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

APPLICATION FORM – TEACHER TEACHING ON CALL

Please complete all information requested on the application, even though it may be duplicated on your resumé. Please include a copy of your BCCT certificate and membership card, and your TQS card.

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: _____
        Surname   *First*   *Middle*

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

TELEPHONE: (   ) _____ or (   ) _____ EMAIL: _____

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

Elementary: ☐ K   ☐ 1 – 3   ☐ 4 – 5   ☐ 6 – 7   ☐ French Immersion K - 7

Secondary: ☐ 8 - 12   ☐ French Immersion 8 - 12

Have you previously applied to Qualicum School District?
  ☐ YES   ☐ NO   If yes, when? _____

Have you previously been employed by Qualicum School District?
  ☐ YES   ☐ NO   If yes, when? _____
                  Position _____

Are you fully available to work all school days?   ☐ YES   ☐ NO

If no, what days of the week are you available? _____

At the secondary level, please list the subjects you are best prepared to teach: _____
_____

Do you hold, or are you eligible for a BC teaching certificate?   ☐ Pending   ☐ YES   ☐ NO
    If yes, is your membership with the TRB current?   ☐ YES   ☐ NO

Do you have a certificate from another province or jurisdiction?   ☐ YES   ☐ NO
    If yes, where? _____

REVISED: September 2016

B.C. TEACHING CERTIFICATION:

Type (√)	Date Issued	Certificate No.	In Process (√)	Date of Application
☐ Professional ☐ Standard ☐ Interim				

TEACHER QUALIFICATION SERVICE CATEGORY:

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

EDUCATION:

Graduation Year	University	Degree(s)	Cumgpa

MAJOR(S)/SPECIALTY:

LANGUAGES	(√)	LEVEL *(indicate proficiency)*		
French		☐ Intermediate	☐ Advanced	☐ Expert
Spanish		☐ Intermediate	☐ Advanced	☐ Expert
Other (specify)		☐ Intermediate	☐ Advanced	☐ Expert

STUDENT TEACHING EXPERIENCE: *(List chronologically from most recent and include practicum reports.)*

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

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.)*

PERSONAL/GENERAL INFORMATION: (√)	YES	NO
Have you ever been dismissed, or suspended, or disciplined by any governing bodies, school board and/or Teachers' Regulation Branch?		
Have you ever received a less than satisfactory teacher evaluation or practicum?		
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 above 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 the 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 references, school or faculty associates, or prior/present employers named in this application.

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 source(s) of such information, which I agree is confidential.

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 Qualicum School District 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.

_____   _____
          (Signature of Applicant)   (Date)