



Office Use:

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

Employment Category: \_\_\_\_\_

LEARNING TODAY FOR LIVING TOMORROW

**SCHOOL DISTRICT NO. 53  
(OKANAGAN SIMILKAMEEN)**

**APPLICATION FOR EMPLOYMENT**

**SUPPORT STAFF**

**THIS APPLICATION SHOULD BE MAILED OR DELIVERED TO**

Secretary-Treasurer  
School District No. 53 (Okanagan Similkameen)  
Box 1770  
Oliver, BC V0H 1T0

Telephone 250-498-3481

Street Address:  
35061, 101 Street

Please fully complete ALL information to ensure accurate documentation.

*This personal information on this form is collected by School District #53 (Okanagan Similkameen) under the authority of the School Act, section 15 (1). This information will be used solely for the purpose of the recruitment and selection of staff and will be protected under the Freedom of Information and Protection of Privacy Act.*

OFFICE USE ONLY:

REPLY CARD

COMPUTER

SCHOOL DISTRICT NO. 53

(Okanagan Similkameen)

\_\_\_\_\_  
SOCIAL INSURANCE NUMBER

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

Dr. Mr. Mrs. Miss Ms. (Please circle)

\_\_\_\_\_  
Given Name(s) Surname Maiden Name

\_\_\_\_\_  
Present Street Address City/Town Postal Code

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
Telephone Number: Area Code \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D (Optional)

**POSITION APPLIED FOR:**

Accounting/Payroll \_\_\_\_\_

Bus Driver \_\_\_\_\_

Clerical/Secretarial \_\_\_\_\_

Custodian \_\_\_\_\_

Maintenance \_\_\_\_\_ (please indicate specialty area) \_\_\_\_\_

Noon-Hour Supervisor \_\_\_\_\_

Personal Attendant \_\_\_\_\_

Teacher Assistant \_\_\_\_\_

**WITH REGARD TO YOUR SELECTION/S ABOVE, PLEASE DESCRIBE THE KIND OF WORK DESIRED AND YOUR CAREER AMBITIONS IN RELATION TO YOUR TRAINING AND EXPERIENCE.**

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

**EDUCATIONAL AND SPECIAL TRAINING:**

Name/Location	Major Area of Study	Grade Completed or Degree/Diploma received	Year Completed
(Secondary) _____			
College/Other Post-sec. _____			
Journeyman or TQ (Province) _____			
Other Special Courses, etc. _____			
_____			
_____			



**EMPLOYMENT REFERENCES:**

Please list three persons who might be consulted for an assessment of your job performance.

	Name	Present Position	Address	Telephone Number
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

**HEALTH RECORD:**

Have you been tested for T.B.?       Yes       No

If yes, when? \_\_\_\_\_ Test results? Pos. / Neg. (Circle one)

If the answer to any of the following questions is yes, give details and dates below.

Have you ever been discharged, disciplined or requested to resign from a former position.       Yes       No

Have you been suspended, disqualified, censured, or had disciplinary action instituted against you, as a member of any profession or organization?       Yes       No

Are you now under treatment for any mental illness or for alcoholism or the use of drugs?       Yes       No

Have you ever been charged and/or convicted of a crime?       Yes       No  
(Include dates and charges in explanation below)

Have you had any chronic health problems that may affect your ability to perform the duties of the position for which you have applied?       Yes       No

Yes to any of the above will not necessarily disqualify you from employment. (If more space is required use an additional sheet and attach it to this form.)

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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. 53 (Okanagan Similkameen) permission to investigate my suitability for employment based on information contained herein. I authorize my present and previous employer(s) and others who have knowledge of my qualifications to respond to requests from School District No. 53 (Okanagan Similkameen) for confidential information. I further understand that confidential reference reports obtained in connection with my application will not be made available to me. I am aware that if I am to be offered a position by the Board of School Trustees, I will be obliged to consent to a record search.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(This application is not complete without a signature.)