

# VANCOUVER ISLAND WEST SCHOOL DISTRICT 84

Box 100, #2 Highway 28, Gold River, BC V0P 1G0

Telephone: 250-283-2241 Fax: 250-283-7352

[www.sd84.bc.ca](http://www.sd84.bc.ca)

## APPLICATION FORM – EXCLUDED STAFF

POSITION APPLYING FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Applications for employment must be submitted on the following form. To ensure timely consideration, applications must include all documents and enclosures as follows:

Application Form;  
Resume and Supporting Documentation;  
Three references to include Supervisor/Manager capacity who have supervised and/or observed you working;  
Work and home numbers should be listed.

*Please complete all information requested on the application, even though it may be duplicated on your resume. The law prohibits discrimination in employment practices because of race, colour, ancestry, place of origin, political belief, religion, marital or family status, physical or mental disability, sex, sexual orientation, age, or conviction of a criminal or summary offence that is unrelated to employment.*

*It is the District's practice to review each application. Please note that only those applicants selected for interviews will be contacted by telephone. Shortlisted applications are kept on file for one year. All other applications are kept for six (6) 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:** \_\_\_\_\_

**HAVE YOU PREVIOUSLY APPLIED TO VANCOUVER ISLAND WEST SCHOOL DISTRICT 84?**

**YES**  **NO**  **If yes, when?** \_\_\_\_\_

**HAVE YOU PREVIOUSLY BEEN EMPLOYED BY VANCOUVER ISLAND WEST SCHOOL DISTRICT 84?**

**YES**  **NO**  **If yes, when?** \_\_\_\_\_ **Position** \_\_\_\_\_

**DO YOU HOLD, OR ARE YOU ELIGIBLE FOR A BC TEACHING CERTIFICATE? YES**  **NO**

**WHAT PROMPTED YOU TO APPLY TO THIS POSITION?**

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**SPECIAL ACCOMPLISHMENTS YOU WISH TO BRING TO THE ATTENTION OF THE DISTRICT:**

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**WORK EXPERIENCE:** *Please list in reverse chronological order beginning with the most recent.*

Dates (from.....to)	Total # of Years	Employer	Type of Work

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

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**EDUCATION:** *List in reverse chronological order beginning with the most recent. NOTE: Your most recent transcript for each institute may be requested.*

Dates	Name of Institution	Degree/Diploma	Other - Describe

<b>PERSONAL/GENERAL INFORMATION</b> (✓)	YES	NO
Have you ever been convicted or charged under any Federal enactment or do you have any outstanding criminal charges pending? A conviction does not necessarily preclude an offer of employment.		
Have you ever been dismissed, or suspended, or disciplined by any governing bodies, school board and /or College of Teachers?		
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 previous 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 Vancouver Island West School District 84 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 sources of such information, which I agree is confidential.*

Do you want us to contact you before speaking to your Supervisor?      YES \_\_\_\_\_ NO \_\_\_\_\_

*If this is an electronic submission, my signature is considered to be attached in the e-transmission of this form:*

**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 Vancouver Island West School District 84 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. If requested and at my cost, I will provide the School District with a completed Criminal Record Search, which must be reviewed and affirmed acceptable to the District prior to any offer of employment..*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)