

# SCHOOL DISTRICT NO. 53 (OKANAGAN SIMILKAMEEN)

## APPLICATION FOR EMPLOYMENT – TEACHER

Submit application package by email (as a single document) to [employment@sd53.bc.ca](mailto:employment@sd53.bc.ca)  
or by Fax to: 250 498-4070 or mail to PO BOX 1770, 6161 Okanagan Street, Oliver, BC V0H 1T0  
Visit our website at: [www.sd53.bc.ca](http://www.sd53.bc.ca) or phone 250-498-3481

**MISSION STATEMENT:** We provide all learners with relevant learning experiences in a safe, caring, inclusive environment. We promote and inspire personal excellence, lifelong learning and responsive and responsible citizenship.

The interest of all applicants is appreciated; however, acknowledgements will only be made to those selected for an interview. Application forms and any accompanying documents are kept for 12 months from date of receipt. If you subsequently have additional information relevant to your application, submit it and we will update your file. Once we have your application package on file, you are welcome to apply for postings by submitting a cover letter only. Note: not submitting all documents as listed may result in your application not being considered.

Application is for:  Teacher – Posting Number \_\_\_\_\_ and/or  Teacher-on-Call

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address (No. & Street) \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Telephone (including area code): \_\_\_\_\_ or \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally eligible to work in Canada?  Yes  No

British Columbia Teaching Certificate (attach copy)  Professional  Standard  Interim \_\_\_\_\_  
(expiry date)

If you do not hold a BC Teaching Certificate, are you eligible?  Yes  No

If yes, provide details/status of your submission \_\_\_\_\_

Do you hold a valid Teacher Qualification Service Card (TQS)? (attach copy)  Yes  No

**Education:** (include copies of transcripts)

University	Major	Minor	Year Obtained

**Teaching Experience:** (start with your most recent employment and if more space is required, attach extra sheet)

Name & Address of Organization	Start/End Date of Employment	Subject(s) and/or Grade(s) Taught	Immediate Supervisor	Reason(s) for Leaving

List any additional job-related skills, experience, training, volunteer work, hobbies and qualifications that would support your application.

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**SPECIALIZED AREAS** (Include Transcripts)

**ELEMENTARY**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> KINDERGARTEN         | <input type="checkbox"/> PRIMARY            | <input type="checkbox"/> MUSIC        |
| <input type="checkbox"/> DISTRIBUTED LEARNING | <input type="checkbox"/> EARLY INTERMEDIATE | <input type="checkbox"/> INTERMEDIATE |
| <input type="checkbox"/> LIBRARY              |   |                                       |

**SECONDARY**

- JUNIOR       SENIOR

LANGUAGES

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> FRENCH  | <input type="checkbox"/> ENGLISH              | <input type="checkbox"/> LEADERSHIP         |
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> PLANNING             | <input type="checkbox"/> COUNSELLING        |
| <input type="checkbox"/> PUNJABI | <input type="checkbox"/> ABORIGINAL EDUCATION | <input type="checkbox"/> PHYSICAL EDUCATION |
|                                  | <input type="checkbox"/> COMMUNICATIONS       | <input type="checkbox"/> MATH               |

TECHNOLOGY EDUCATION

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> AUTOMOTIVE                     | <u>HOME ECONOMICS</u>                      | <input type="checkbox"/> LIBRARY |
| <input type="checkbox"/> TECH 8                         | <input type="checkbox"/> FAMILY STUDIES    | <input type="checkbox"/> SCIENCE |
| <input type="checkbox"/> METALWORK                      | <input type="checkbox"/> FOODS & NUTRITION | <input type="checkbox"/> DRAMA   |
| <input type="checkbox"/> WOODWORK / CARPENTRY & JOINERY |  | <input type="checkbox"/> MUSIC   |
|   |  | <input type="checkbox"/> ART     |

**SPECIAL EDUCATION**

LEARNER SUPPORT

- |   |  |
|---|--|
| <input type="checkbox"/> LEARNING ASSISTANCE            | <input type="checkbox"/> SPECIAL EDUCATION   |
| <input type="checkbox"/> LEARNING DISABILITIES          | <input type="checkbox"/> ALTERNATE EDUCATION |
| <input type="checkbox"/> MILD INTELLECTUAL DISABILITIES | <input type="checkbox"/> ESL                 |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Personal Information:</b>	<b>Yes</b>	<b>No</b>
Have you ever been suspended, disqualified, censured, or had disciplinary action instituted against you, as a member of any profession or organization?		

**References:** Provide at least three (3) referees who have supervised your work and, if you have been employed in the education system, include a reference from the human resources department of that employer. Reference checks will be initiated before any offer of employment and will usually occur during the screening process prior to the interview stage.

Name of Reference	Organization	Position	Phone Number(s)

**APPLICANT’S DECLARATION AND AGREEMENT:**

I authorize School District No. 53 (Okanagan Similkameen) to contact the referees listed above for the purpose of obtaining reference information. I understand that any evaluative or opinionative material obtained from reference checks need not be disclosed to me when the disclosure would reveal the identity of the sources of such information, which I agree is confidential.

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. 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.

I also understand that employment is conditional on possession of a valid BC Professional Teaching Certificate and current eligibility for Teacher Qualification Service card.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**