



## VANCOUVER ISLAND WEST SCHOOL DISTRICT 84

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

Office: 250-283-2241 Fax: 250-283-7352

www.sd84.bc.ca

### APPLICATION FORM – TEACHER

NAME: \_\_\_\_\_

ELEMENTARY       SECONDARY       SPECIAL EDUCATION

MAJOR/SPECIALTY: \_\_\_\_\_

SUBJECT/TEACHING AREA(S): \_\_\_\_\_

RESUME ATTACHED: YES \_\_\_\_ NO \_\_\_\_      DATE OF APPLICATION: \_\_\_\_\_  
MM / DD / YY

*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, and those applicants selected for interviews will be contacted by telephone or email. All job posting applications are kept on file for one year. Unsolicited applications are kept for six (6) months from time of receipt. If you have additional information relevant to your application, please submit and your file will be updated.*

NAME: \_\_\_\_\_  
Surname First Middle

ADDRESS: \_\_\_\_\_  
Street PO Box # City Province Postal Code

TELEPHONE: ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**GRADE LEVEL** (*Designate in numerical order of preference, the areas that you are qualified to teach*):

Elementary K  1 - 3  4-7   
Secondary 8 - 12  8 - 10  11- 12

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? Y/N \_\_\_\_\_ WILLING TO RELOCATE? Y/N \_\_\_\_\_

TEACHER TEACHING-ON-CALL (TTOC) POSITION ONLY: YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_

**EDUCATION:**

GRADUATION YEAR	UNIVERSITY	DEGREE(S)	CUMGPA

MAJOR(S)/SPECIALTY: \_\_\_\_\_

LANGUAGES	(✓)	LEVEL ( <i>Indicate Proficiency</i> )		
French		Intermediate	Advanced	Expert
Spanish		Intermediate	Advanced	Expert
First Nations		Intermediate	Advanced	Expert
Other		Intermediate	Advanced	Expert

**STUDENT TEACHING EXPERIENCE:** (*List chronologically from most recent*)

Dates (from.....to)	Grade/Assignment	School	District (#)/Province

**TEACHING EXPERIENCE:** (List chronologically from most recent. List every school district where you have been employed and number of years of teaching experience.)

Dates (from.....to)	Total # Years	Grade/Assignment	School	District (#)/Province

**RECENT WORK EXPERIENCE OTHER THAN TEACHING:** (List chronologically from 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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**DO YOU HOLD, OR ARE YOU ELIGIBLE FOR A BC TEACHING CERTIFICATE? YES  NO**

BC Teaching Certification Type (✓)	Date Issued	Certificate No.	In Process (✓)	Date of Application
Professional <input type="checkbox"/> Standard <input type="checkbox"/> Interim <input type="checkbox"/>				

**TEACHER QUALIFICATION SERVICE CATEGORY**

Category Assigned	Effective Date	Date of Evaluation	In Process (✓)	Date of Application

**PERSONAL/GENERAL INFORMATION:** (Please indicate with a ✓.)

	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 the College of Teachers or the BC Teacher Regulation Branch?		
Have you ever received a less than satisfactory teacher evaluation or practicum?		
Are you on a leave of absence from your current employment?		
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.)*

NAME	INSTITUTION	POSITION	TELEPHONE
			(    )
			(    )
			(    )
			(    )

*I authorize Vancouver Island West School District 84 to contact the persons or organizations listed above 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.*

*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.*

**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)