



World Class Learning in a Rural Environment

School District 10 (Arrow Lakes)

General Application for Employment

PO Box 340, Nakusp, BC V0G 1R0

Tel: (250) 265-3638

Fax: (250) 265-3701

PERSONAL DATA

Please answer all questions carefully in ink, in your own handwriting.

Date of Application (dd/mm/yyyy):

Print names and addresses

_____ / _____ / _____

Last Name: _____

First Name: _____

Complete Mailing Address: _____

Phone Numbers (h): _____

Email: _____

(c): _____

Have you ever been employed by School District 10? _____ (Yes or No)

Are you legally permitted to work in Canada? _____ (Yes or No)

Type of work desired:

- Full Time / Part Time
 Permanent / Casual

- Teacher
 Education Assistant
 School Secretary
 Bus Driver
 Tradesperson
 Teacher on Call
 Strong Start Coordinator/ECE
 Custodian
_____ (specify trade(s))

BC Teaching Certificate: _____ (Yes/No/In Process)

EDUCATION & TRAINING

Please submit copies of relevant certificates

Certificate(s) attached

Resume attached

Level	School, University or Institution	Dates Attended To - From	Program Type Certificate/Diploma/Degree	Field of Study Major/Minor
Secondary School				
College/ University				
Technical Training				
Post Graduate Studies				

Please see Education and Training Section of Resume

EMPLOYMENT HISTORY

Most recent job first. Include summer and part-time work. Indicate if employed under another name.

Dates: **From:** _____ **To:** _____
Employer: _____ **Address:** _____
Supervisor: _____ _____
Position/Duties: _____

Reference: _____ **Phone Contact:** _____

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Employer: _____ **Address:** _____
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Position/Duties: _____

Reference: _____ **Phone Contact:** _____

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Reference: _____ **Phone Contact:** _____

Dates: **From:** _____ **To:** _____
Employer: _____ **Address:** _____
Supervisor: _____ _____
Position/Duties: _____

Reference: _____ **Phone Contact:** _____

QUESTIONS

1. Do you have any outstanding criminal charges or have you ever been convicted of a criminal offence? (NOTE: A charge or conviction will not automatically exclude you from employment opportunities. The requirements of the position applied for and the circumstances related to the charge or conviction will be considered.) _____ (Yes or No)
2. Have you ever been dismissed, suspended, or disqualified of any profession, association, force or other organization? _____ (Yes or No)
3. Have you ever had an accident related to your employment? _____ (Yes or No)
4. 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? _____ (Yes or No)
5. 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? _____ (Yes or No)
6. Are you at this time, suffering from any communicable disease? _____ (Yes or No)
7. If offered a position are you willing to be tested for any communicable disease? _____ (Yes or No)
8. How many days of work have you missed through illness in the past year? _____
What was the nature of the illness? _____

NOTES:

- a) If you answered 'Yes' to questions 1, 2, 4, 5, or 6, please provide details on a separate sheet and place in a sealed enveloped marked 'confidential' and attach it to the application form.
 - i. A 'Yes' response to question 1 requires particulars related to the outstanding charges or conviction and the sentence imposed. Include a minimum of one authority (name, position, contact details including phone) with whom we may discuss matters and confirm details.
- b) These questions are required to determine the applicant's suitability for bona fide occupational requirements.
- c) All applicants not currently employed with SD10 are advised that prior to confirmation of employment, the prospective employee must successfully complete a criminal record check.

REFERENCES

List two (3) work related references with contact information. References should not be related to you.

- | | |
|------------------------------|------------------|
| (1) Name of Reference: _____ | Position: _____ |
| Phone No.: _____ | Phone No.: _____ |
| (2) Name of Reference: _____ | Position: _____ |
| Phone No.: _____ | Phone No.: _____ |
| (3) Name of Reference: _____ | Position: _____ |
| Phone No.: _____ | Phone No.: _____ |

AUTHORIZATION

I authorize School District 10 (Arrow Lakes) to contact previous/present employees for reference information as provided in this application:

Applicant Signature

I hereby certify that all information provided in this application and any attachments is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment, or, if I am hired, may result in my dismissal from employment if discovered at a later date.

Applicant Signature

Date