

EMPLOYMENT APPLICATION INFORMATION SUPPORT STAFF

Application for employment for Support Staff must be submitted on the following form. Applications must include all documents and enclosures as follows:

ENCLOSURES

Please include the following documents

1. Application form
2. Cover letter
3. Resume
4. Three professional references: Supervisor/Manager who have supervised and/or observed you working. Contact number and email address should be listed
5. Supporting documents ie: practicum reports and copy of certificates

NOTE 1: If your name has changed from what you have indicated on any documentation, please attach a photocopy of a change of name verification (ie. marriage certificate).

NOTE 2: All successful applicants must agree to undergo a district required criminal record check. Costs incurred are paid by the applicant.

Provincial human rights legislation prohibits discrimination in employment practices because of age, sex, race, national or ethnic origin, religion, marital status, family status, sexual orientation, disability, or conviction of an offence for which a pardon has been granted.

Applications **will not** be accepted unless items 1-4 (noted above) are submitted at time of application.

Only those applicants shortlisted for an interview will be contacted.

Application for Support Staff

School District #36 (Surrey) 14033-92nd Avenue, Surrey, BC V3V 0B7 Phone: 604-595-6150 Fax: 604-595-6136

POSITION APPLYING FOR: _____

COMPETITION NUMBER: _____

GENERAL INFORMATION – PLEASE PRINT CLEARLY				
Last Name:	First Name:	Middle Name:	Name Preferred:	
Preferred Phone Number:	Alternate Phone Number:	Email Address:		
Present Address:	Street	City	Province	Postal Code
Emergency Contact Name:		Emergency Contact Number:		

1.	Date Available (MM/DD/YY):			
2.	Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Have you ever been convicted of a criminal offence, or are there any outstanding criminal charges against you? If the answer is yes, please give details on a separate piece of paper, including dates and places of charges and convictions. Place in an envelope marked 'CONFIDENTIAL'.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Have you ever received a conditional or absolute discharge or pardon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Do you speak a second language? If yes, please specify: _____ Fluency: written <input type="checkbox"/> spoken <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Have you been suspended, disqualified, censured, discharged, or had disciplinary action instituted against you in an employment capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Have you been denied or had revoked any license or permit, the procurement of which required proof of good moral character?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	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? If the answer is yes, please give details on a separate piece of paper and attach related documents. Place in an envelope marked 'CONFIDENTIAL'.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Do you have any health-related limitations which could affect the manner in which you perform the occupational requirements of the work for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	Have you ever received a less than satisfactory performance evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WORK EXPERIENCE:

Please list in reverse chronological order. Begin with the final practicum, if applicable.

DATES EMPLOYED Y/M/D TO Y/M/D	COMPANY NAME	POSITION	SUPERVISOR	REASON FOR LEAVING

EDUCATION:

Please list all Secondary Schools, Colleges or Universities attended. List in reverse chronological order beginning with the most recent.

DATES ATTENDED Y/M/D TO Y/M/D	NAME OF INSTITUTION, CITY, PROVINCE	DEGREE/ DIPLOMA	MAJOR(S)	MINORS

PROFESSIONAL REFERENCES:

Supervisors, Managers or other professionals in a supervisory/administrative capacity **who have observed you at work.** **Current work telephone numbers and email address must be listed.**

NAME	COMPANY	EMAIL ADDRESS	PHONE	POSITION

BY PROVIDING SURREY SCHOOLS PROFESSIONAL REFERENCE NAMES AND CONTACT DETAILS, YOU ARE GIVING SURREY SCHOOLS CONSENT TO COMPLETE CONFIDENTIAL REFERENCE CHECKS ON YOUR BEHALF.

APPLICANT'S DECLARATION AND AGREEMENT: (Please read carefully)

I declare that all of the information I have provided in this application for employment, and in any other documents which accompany this application, is complete and true in every respect and I understand that any failure to completely and truthfully answer the questions asked of me, when discovered, will constitute sufficient grounds for my dismissal.

I hereby authorize School District #36 (Surrey) to conduct a personal investigation inclusive of a Criminal Records Search in connection with my application for employment. I give permission for School District #36 (Surrey) to contact any reference or prior employers. I understand that confidential reference reports and personal information which become part of this application will be regarded as confidential and shall not be revealed to me.

Signature of Applicant:	Name:	Date:

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