



LEARNING TODAY FOR LIVING TOMORROW

For Office Use:

Name: _____

School: _____

_____ Regular _____ TOC

TEACHING APPLICATION

School District No. 53 (Okanagan Similkameen)
35601 - 101 STREET
PO BOX 1770
OLIVER, BRITISH COLUMBIA
V0H 1T0

TELEPHONE (250) 498-3481

Please complete ALL information to assure accurate documentation.

Include recent reports of Superintendents, Principal, and University personnel with this application.

A valid British Columbia teaching certificate and membership in the B.C. College of Teachers are prerequisites to employment.

MAIL TO:

Superintendent
School District No. 53 (Okanagan Similkameen)
PO BOX 1770, Oliver, British Columbia
V0H 1T0

OFFICE USE ONLY:
 REPLY CARDS
 COMPUTER

SCHOOL DISTRICT NO. 53
(Okanagan Similkameen)
PO BOX 1770
Oliver, British Columbia
V0H 1T0

PLEASE CHECK IF
YOU ARE INTERESTED
IN SUBSTITUTE
TEACHING

1. PERSONAL INFORMATION

_____ SOCIAL INSURANCE NUMBER _____ DATE OF APPLICATION _____

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

Given Name(s) _____ Surname _____ Maiden Name _____

Present Address (# & Street) _____ City/Town _____ Postal Code _____

Mailing Address (if different from above) _____

Telephone Number: Area Code _____ Home _____ Work _____

Date of Birth: _____ Y _____ M _____ D (Optional)

2. ACADEMIC AND PROFESSIONAL TRAINING: (Please attach current copies of Certification and T.Q.S. Category)

- (a) B.C. Certificate Currently Valid (circle): Standard or Professional If interim- Expiry Date: _____
- (b) B.C. Certificate Expected (circle): Standard or Professional
- (c) B.C. College Membership Current (circle): YES NO
- (d) T.Q.S. Category (circle) 1 2 3 4 5 6 Not Assigned
- (e) Teaching Experience: In B.C. _____ Other _____ Total _____
(do not consider practicums -- attach verification of experience)

UNIVERSITY DEGREES:

Type	Year Obtained	University	Major Studies	Minor Subjects
(a) _____				
(b) _____				
(c) _____				

3. SUBJECT AND/OR GRADE LEVEL PREFERENCE (Please check all areas for which you are qualified)

- | | | | |
|---|---|---|-------------------------------------|
| ELEMENTARY | SECONDARY | SPECIAL EDUCATION | ADMINISTRATION |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Late Intermediate (8-10) | <input type="checkbox"/> Primary | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Early Intermediate (4-7) | <input type="checkbox"/> Graduation (11-12) | <input type="checkbox"/> Early Intermediate | <input type="checkbox"/> Secondary |
| | | <input type="checkbox"/> Late Intermediate (8-10) | <input type="checkbox"/> Special Ed |
| | | <input type="checkbox"/> Graduation (11-12) | <input type="checkbox"/> District |

a. ELEMENTARY SPECIAL AREA (S):

- Kindergarten French 2nd Language Music - Classroom (specify method in resume) Music - Instrumental Art
- Other: (Please Specify) _____
- _____
- _____
- _____

b. SECONDARY SPECIALIZED AREA (S):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> BUSINESS EDUCATION | <input type="checkbox"/> HOME ECONOMICS | <input type="checkbox"/> MATHEMATICS | <input type="checkbox"/> SOCIAL STUDIES |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Cloth & Text | <input type="checkbox"/> Algebra | <input type="checkbox"/> Economics |
| <input type="checkbox"/> Business Machines | <input type="checkbox"/> Family Studies | <input type="checkbox"/> Calculus | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Foods & Nutrition | <input type="checkbox"/> Consumer/Trade | <input type="checkbox"/> History |
| <input type="checkbox"/> Typing | | <input type="checkbox"/> Grades 8-10 | <input type="checkbox"/> Law |

c. SPECIAL EDUCATION:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Learning Assistance | <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> Alternate School | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Physically Handicapped | <input type="checkbox"/> Severe Learning Disabilities | <input type="checkbox"/> Behaviour Disorder |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Hospital/Homebound | <input type="checkbox"/> Elementary Counselling | <input type="checkbox"/> Enrichment/Gifted |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Native Education | | <input type="checkbox"/> Dependent Handicapped |
| | | | <input type="checkbox"/> Chronic Health Impairment |

