

Please complete all information requested on this application, regardless if it is duplicated on your resume.

NAME:			
Legal Surname	First Name	Mi	iddle
ADDRESS:			
Street	City	Province	Postal Code
TELEPHONE:	EMAIL:		
As an equality enhancing initiative the Cowich applicants that self-identify as Indigenous.	nan Valley School District is	s engaging in prefe	rential hiring of qualified
DO YOU SELF-IDENTIFY AS INDIGENOUS? (O	ptional) YES		
ARE YOUR RESUME, CERTIFICATES, TRANSC	CRIPTS ATTACHED (in one	pdf)? YES	NO

REFERENCES

Please provide at least three references. Our preference is two of your references be current or previous supervisors. Reference checks will be initiated prior to the offer of any position.

NAME	COMPANY/ ORGANIZATION	POSITION	TELEPHONE	EMAIL

EDUCATION/DEGREE(S)	UNIVERSITY	GRADUATION YEAR

WORK EXPERIENCE – POSITION SPECIFIC (List chronologically from most recent. List every school district where you have been employed and number of years experience, including practicum experience.)				
Dates (from to)	Total	Grade/	Educational	District (#) /
	Years	Assignment	Institution	Province

OTHER/RECENT WORK EXPERIENCE (List chronologically from most recent.)			
Dates (from to)	Total Years	Employer Type of w	

LIST ANY ADDITIONAL JOB-RELATED SKILLS, EXPERIENCES, TRAINING, HOBBIES AND QUALIFICATIONS THAT WOULD SUPPORT YOUR APPLICATION. (FIRST AID, FOODSAFE, ETC)		

PLEASE READ CAREFULLY

APPLICANT'S DECLARATION AND AGREEMENT

I declare that all the information I have provided in this application for employment, and in any other documentation which accompanies this application, 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.

As a condition of employment, I give permission to the Cowichan Valley School District to contact any references, school or faculty associates, or any past or present employers named in this application. I further understand that confidential professional reference reports given to the School Board will not be released to me without the consent of the referee.

Signature of Applicant

Date

It is the District's policy to review each application. Please note that only those applicants selected for interviews will be contacted by telephone.

<u>Our story is Beyond Education – Visit our 2020 – 2024 Strategic Plan</u>

