

## BC OFFSHORE SCHOOL TEACHING STAFF APPLICATION FORM Application Date: \_\_\_\_\_ I. **Personal Information** $M \square$ $F \square$ Name: Last First Middle Address: Street City Province Country Postal Place of Birth Date of Birth Citizenship Emergency Emergency SIN Contact Name Contact No. Phone: (Home) (Business) (Mobile) Phone: Email: Preferred Mode of Email: Fax: Communication Fax: II. **Education** Date Started and Name of Institution **Institution Location** Degrees/Diploma/Certificate Completed Major III. **Certificate Qualifications** Do you currently hold a valid BC Ministry of Education teacher certificate? Yes No $\square$ Other $\square$ If "yes" above, please indicate Certificate Number \_\_\_\_\_ If "NO", is the application in process with the BC Ministry of Education Teachers Regulation Board? Yes No No Please indicate status: \_\_\_ If "OTHER", please indicate jurisdiction: Expiry Date: Number What language(s) other than English do you speak? \_\_\_\_\_ Write? \_\_\_\_ Speak? \_\_\_\_\_ Write? \_\_\_\_ Speak? \_\_\_\_\_

SUBJECT SPECIALTIES – GENERAL Please indicate your THREE trained subject Language Arts Chemistry Physical Ed. Social Studies Technology Humanities Biology Business Ed. Physics		Et trained subject : Chemistry [ Physical Ed. [ Fechnology [ Humanities [ Business Ed. ]		List Other List Other List Other List Other List Other List Other			
a. Teaching Experience Please list all teaching experiences beginning with the most current, including student teaching practicum:							
	School		Position	Dates	Grade Level(s)	Courses Taught	
		1W 1: E					
	b. Other <b>Related</b> Working I		Position	Dates	Job	Job Description	
	c. Volunteer / Extracurricular						
	Organization		Capacity	Dates	D	escription	
v.	Professional References						
	Name Title		Organization		Contact #(s)	Email	

## Please answer the following: Have you ever had a teacher certificate suspended or revoked? Yes No $\square$ If "YES", reason: \_\_ Are there currently any outstanding criminal charges against you? (Note: A criminal charge or conviction will not automatically exclude you from employment opportunities. The requirements of the position applied for and the circumstances related to the charge or conviction will be considered.) Yes If "YES", reason: Do you know of any reason why you should not be employed in a capacity in which you work with or will work with children? Yes No $\square$ If "YES", reason: Have you ever been dismissed, suspended or disqualified as a member of any profession or organization? Yes $\square$ No 🗌 If "YES", reason: Have you ever had an accident or injury during the course of your employment? Yes No $\square$ If "YES", reason: Note: A criminal record check is required for certification. PLEASE READ CAREFULLY APPLICANT'S DECLARATION AND AGREEMENT I declare that all the information I have provided on Pages 1-3 of the Application 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 dismissal. I give permission for CINEC Education Group (CINEC) to contact any references and present and/or prior employers and further understand that confidential reference reports and personal information which become part of this application will be regarded as confidential. I understand that any information given CINEC by a referee will be kept confidential and will not be released to me, the applicant, without the consent of the referee. Applicant's Signature Date Please submit this completed Application Form with your cover letter, resume and all other pertinent documents to: **CINEC Education Group** 915 – 355 Burrard Street Vancouver, BC V6C 2G8 Email: program@cinec.ca

For more information, please visit our website at www.cinec.ca

Phone 604,608,6188 Fax 604.563.6969

Please note that only applicants considered for interview will be contacted. Thank you for your interest.

VI.