

EMPLOYMENT APPAINON

District Education Ce - Human Resources Departrace 5 Brown Avenue, Maple Ridge, BC, V2X 8N6 t. 604.463.4200f. 604.463.4181e. applicants@sd42.web.www.sd42.ca

Date of application:							
Position desired:	SUPPORT STAFF EXEMPT STAFF						
	PRINCIPAL/VICE PR	NCIPAL E	ementary	Secondary	Both		
Primary (K-3)		Inter	rmediate (4-7)		All Elementary (K-7)	
Junior/Secondary (8-12)		Mon	Montessori		Special Education		
		PER:	SONAL DA	ΛTA			
Please complete this	s form accurately as it wil	become an	important par	t of the asses	ssment to determine y	our suitability for	the pos
LAST Name	LAST Name FIRST Na		<u>e</u>		MIDDLE Name		
Address			City		Province	Postal Code	
		Iternate Tele	phone Numbe	er E	Email		
Valid BC Driver's Lie	censeYES NO						
	EMPLOYME	NT HIS T ((PR ease atta	ch current	resume if availab	le)	
Employed Dates: from	om to		Position He	eld:			
Employer Name:			Address:				
			Reason(s) for Leaving:				
Supervisor Name:		(Neason(s)	ioi Leaving.				
Status on Leavingu	ıll-time: part-time:	casual:					
Employed Dates: from	om to		Position He	eld:			
Employer Name:			Address:				
Supervisor Name:			Reason(s)	for Leaving:			
Status on Leavingu	ıll-time: part-time:						
g	pair unio.	casual:					

Employed Dates: from to Employer Name: Supervisor Name: Status on Leavingull-time: part-time: of	Position Held: Address: Reason(s) for Leaving: casual:				
	EDUCATION				
MOST RECENT PROFESSIONAL DEVELOPMENT ACTIVITIES					

TYPING AND MICROSOFT OFFICE (S) (S) (Significate Sapplicants only)

BACKGROUND INFORMATION		
Have you previously been employed by Maple Ridge - Pitt Meadows School District No. 42?	YES	S NC
Have you completed a practicum in the Maple Ridge - Pitt Meadows School District?	YES	NC

PROFESSIONAL REFERENCES

THIS SECTION IS FOR TEACHING AND ADMINISTRATOR APPLICANTS ONLY

TEACHER TRAINING:

DATES	DISTRICT	SCHOOL	PRACTICUM GRADE/SUBJECT
FROM: TO:			
FROM: TO:			
FROM: TO:			

TEACHER EXPERIENCE (MOST RECENT FIRST):

DATES	DISTRICT	SCHOOL	GRADE/SUBJECT
FROM:			
TO:			
FROM:			
TO:			
FROM:			
ТО:			

TEACHER TRAINING AND CERTIFICATION:

B.C. Teaching Certi cate Number:				Standard	Professional	l
				Letter of Permission	Interim	Expiry Date:
Teacher Quali cation Category:	4	5	6	Not Assigned Expiry D	Date:	

Please include a copy of your B.C. Teaching Certi cate, T.Q.S. card and Teacher Regulation Branch Members

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hereby authorize School District No. 42 to conduct reference checks, now and in the future. I further understand the	at o