



**BOARD OF EDUCATION  
SCHOOL DISTRICT NO. 50  
(HAIDA GWAI)**

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**APPLICATION FORM FOR A TEACHING POSITION**

**Haida Gwaii School District**

PO Box 69, 107 3<sup>rd</sup> Avenue, Daajing Giids, BC V0T 1S0

Telephone: (250) 559-8471, extension 109

[www.sd50.bc.ca](http://www.sd50.bc.ca)

School District No. 50 Vision:

Our vision is an educational system that places high value on education, fosters excellence in participants, supports the achievement of their full potential and promotes a healthy learning environment that provides exposure to the diverse cultural, spiritual and social aspects of Haida Gwaii.

*Please complete all information requested on the application form, even though it may be duplicated on your resumé.*

*The school district's policy is to review each application form it receives. Please note that only those applicants whom we select for interview will be contacted by telephone. Application forms and any accompanying documents are kept for 12 months from time of receipt.*

**Name of Applicant:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

MM/DD/YY

**Professional Training:**      Elementary       Middle School       Secondary

**Specialty:**      Special Education       French Immersion

**Subject/Teaching Area:** \_\_\_\_\_

How did you learn of this posting?

SD50 Website

Make A Future Website

Apply to Education Website

Friend/Colleague

Other (please specify) \_\_\_\_\_



Are you legally entitled to work in Canada? Yes  No

**Student Teaching Experience** (Give the most recent first.)

Dates (from/to)	Grade/Assignment	School	District (No.) and Province

**Teaching Experience** (Give the most recent first. List every school district where you have been employed and your years of teaching experience.)

Dates (from/to)	Number of Years	Grade/Assignment	School	District (No.) and Province

**Recent Non-Teaching Work Experience** (Give the most recent first.)

Dates (from/to)	Number of Years	Employer	Type of Work

**BC TEACHING CERTIFICATION**

Do you hold a BC teaching certificate? Yes  No

If yes, please fill out the box below.

If no, are you eligible for one? Yes  No

Type	Date Issued	Certificate No.	In Process	Date of Application
Professional <input type="checkbox"/>				
Standard <input type="checkbox"/>				
Interim <input type="checkbox"/>				

Do you hold a Teacher Qualification Service (TQS) category? Yes  No

If yes, please fill out the box below.

Category Assigned	Effective Date	Date of Evaluation	In Process	Date of Application

**EDUCATIONAL HISTORY** (Give the highest level first and attach supporting documentation.)

Name of School or Institution	Location	Area of Study	Grade, Certification, Diploma, or Degree	GPA

Languages (tick if applicable)	Level (indicate proficiency)		
Haida	Speak	Read	Write
French	Speak	Read	Write
German	Speak	Read	Write
Spanish	Speak	Read	Write
Other (specify)	Speak	Read	Write

**LIST ANY ADDITIONAL JOB-RELATED SKILLS, EXPERIENCE, TRAINING, VOLUNTEER WORK, HOBBIES, AND QUALIFICATIONS THAT WOULD SUPPORT YOUR APPLICATION.**


**PERSONAL AND GENERAL INFORMATION**

Question	Yes	No
Have you ever been convicted or charged with a criminal code offence or a summary conviction offence, or do you have any outstanding charges pending? (A conviction or charge does not necessarily preclude an offer of employment.)		
Have you ever been dismissed, suspended, or disciplined by any governing body, school board, or college of teachers?		
Have you ever received a less-than-satisfactory teaching or practicum evaluation?		
Have you ever been disciplined, discharged, or asked to resign, or have you agreed to resign, from a position (either teaching or non-teaching) following a complaint against you, or an investigation or review of your conduct?		
Do you know of any reason you should not be employed in a capacity in which you work with or will be in contact with children?		

*If you have answered **Yes** to any of the above questions, please provide a detailed explanation, place in an envelope marked **CONFIDENTIAL**, and include with this application form.*

**REFERENCES**

*Please give at least three professional referees who have first-hand knowledge of your professional competence and personal qualifications. Reference checks will be initiated before any offer of employment. Your references may also be checked during the screening of applications or prior to the interview stage.*

Name	Institution	Position	Telephone

***Please read the following carefully before signing.***

**APPLICANT'S DECLARATION AND AGREEMENT**

I declare that all of the information I have given in this application form and in my resumé and any other attachments is complete and true in every respect. I understand that if any of this information is found to be untrue or incomplete, or if I fail to respond completely and truthfully to any questions asked, my application may be rejected, or in the event that my application is successful, my employment may be terminated.

As a condition of application and possible employment, I authorize Haida Gwaii School District to contact any references, school or faculty associates, or past or present employers named in this application form, or in my resumé and any other attachments, for the purposes of (1) verifying my qualifications and the other information in these documents, (2) assessing my past work performance, and (3) determining my suitability for employment.

I understand that all references will be received in confidence by the Haida Gwaii School District and will not be released to me without the referees' consent.

I also understand that any offer of employment is conditional on my providing, at my own cost, Haida Gwaii School District with a complete criminal record search pursuant to BC's *Criminal Records Review Act* and a satisfactory review of the results of the search by Haida Gwaii School District.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_