



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.)

ARE THERE ANY SITUATIONS IN WHICH YOU FEEL YOU COULD NOT WORK? YES NO
(If yes, give examples - e.g. with physically handicapped or emotionally disturbed students.) _____

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 hr@svsd.ca