



DELTA SCHOOL DISTRICT
4585 Harvest Drive
Delta, BC V4K 5B4

Human Resources: (604) 946-4101

FAX: 604-946-2941

http://web.deltasd.bc.ca

Position Applied for: _____

Competition No.: _____

EXTERNAL APPLICATION FOR EMPLOYMENT – SUPPORT STAFF

The personal information on this form is collected by the Delta School District under the authority of the School Act, Section 15(1). The information will be used solely for the purpose of recruitment and selection of staff and will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Freedom of Information and Protection of Privacy Coordinator – Human Resources Division (Executive Secretary).

1. Name: _____ (Surname) (Given Names)

2. Present Address: _____ No. Street City Province Postal Code

Telephone: _____ Have you worked for us before? _____
If yes, when? _____

3. How did you learn of this opening? _____

4. Do you have any condition that could limit your job activities? _____

Describe: _____

5. Have you received compensation for any injury during the last 3 years? _____

If yes, describe injuries: _____

EDUCATIONAL BACKGROUND/AND OTHER TRAINING:

Circle last school grade completed: 7 8 9 10 11 12 13

Last School Attended: _____ Location: _____ From: _____ to _____

List your university, college, correspondence, apprenticeship, trade or specialized training certificates below (e.g. first aid, trade ticket, supervisory training, etc.)

Name and Location of School

From Mo./Yr. to Mo./Yr. Course of Study – Certificate/Degree

Blank lines for listing educational background and training.

CLERICAL SKILLS: - Experience in:

Word Processing: Yes _____ No _____ Data Base: Yes _____ No _____

Spreadsheet: Yes _____ No _____ Data Entry: Yes _____ No _____

Word processing programs used: _____

EMPLOYMENT HISTORY:

Resume attached: Yes _____ No _____

Start with your present (or most recent) position and describe the work you performed. Please be specific.

From Mo./Yr.	To Mo./Yr.	Position And Duties	Employer City Location	Reason for Leaving

REFERENCES:

Give name and position of previous and/or present employers, or supervisors of your work. Please indicate if we may contact your present employer(s). Yes _____ No _____

Name and Position of Employer/Supervisor	Firm or Organization	City	Telephone No.
1. _____			
2. _____			
3. _____			

MISCELLANEOUS:

Please list any hobbies, skills or special interests that are relevant to the position applied for:

CRIMINAL RECORD:

Are there any outstanding charges against you or have you ever been convicted of a criminal offence?

Yes _____ No _____

If you answered yes to the above question, please provide particulars on a separate sheet and place in an envelope marked "Confidential". This envelope should be attached to the application form.

Note: A positive response will not automatically prevent you from obtaining employment.

APPLICANT'S CERTIFICATION AND AGREEMENT:

If accepted for employment, I understand that:

1. If any of the above statements are untrue through any misrepresentation or intentional omission, my appointment to a position will be terminated.
2. I will provide medical and other information when requested.
3. I will supply sufficient proof of age upon employment.
4. If requested I will consent to a criminal record check.

Signature Date



4585 Harvest Drive
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Tel: 604 946 4101
Fax: 604 946 2941

BACKGROUND CHECK FORM

APPLICANT'S NAME: _____

1. Have you ever been convicted of a criminal offence? Yes No
2. Are there currently any outstanding criminal charges against you? Yes No

NOTE:

A criminal charge or conviction will not automatically exclude you from employment opportunities. The requirements of the position applied for and the circumstances related to the charge or conviction will be considered.

3. Do you know of any reason why you should not be employed in a capacity in which you will work with or around children? Yes No

NOTE:

- (a) If any of questions 1, 2, or 3 are answered "Yes," please provide details on a separate sheet in a sealed envelope addressed to the Human Resources Manager – Support Staff. Include at least one authority (name, position and telephone number) with whom we may discuss matters and confirm details. This material will be handled in accordance with the provisions of the Freedom of Information and Protection of Privacy Act and other relevant legislation.
- (b) A Criminal Records Check will be required by the School District.

4. Do you have any condition that could limit your job activities? Yes No
Describe: _____

5. Have you received compensation for any injury during the last 3 years? Yes No
If yes, describe injuries: _____

APPLICANT'S DECLARATION AND AGREEMENT – PLEASE READ CAREFULLY

I declare that all the information I have provided in my application for employment and in any other documents which accompany this application or are required by the district and during my interview (if applicable) is complete and true in every respect and I understand that any failure to completely and truthfully answer the questions asked of me, when discovered, will constitute sufficient grounds for dismissal.

Furthermore, I will provide medical and other information and will supply sufficient proof of age upon employment when requested.

I give permission for Delta School District #37 to contact any references, present and/or prior employers attached to this application and further I understand that confidential reference reports and personal information which become part of this application will be regarded as confidential. I understand that any information given to the School Board by a referee will be kept confidential and will not be released to the applicant without the consent of the referee.

I understand that as a condition of employment, I will be required to authorize a criminal records review.

Date

Applicant's Signature