



STUDENT SUPERVISOR General Application for Employment

APPLICANT INFORMATION											
Personal Data - answer all questions carefully in ink in your own handwriting. Print names and addresses.											
Date											
Last Name					First Name						
Street Address							Apartment/Unit #				
City				Province			Postal Code				
Home Phone					Cell Phone						
E-mail Address											
Are you legally entitled to work in Canada?				YES <input type="checkbox"/>		NO <input type="checkbox"/>					
EDUCATION											
Name of High School					Address						
Highest grade completed	<div style="display: flex; justify-content: space-around; align-items: center;"> 10 11 12 </div> <div style="text-align: center; font-size: small;">(Please circle)</div>										
EMPLOYMENT HISTORY											
Please give the most recent job first, include summer and part-time work. Indicate if employed under a different name.											
Employer						Phone					
Address						Supervisor					
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		Phone number	
Employer						Phone					
Address						Supervisor					
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		Phone number	
Employer						Phone					
Address						Supervisor					
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		Phone number	

DECLARATION

- | | |
|--|---|
| 1. Do you have any outstanding charges or have you ever been convicted of an offence under the Criminal Code of Canada, the Controlled Drug and Substances Act, or any other federal statute? (Note: a 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.)
Note: A criminal record search will be undertaken by the School District. | <input type="checkbox"/> YES
<input type="checkbox"/> NO |
| 2. Have you ever been dismissed, suspended or disqualified as a member of any profession, force or other organization? | <input type="checkbox"/> YES
<input type="checkbox"/> NO |
| 3. Do you know of any reason why you should not be employed in a capacity in which you work with or will be in contact with children? | <input type="checkbox"/> YES
<input type="checkbox"/> NO |
| 4. Do you have any limitations which could affect the manner in which you perform the occupational requirements of the work for which you are applying? | <input type="checkbox"/> YES
<input type="checkbox"/> NO |

Note:

1. If you answered "yes" to questions 1, 2, 3, or 4, please provide particulars on a separate sheet and place in a sealed envelope marked "Confidential" and attach it to the application form.

A "yes" response to question 1 requires particulars related to the outstanding charges or conviction including the date and place of the charge or conviction, the offence for which you were charged or convicted and the sentence imposed. Include at least one authority (name, position and telephone number) with whom we may discuss matters and confirm details.
2. These questions are required to determine the applicant's suitability for bona fide occupational requirements.

When can you start work?

The personal information on this form is collected under the authority of the School Act, solely for the purpose of the recruitment and selection of staff and will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District # 23, Central Okanagan. 1040 Hollywood Road, South, Kelowna BC V1X 4N2, (250) 860-8888

Please Read Carefully

Applicant's Declaration and Agreement

I declare all of the information I have provided in this application for employment and in any other documentation I provide to accompany this application is complete and true in every respect and I understand 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. 23 (Central Okanagan) to conduct a personal investigation in connection with my application for employment including a Criminal Records check. I further understand that confidential reference reports obtained in connection with my application will not be made available to me.

Signature of applicant

Date

NOON HOUR SUPERVISOR REFERENCES

Dear Applicant,

Please provide the name and contact information of 3 personal references if you do not have 3 employer references (found on application form).

Name of Reference #1: _____

Home Phone: _____

Work Phone: _____

Name of Reference #2: _____

Home Phone: _____

Work Phone: _____

Name of Reference #3: _____

Home Phone: _____

Work Phone: _____

EMPLOYEE/APPLICANT - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

**THIS FORM MUST BE SIGNED BY THE EMPLOYER ORGANIZATION AUTHORIZED CONTACT AND
SUBMITTED WITH THE EMPLOYEE/APPLICANT CONSENT FORM**

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYER ORGANIZATION CHECKLIST

- ☐ The employee/applicant has provided { ^ Å ! * æ å æ æ } with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS 8-F97H0MHC'H<9'7FFD WILL NOT BE PROCESSED.**
- ☐ T ^ Å ! * æ å æ æ } Å will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ T ^ Å ! * æ å æ æ } Å will verify the I.D. of each employee/applicant in person to confirm their identity and ensure that the information provided on the consent form is accurate.
- ☐ T ^ Å ! * æ å æ æ } Å ce reviewed the Å schedule type Å and Å works with Å category of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- ☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the employee's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ SIGNATURE: _____

SECTION 2: FOR EMPLOYEE/APPLICANT USE

CONSENT TO A CRIMINAL RECORD CHECK - EMPLOYEE/APPLICANT CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly, Å a legibly, and signed and dated it.
- ☐ My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent Å form is accurate.
- ☐ My employer or organization will retain the originals of the forms and will forward a copy to the CRRP on my behalf. Å
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the *Freedom of Information and Protection of Privacy Act (FOIPPA)* on Page 2.

CONSENT : CF RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- ☐ I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ I hereby consent to a check of all available law enforcement systems, including any local police records.
- ☐ I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per c@ Å Criminal Records Act. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.





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For Internal Use

EMPLOYEE/APPLICANT CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your Driver's Licence number or BCID number may expedite the process. Your organization must complete the Schedule Type and 'WORKS WITH' category portion of the form.

Schedule Type (Choose one): ☐ A ