a leader in your school. Please ensure you outline how your actions made a difference, and include the name and phone number of someone who could verify this.