



School District No. 91 (Nechako Lakes)

TEACHER/TOC APPLICATION FORM

PLEASE READ

When submitting this application, please ensure the following are included:

- **Resume**
- **Academic transcripts**
- **BC Teaching Certificate**
- **Teacher qualification service card**
- **Teacher/practicum reports**

MAILING ADDRESS

Box 2000 270 9th Ave.
Burns Lake, BC V0J 1E0

For more information, please contact the Nechako Lakes School District at:

Phone: 250-692-7782
Fax: 250-692-7145

Or visit our website
www.sd91.bc.ca

Date of Application: _____

Position (Job Posting # if applicable): _____

Personal Information

First Name: _____ Home Phone: _____

Last Name: _____ Other Phone: _____

Address: _____ Postal code: _____

City/Province: _____

Email address: _____

Have you ever been employed
by School District No. 91? Yes
 No

Are you legally entitled
to work in Canada? Yes
 No

Type of Work desired: Please choose in order of preference, with 1 being first choice:

Elementary: K 1-3 4-7

Secondary: 8-12

Employment Term: Full Time Part Time On-Call

Days available: _____

Please list the subjects you are best prepared to teach:

Questions

1. Have you ever been dismissed, suspended, or disciplined by any governing body, school board, or Teacher Regulation Branch? Yes No
2. 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? Yes No
3. Have you ever received a less-than-satisfactory teaching or practicum evaluation? Yes No
4. Do you know of any reason why you should not be employed in a capacity in which you work with or will be in contact with children? Yes No
5. Have you ever been convicted or charged with a criminal code offence or a summary conviction offence that is related to employment, or do you have any outstanding charges pending? (A conviction or charge does not necessarily preclude an offer of employment.) Yes No

Questions (cont.)

6. Do you have any health-related limitations (mental or physical) that could affect the manner in which you perform the occupational requirements of the position applied for? (A limitation does not necessarily preclude an offer of employment.)

Yes No

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.

Employment History

TEACHING EXPERIENCE: Please list chronologically starting from the most recent. List every school district where you have been employed. If recently graduated, please list student practicum experience.

1. School: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

2. School: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

3. School: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

4. School: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

OTHER WORK EXPERIENCE: Please list chronologically from the most recent.

1. Employer: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

2. Employer: _____

Position(s) held: _____

City/Province: _____

Reason for Leaving: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Supervisor & Title: _____

Educational History

Please list all post-secondary institutions you have attended. List chronologically from the most recent.

Name of Institution	Dates Attended (MM/YYYY to MM/YYYY)	Degree	Discipline (Major/Minor)

Languages: Please list all languages that you speak and/or read, and indicate your level of fluency.

Language	Written Fluency (Little/Some/Full)	Oral Fluency (Little/Some/Full)

Please describe any special skills/training that you feel may pertain to the position. This may include: first aid, computer technical knowledge, etc.

References

Please provide at least two professional references in a supervisory role who have observed your teaching, and can comment on your professional capability and personal qualifications.

Name	Title/Position	Telephone	Email

Certifications

Do you currently hold a BC Teaching Certificate? Yes No

If yes, please provide Certificate Number: _____

Please choose: Professional Conditional Other

If no, please explain: _____

If Conditional, please provide expiry date: _____

If Other, please list: _____

Teacher Qualification Service Category (if issued): _____ Effective Date: _____

Please list any other relevant professional certifications and/or skills that would support your application.

Applicant's Declaration

PLEASE READ CAREFULLY BEFORE SUBMITTING

I declare that all of the information I have provided in this application form and in my resume and any other supporting documents 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 will constitute sufficient grounds for dismissal.

As a condition of application and possible employment, I hereby authorize Nechako Lakes School District No. 91 to contact any references, school or faculty associates, or past or present employers named in this application form, or in my resume and any other supporting documents, 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 Nechako Lakes School District No. 91 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, Nechako Lakes School District No. 91 with a complete criminal record search pursuant to BC's Criminal Records Review Act and a satisfactory review of the search by School District No. 91.

Applicant Signature

Date

SD 91 use only:

Screened and Approved

Date