**BOARD OF EDUCATION**

**SCHOOL DISTRICT NO. 50**

**(HAIDA GWAII)**

## GENERAL APPLICATION FORM

**Haida Gwaii** **School District**

PO Box 69, 107 3rd Avenue, Village of 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.

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| *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

**Type of Work Desired:**

**Preferred Job Location:**

**Earliest Possible Start Date:**

**APPLICATION MATERIALS**

**For Office Use Only – Appointment Information**

**Position:**

**Location:**

**Continuing** ❑ **Temporary** ❑ **Casual** ❑

**Hours Per Week:**

**Effective Date:**

**Authorizing Signature:**

**Is your resumé attached?** Yes ❑ No ❑

**Any other accompanying documentation?**

Yes ❑ No ❑ If yes, specify: \_\_\_\_\_\_\_\_\_\_

**CONTACT DETAILS**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname First Middle

**Mailing Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box/Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Province Postcode

**Telephone**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

**Have you previously applied to the Haida Gwaii** **School District?**

Yes ❑ No ❑ If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you previously been employed by the Haida Gwaii** **School District?**

Yes ❑ No ❑ If yes, when?\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you legally entitled to work in Canada?** (*Documentation may be required*.)

Yes ❑ No ❑

**Work Experience** (*Give the most recent first.)*

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| --- | --- | --- | --- |
| **Dates (from/to)** | **Number of Years** | **Employer** | **Type of Work** |
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**EDUCATIONAL HISTORY** (*Give the highest level first and attach supporting documentation*.)

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| --- | --- | --- | --- | --- |
| **Name of School or Institution** | **Location** | | **Area of Study** | **Grade, Certification, Diploma, or Degree** |
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| **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 | | |

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| **List certificates, licenses, memberships in professional and technical associations, including relevant interests and activities.** | |
| Drivers License |  |
| First Aid Ticket |  |
| Typing (word per minute) |  |
| Computer Literacy |  |
| Technical Associations |  |

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

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| **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 other employer? |  |  |
| Have you ever received a less-than-satisfactory evaluation? |  |  |
| Have you ever been disciplined, discharged, or asked to resign, or have you agreed to resign, from a position 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.*

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| **Name** | **Institution** | **Position** | **Telephone** |
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***Please read the following carefully before signing.***

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **VOLUNTARY SELF DECLARATION FOR APPLICANTS TO THE DISTRICT** |

The Haida Gwaii School District is committed to achieving a workforce representative of the community it serves. If you are successfully employed the information contained here will assist the District in determining the composition of our workforce. It complies with legislation on employment equity and facilitates the internal planning and implementation of employment equity.

The following is a confidential and **voluntary declaration**, your participation is not required as a condition of work or employment, but rather helps the district recognize the diversity of the workforce.

***Please check the boxes which apply to you:***

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| **SECTION 1 - GENDER** |

□ Male □ Female

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| **SECTION 2 - ABORIGINAL** |

(Means persons who are Indian, Inuit or Métis as recognized by the Canadian Constitution. First Nations people refers to the Indian people in Canada, both Status and Non-Status)

Are you an Aboriginal person? □ Yes □ No

If yes, mark the appropriate box: □ First Nation □ Métis □ Inuit

Which Band are you affiliated with? (Name)

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| **SECTION 3 – DISABILITIES** |

*(Any restriction or lack of ability resulting from impairment to perform an activity in the manner of within the range considered normal for a human being.)*

Definition of Disability: Persons with a disability have a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment and who: a) consider themselves to be disadvantaged in employment by reason of that impairment, OR b) believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment. Persons whose functional limitations owing to their impairment that have been accommodated in their current job or workplace are included as disabled.

Do you have a disability, as defined above? □ Yes □ No If yes, mark the appropriate box below.

□ Coordination of Dexterity □ Deaf □ Non-Visible Physical Impairment

(difficulty using hands or arms ie. using (inability to hear) (ie. epilepsy, hemophilia, emphysema)

using keyboard or grasping tools)

□ Mobility □ Blind □ Mental Psychiatric, Sensory or (difficulty moving around ie from one office to (no sight whatsoever) Learning Impairment

another or up and down stairs)

□ Partial Hearing Impairment □ Speech Impairment □ Partial Visual Impairment

(difficulty hearing even with the use of hearing (unable to speak or (visual impairments not corrected by

aids, or totally deaf in one ear) difficulty speaking and regular glasses or contact lenses)

being understood)

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| □ Other disability | Your responses to the details regarding your impairment will be held in confidence and NOT released to anyone without written consent. |

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| **SECTION 6 – NOTICE OF COLLECTION** |

I agree the information provided in this form may be used for human resource management purposes (statistical/analysis/reporting) and may be used to develop special programs for designated group members, and to tailor Human Resource policies, practices and procedures to address Employment Equity goals.

Name (please print) Signature Date