



Qualicum School District

100 Jensen Avenue East, PO Box 430, Parksville, BC V9P
2G5 Telephone: (250) 248-4241 Fax: (250) 248-5767
www.sd69.bc.ca / jobpostings@sd69.bc.ca

APPLICATION FOR EMPLOYMENT – SUPPORT STAFF

Please complete all information requested on the application, and submit with a covering letter and proof of all qualifications. You may attach a resumé to this application, but **you are still required to complete all information requested on the application.**

The law prohibits discrimination in employment practices because of race, colour, ancestry, place of origin, religious or political affiliation, marital or family status, physical or mental disability, sex or sexual orientation, age, or conviction of a criminal or summary offence that is unrelated to employment.

It is the District's policy to review each application. Please note that only those applicants selected for interviews will be contacted by telephone. Applications are kept for twenty-four (24) months from time of receipt. If you have additional information relevant to your application, please submit and we will update your file.

NAME:			
	<i>Surname</i>	<i>First</i>	<i>Middle</i>
ADDRESS:			
	<i>Street</i>	<i>City</i>	<i>Province</i> <i>Postal Code</i>
TELEPHONE: () _____	or () _____	EMAIL: _____	
 POSITION APPLIED FOR: (please prioritize if selecting more than one position)			
<input type="checkbox"/> Spare Bus Driver		<input type="checkbox"/> Spare Clerical	
<input type="checkbox"/> Spare Education Assistant		<input type="checkbox"/> Spare Child & Youth Care Worker	
<input type="checkbox"/> Advertised Position (please specify) _____			
1. How did you learn of this opening? _____			
2. Have you previously applied to Qualicum School District?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when? _____	
3. Have you previously been employed by Qualicum School District?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when? _____	
		Position _____	

EDUCATIONAL BACKGROUND AND OTHER TRAINING

Please circle last school grade completed: 10 11 12 GED Other

Last school attended: _____

Location: _____ From: _____ to _____

POST SECONDARY EDUCATION:

From (Mo/Yr) To (Mo/Yr)	College/University/Institution	Course of Study	Certificate/Degree

OTHER TRAINING: (Please list relevant courses and workshops, and **attach relevant certificate**)

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Do you hold a valid First Aid Certificate? Yes, Expiry Date _____ No

CLERICAL SKILLS: Keyboarding: _____ (words per minute) Data Entry: _____ (strokes per minute)

EMPLOYMENT HISTORY

Start with your present (or most recent) position and describe the work you performed. Please be specific.

Position Title:	Employer Name:	
Start Date:	End Date:	Employer Location:
Duties:		
Reason for leaving:		
Position Title:	Employer Name:	
Start Date:	End Date:	Employer Location:
Duties:		
Reason for leaving:		
Position Title:	Employer Name:	
Start Date:	End Date:	Employer Location:
Duties:		
Reason for leaving:		

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Reason for leaving:		
Position Title:		Employer Name:
Start Date:	End Date:	Employer Location:
Duties:		
Reason for leaving:		

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

PERSONAL/GENERAL INFORMATION

	YES	NO
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 above questions, please provide a detailed explanation, place in an envelope marked CONFIDENTIAL, and include with this application.

Please list any hobbies, skills or special interests that are relevant to the position applied for:

REFERENCES

Please provide at least three business references who have first-hand knowledge of your competence and personal qualifications. You may also attach any written references. 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 Qualicum School District 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 persons or sources who may have relevant information concerning my past performance and/or suitability for the position(s) applied for.

Name	Firm or organization	Position	Telephone
			()
			()
			()
			()

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

(Signature of Applicant)

(Date)

PLEASE READ CAREFULLY:

APPLICANT'S DECLARATION AND AGREEMENT

I declare that:

- 1. 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.*
- 2. I will provide medical and other information when requested.*
- 3. I will consent to a criminal record check.*

As a condition of employment, I give permission to Qualicum School District to contact any references, or any past or present employers named in this application. I further understand that confidential reference reports given to the Board will not be released to me without the consent of the referee.

(Signature of Applicant)

(Date)