



## SWAN VALLEY SCHOOL DIVISION

### Educational Assistant Application

#### PERSONAL

NAME:

*Last Name*

*First Name and Initial(s)*

MAILING ADDRESS:

*Box #*

*City/Town*

*Postal Code*

TELEPHONE:

DATE OF BIRTH:

S.I.N:

EMAIL:

#### EDUCATION

HIGH SCHOOL – GRADE COMPLETED : \_\_\_\_\_ DEGREE HELD: \_\_\_\_\_

TEACHING CERTIFICATE – TITLE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

OTHER TRAINING AND/OR CERTIFICATES: \_\_\_\_\_

#### EMPLOYMENT RECORD (MOST RECENT)

1. EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ PERIOD OF EMPLOYMENT: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ PERIOD OF EMPLOYMENT: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ PERIOD OF EMPLOYMENT: \_\_\_\_\_

#### EXPERIENCE/SPECIAL SKILLS

DESCRIBE BRIEFLY ANY EXPERIENCE OR SPECIAL SKILLS YOU MAY HAVE IN THE AREAS LISTED:

COMPUTERS: \_\_\_\_\_

MUSIC: \_\_\_\_\_

FRENCH: \_\_\_\_\_

ART: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

OTHER: \_\_\_\_\_

EXPLAIN WHY YOU ARE INTERESTED IN THIS POSITION AND DESCRIBE PERSONAL QUALITIES AND BACKGROUND EXPERIENCES WITH CHILDREN WHICH QUALIFY YOU FOR THE POSITION. (YOU MAY WISH TO ATTACH A RESUME TO THIS APPLICATION.)

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ARE THERE ANY SITUATIONS IN WHICH YOU FEEL YOU COULD NOT WORK?  
(If yes, give examples - e.g. with physically handicapped or emotionally disturbed students.)

YES ☐ NO ☐

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#### EMPLOYMENT (PLEASE CHECK PREFERENCES)

FULL TIME: ☐ PART TIME: ☐ EITHER: ☐

BENITO (K-8): ☐ HEYES (K-6): ☐ ESRSS (K-8): ☐

BOWSMAN (K-8): ☐ TAYLOR (K-5): ☐ ENGLISH ☐

MINITONAS (K-8): ☐ SVRSS (9-12): ☐ FRENCH IMMERSION ☐

ARE YOU AVAILABLE TO WORK OVER THE NOON HOUR? (GENERAL SUPERVISION) YES ☐ NO ☐

ARE YOU INTERESTED IN SUBBING? YES ☐ NO ☐

#### REFERENCES

1. NAME:

POSITION:  TELEPHONE:

2. NAME:

POSITION:  TELEPHONE:

3. NAME:

POSITION:  TELEPHONE:

Date

Signature

#### DISCLOSURE OF CRIMINAL RECORD AND CHILD ABUSE REGISTRY REQUIRED PRIOR TO HIRE

This personal information or personal health information is being collected under the authority of the Swan Valley School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act. If you have any questions about the collection, contact the Swan Valley School Division Access and Privacy Coordinator at (204) 734-4531.

Submit completed form to [phack@svsd.ca](mailto:phack@svsd.ca)