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> SCIENCE | <input type="checkbox"/> LANGUAGES | <input type="checkbox"/> TECHNOLOGY EDUCATION | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> Biology | <input type="checkbox"/> French | <input type="checkbox"/> Drafting | <input type="checkbox"/> Band |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> German | <input type="checkbox"/> Electricity | <input type="checkbox"/> Choral |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Japanese | <input type="checkbox"/> Mechanics | <input type="checkbox"/> LIBRARY |
| <input type="checkbox"/> General Science | <input type="checkbox"/> Latin | | <input type="checkbox"/> PHYSICAL EDUCATION |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Mandarin | <input type="checkbox"/> COUNSELLING | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Spanish | <input type="checkbox"/> DRAMA | _____ |
| <input type="checkbox"/> ART | <input type="checkbox"/> COMPUTER EDUCATION | <input type="checkbox"/> ENGLISH | _____ |
| | <input type="checkbox"/> CONSUMER EDUCATION | <input type="checkbox"/> LEARNING ASSISTANCE | _____ |
| | | | _____ |

4. CO-CURRICULAR AND EXTRA ACTIVITIES/INTERESTS:

5. TEACHING EXPERIENCE:

NOTES: 1. Provide names and addresses of ALL your previous employers as well as the dates of employment, position held, name of immediate supervisor, subjects/grades taught and reason for leaving that employment.

2. If more space is required, use an attached sheet

Name and Address of Employer	Date of Employment	Position(s) Held	Subject/Grades Taught	Immediate Supervisor	Reason(s) for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. PROFESSIONAL REFERENCES:

Please list three persons who might be consulted with respect to an assessment of your professional performance.

Name	Present Position	Address	Telephone Number
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____

8. HEALTH RECORD:

(a) Have you been tested for T.B.? Yes No

If yes, when? _____ Test results? _____

(b) The practice of teaching demands a high level of physical, mental and emotional health. School District 53 (Okanagan Similkameen) recognizes that everyone experiences pressures in life and we all respond to those pressures differently. You may be quite capable of being an effective teacher in spite of past physical, mental or emotional problems. In most cases, evidence of having sought professional assistance is positive evidence, as it suggests that you are actively seeking to deal with the condition and take control of your life.

In asking the following questions, the Board is seeking information which will assist them in determining whether you will, in the future, be capable of effective teaching and the information provided will be held in strict confidence. If you would like to discuss a personal concern confidentially, please contact the Manager of Human Resources.

- i) Do you suffer from a physical disability that interferes with your ability to function as a teacher? Yes No
- ii) Do you suffer from a mental illness that interferes with your ability to function as a teacher? Yes No
- iii) In the past ten years have you been treated for schizophrenia, paranoia, or a mood disorder described as a major affective illness, bipolar mood disorder, or manic depressive illness? Yes No

9. Are you under continuing contract? Yes No

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

- (a) Have you ever been discharged, disciplined or requested to resign from a former position? Yes No
- (b) Have you been suspended, disqualified, censured, or had disciplinary action instituted against you, as a member of any profession or organization? Yes No
- (c) Are you now under treatment for any mental illness or for alcoholism or the use of drugs? Yes No
- (d) Have you ever been charged and/or convicted of a crime? Yes No
(include dates and charges in explanation below)
- (e) 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 above will not necessarily disqualify you for employment. (Attach an additional sheet if more space required).

10. I respect and understand that any failure to completely and truthfully answer the questions asked 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