



NAME: _____

DATE: _____

“Working Together for Student Success”

SUPPORT SERVICES APPLICATION FOR EMPLOYMENT

School District No. 67 (Okanagan Skaha)
425 Jermyn Avenue
Penticton, British Columbia
V2A 1Z4
Telephone (250) 770-7700
Fax (250) 770-7730

PLEASE FULLY COMPLETE ALL INFORMATION TO ASSURE ACCURATE DOCUMENTATION

The personal information on this form is collected by School District No. 67 (Okanagan Skaha) under the authority of the *School Act, Section 15 (1)*. The information will be used solely for the purpose of Human Resources administration and will be protected under the *Freedom of Information and Protection of Privacy Act*. This information will be used for the recruitment and selection of staff. Questions about the collection and use of this information should be directed to the Secretary-Treasurer, School District No. 67 – 425 Jermyn Avenue, Penticton, B.C. V2A 1Z4. Telephone: (250)770-7700.

**SCHOOL DISTRICT #67 (OKANAGAN SKAHA)
APPLICATION FOR EMPLOYMENT (SUPPORT SERVICES)**

Given Name(s)	Surname	
Present Address (# & Street)	City / Town	Postal Code
Telephone Number: Area Code _____	Home: _____	Work: _____
E-Mail Address: _____	Cell: _____	
Social Insurance No: _____		

POSITION APPLIED FOR:

- | | |
|--|---|
| Accounting/Payroll <input type="checkbox"/> | Noon Hour Supervisor <input type="checkbox"/> |
| Clerical <input type="checkbox"/> | Custodial <input type="checkbox"/> |
| Library Assistant <input type="checkbox"/> | Maintenance <input type="checkbox"/> |
| Certified Education Assistant <input type="checkbox"/> | Specific Position / Posting No. (if applicable) _____ |

IN RESPECT TO YOUR SELECTION(S) ABOVE, PLEASE DESCRIBE THE KIND OF WORK DESIRED AND YOUR CAREER AMBITIONS IN RELATION TO YOUR TRAINING AND EXPERIENCE:

EDUCATION AND SPECIAL TRAINING:

SCHOOL NAME/LOCATION	MAJOR AREA OF STUDY	GRADE COMPLETED OR DEGREE/DIPLOMA RECEIVED
Secondary		
College/Tech./Voc./Univ. *		
Journeyman or TQ (Prov.) *		
Other *		

***Please attach copies of any certification or transcripts.**

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SPECIAL SKILLS OR QUALIFICATIONS:

Keyboarding Speed _____ wpm

Computer Programs (specify):

Standard First Aid _____

Expiry Date

Industrial First Aid _____

Expiry Date

Trades Qualifications _____

Specify Trade

Other (list): _____

CERTIFICATES, LICENSES, PAPERS HELD (please attach copies):

a) _____

b) _____

c) _____

Do you hold a valid B.C. Driver's License? Yes No

Driver's License No. & Class: _____

Other Skills/ Interests: _____

WORK EXPERIENCE:

Note: Provide names and addresses of previous employers as well as dates of employment, position held, name of immediate supervisor, and reason for leaving that employment. If more space is required, use an attached sheet.

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	POSITION(S) HELD	IMMEDIATE SUPERVISOR	REASON(S) FOR LEAVING

PROFESSIONAL REFERENCES:

Please list three persons who might be consulted with respect to an assessment of your employment performance:

NAME	PRESENT POSITION	ADDRESS	TELEPHONE NUMBER

PERSONAL REFERENCES:

**SCHOOL DISTRICT #67 (OKANAGAN SKAHA)
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Please list three persons who might be consulted as personal references:

NAME	PRESENT POSITION	ADDRESS	TELEPHONE NUMBER

PERSONAL INFORMATION:

YES NO

Are you under a continuing contract to another school district or employer?

Are you presently under leave from another school district or employer?

Are you legally entitled to work in Canada?

If the answer to any of the following questions is “Yes”, give details and dates on a separate piece of paper. Enclose in an envelope marked “Confidential” and submit with the application.

Have you ever been discharged, disciplined or requested to resign from a former position?

Have you been suspended, disqualified, censured, or had disciplinary action instituted against you, as a member of any professional organization?

Have you ever been or are you presently under investigation by authorities for a criminal offence?

Have you ever been charged and/or convicted of any crime? (Omit minor traffic violations.)

Do you know of any reason why you should not be employed in any capacity in which you work with or will be in contact with children?

Do you now, or have you had any illness, injury or disability that might impair your ability and performance now or in the future?

Your Social Insurance Number (SIN) serves as your personal identification number for record keeping functions associated with your employment. Like other personal information, your SIN is treated with the utmost confidentiality. If you would like to be assigned a different number for the purposes of administering your benefits, inform Human Resources when completing your employment benefit package.

I consent to the use of my Social Insurance Number by the Payroll Department for record keeping, file identification and payroll reporting purposes.

I respect and 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 grant School District No. 67 (Okanagan Skaha) permission to investigate my suitability for employment based on information contained herein and agree to provide, at my own expense, a Criminal Record Search should I be offered employment. I authorize my present and previous employer(s) and others who have knowledge of my qualifications and work history to respond to requests from School District No. 67 (Okanagan Skaha) for confidential information. I also agree it is my responsibility to inform School District No. 67 (Okanagan Skaha) of any change in the information provided on this form.

Applicant’s Signature: _____ **Date:** _____
(This application is not considered complete without a signature.)

School District No. 67 (Okanagan Skaha) is a smoke- and tobacco-free environment in all school buildings and facilities.