



**EDUCATIONAL ASSISTANT
APPLICATION FORM**
School District No. 38 (Richmond)
Personnel Department



Please note: This application form is for Educational Assistant positions only. Application forms for other positions are available at: Personnel Services, 7811 Granville Avenue, Richmond, B.C. V6Y 3E3. **Please attach and make reference to current resume.**

For Office use Only

1 2 3

Date: _____

(For Office Use Only)

Application No: _____

Competition #: _____ (or select one) Van. Sun Province

Local Papers School Dist. #38 Web Internet (Monster) Friend

Colleague _____ Other _____

Last Name:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Check appropriate salutation.
Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email:

EDUCATION: Post Secondary

Institution	Degree or Course	Completion Date

EDUCATION: Other Education/Training

Institution	Degree or Course	Completion Date

EDUCATION: Courses/Workshops

Institution	Degree or Course	Completion Date

Special Skills/Experience: Do you have experience working with:

Behavioural disorders (please specify) _____

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Seizure Management | Personal Care: | <input type="checkbox"/> feeding |
| <input type="checkbox"/> Autism <input type="checkbox"/> ABA training | | <input type="checkbox"/> toileting |
| <input type="checkbox"/> Sign Language | | <input type="checkbox"/> lifting |
| <input type="checkbox"/> Catheterization | | <input type="checkbox"/> medical procedures |
| <input type="checkbox"/> G-Tube | | |
| <input type="checkbox"/> Computer Communications | | |
| <input type="checkbox"/> Youth/Alternative | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Language (other than English) _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Nurse | | |
| <input type="checkbox"/> First Aid/CPR | | |
| <input type="checkbox"/> Braille | | |

Please outline any other special skills, training or experience with school age children with special needs:

EMPLOYMENT HISTORY: Present or Last Position

<p>#1: Employer/Company: _____</p> <p>Contact Name & Title: _____</p> <p>Contact Phone: _____</p>	<p>Position: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>	<p>Start Date: _____</p> <p>End Date: _____</p>
<p>#2: Employer/Company: _____</p> <p>Contact Name & Title: _____</p> <p>Contact Phone: _____</p>	<p>Position: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>	<p>Start Date: _____</p> <p>End Date: _____</p>
<p>#3: Employer/Company: _____</p> <p>Contact Name & Title: _____</p> <p>Contact Phone: _____</p>	<p>Position: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>	<p>Start Date: _____</p> <p>End Date: _____</p>

OTHER INFORMATION:

- 1. What is your current mode of transportation? (car, bus, bicycle, etc.): _____
- 2. Do you have an illness or disability that might impair your ability to perform the work for which you are applying? Yes* No
- 3. Are you legally entitled to work in Canada? Yes No
- 4. Have you been charged or convicted of a criminal offence for which you have not received a pardon? Yes* No

* If the answer is Yes, please provide details on a separate piece of paper and submit in a sealed envelope marked "CONFIDENTIAL".

NECESSARY ATTACHMENTS:

Please include the following with this application:

- 1. A resumé
- 2. For those enrolled in a program, provide practicum reports
- 3. Proof of Certification and program completion
- 4. References: Email addresses and phone numbers of the following, in order for us to send them a Data Verification form:
 - a. Program Coordinator
 - b. Sponsor Teacher (practicum or volunteer)
 - c. Educational Assistant Mentor (practicum)

<u>Contact Name & Title:</u>	<u>Phone:</u>	<u>Email:</u>
i) _____	_____	_____
ii) _____	_____	_____
iii) _____	_____	_____
iv) _____	_____	_____
v) _____	_____	_____

Please see over

NOTES:

1. Provincial human rights legislation prohibits employment discrimination on the basis of race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age of that person because that person has been convicted of a criminal or summary conviction offence that is unrelated to the employment or to the intended employment or to the intended employment of that person.
2. Successful applicants will be required to submit a certificate of medical fitness and allow a Criminal Record Check as conditions of employment.
3. It is not the practice of the School Board to interview all applicants.
4. Applications are void after six (6) months.

APPLICANT’S DECLARATION AND AGREEMENT (Please read carefully)

I declare that all of the information I have provided in this application for employment and in any other documents which accompany this application 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 my dismissal.

I hereby authorize School District No. 38 (Richmond) to conduct a personal investigation in connection with my application for employment. I give permission for School District No. 38 (Richmond) to contact any reference and any prior or present employers given in conjunction with this application or the secure such personal information about me that might exist in the public domain. I understand that confidential reference reports and personal information which become part of this application will be regarded as confidential pursuant to the provincial Freedom of Information and Protection of Privacy Act and shall not be revealed to me.

I understand that as a condition of employment I will be required to authorize a Criminal Records Review and that the results must be satisfactory to the School District.

Signature of Applicant

Date

“Our Focus is on the Learner”