



SCHOOL DISTRICT NO. 33 (CHILLIWACK)
8430 Cessna Drive, Chilliwack, B.C., V2P 7K4
Tel: (604) 792-1321 FAX: (604) 792-9665 or 792-1898

APPLICATION FOR NON-TEACHING POSITION

Date of Application: _____

NAME: _____ Social Ins. No. (Optional) _____

ADDRESS: _____ Telephone (home): _____

CITY: _____ (work): _____

POSTAL CODE: _____ (other): _____

TYPE OF POSITION APPLIED FOR: _____ POSITIONS(S) APPLIED FOR: _____

DRIVER'S LICENCE: Yes ___ No ___ Class _____ FULL-TIME ___ **PART-TIME** ___

DATE AVAILABLE FOR WORK: _____ CASUAL CALL-OUT ___

WORK EXPERIENCE (In chronological order):

From: _____, 19___ To: _____, 19___

EMPLOYER: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ TELEPHONE: _____

From: _____, 19___ To: _____, 19___

EMPLOYER: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ TELEPHONE: _____

From: _____, 19___ To: _____, 19___

EMPLOYER: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ TELEPHONE: _____

EDUCATIONAL QUALIFICATIONS: (Diplomas, Certificates, Degrees) PLEASE SPECIFY:

_____ INSTITUTION: _____

YEAR GRANTED: _____

_____ INSTITUTION: _____

YEAR GRANTED: _____

SPECIALIZED TRAINING: (Machine, First Aid, Trade-Related Tickets, etc.)

REFERENCES (These should be someone who has supervised/evaluated your work.)

NAME: _____ BUSINESS/COMPANY: _____

ADDRESS: _____ PHONE: _____

NAME: _____ BUSINESS/COMPANY: _____

ADDRESS: _____ PHONE: _____

I authorize Chilliwack School District to make any investigation of my employment and/or personal history and authorize any former employer, person, firm or agency listed on this application form or cited as reference to give any information they may have regarding me. In consideration of the Chilliwack School District's review of this application, I release it and all providers of information from any liability as a result of furnishing and receiving this information.

Date

Signature

1. Have you ever been investigated under any Federal or Provincial enactment? Yes ___ No ___
2. Have you ever been convicted of, or given an absolute or conditional discharge on a criminal offence? Yes ___ No ___
3. Have you ever been investigated, dismissed, suspended, or disciplined or censured by any employer and/or governing body? Yes ___ No ___
4. Do you know of any reason why you should not be employed in a capacity in which you work or will be in contact with children? Yes ___ No ___
5. Do you have any health-related limitations which could affect the manner in which you perform the occupational requirements of the work for which you are applying? Yes ___ No ___

If you answered "Yes" to any of the above, please provide particulars on a separate sheet, place in a sealed envelope marked "confidential" and attach it to the application form.

If hired, you will be requested to supply a criminal record search to the Chilliwack School District. All information will be kept in strict confidence.

I hereby declare that the above information is complete and correct.

Date

Signature

Please attach Resume and other relevant data.

NOTE: Your application will be kept on file for three months.

Submission of an application which is misleading or false in whole or in part, and/or if information is knowingly withheld on this application form or during interviews may be considered cause for dismissal.

Reviewed by Human Resources _____

Revised: 99-02