



GENERAL APPLICATION FOR EMPLOYMENT

PERSONAL DATA		Date of Application:		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table>						Day	Month	Year	
Day	Month	Year											
Please answer all questions carefully in ink in Your own handwriting. Print names and addresses.													
LAST NAME		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> <td style="width:12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>											
		Social Insurance Number											
FIRST NAMES		Phone: HOME (____) _____ BUSINESS (____) _____											
MAILING ADDRESS (INCLUDE POSTAL CODE)													
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE (INCLUDE POSTAL CODE)													
HAVE YOU EVER BEEN EMPLOYED BY SCHOOL DISTRICT NO. 10 ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	ARE YOU LEGALLY ENTITLED TO WORK IN CANADA ?									
				Yes <input type="checkbox"/>	No <input type="checkbox"/>								
TYPE OF WORK DESIRED		* Teacher	* Trades (Carpenter	EMPLOYMENT TERMS									
		* Teacher-On-Call	Plumber, Electrician, etc)	Full-Time <input type="checkbox"/>									
		* Custodian	* Groundsman	Part-Time <input type="checkbox"/>									
		* Bus Driver	* Summer Student	Casual <input type="checkbox"/>									
		* Clerical	* Certified Special Education Assistant										
		* Library Clerk	* Non-Certified Special Education Assistant										
		* Noon-Hour Supervisor											
Name of Secondary School:			Highest Grade Completed 10 11 12 13 (please circle)										
			Year Completed:										
Post Secondary Institutions	Name / Address	Dates Attended	Type of Degree/Diploma	Field of Study									
		From (Yr) To (Yr)		Major	Minor								
College/University													
College/University													
College/University													
Teacher Training Institution													
Business/Technical Institute													
Other Training Institute													

EMPLOYMENT HISTORY

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

1.	Employer:
	Address:
	Employed from: to Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	Supervisor:
	Position occupied and description of duties: _____
	Name of reference contact: _____ Telephone Number (W): _____ (H): _____
	Why did you leave? _____
2.	Employer:
	Address:
	Employed from: to Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	Supervisor:
	Position occupied and description of duties: _____
	Name of reference contact: _____ Telephone Number (W): _____ (H): _____
	Why did you leave? _____
3.	Employer:
	Address:
	Employed from: to Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	Supervisor:
	Position occupied and description of duties: _____
	Name of reference contact: _____ Telephone Number (W): _____ (H): _____
	Why did you leave? _____
4.	Employer:
	Address:
	Employed from: to Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
	Supervisor:
	Position occupied and description of duties: _____
	Name of reference contact: _____ Telephone Number (W): _____ (H): _____
	Why did you leave? _____

Teaching and Clerical Applicants Only

What languages other than English do you speak? _____ write? _____ read? _____

P
E
R
S
O
N
A
L

Questions:

Answer YES or NO
to each question

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.) _____

2. Have you ever been dismissed, suspended, or disqualified as a member of any profession, force or other organization? _____

3. Have you ever had an accident related to your employment? _____

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? _____

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? _____

6. Are you, at this time, suffering from any communicable disease? (eg. tuberculosis) _____

7. Are you willing to be tested for communicable diseases? _____

8. How many work days have you lost through illness in the past year? _____ days

What was the nature of the illness? _____

NOTE:

1. If you answered "Yes" to questions 1, 2, 4, 5 or 6, please provide particulars on a separate sheet and place in a sealed envelope marked "Confidential" and attach it to the application form.
 - 1.1 A "Yes" response to question 1 requires particulars related to the outstanding charges or conviction including the date and place of the charge or conviction, the offence for which you were charged or convicted and the sentence imposed. Include at least one authority (name, position and telephone number) with whom we may discuss matters and confirm details.
2. These questions are required to determine the applicant's suitability for bona fide occupational requirements.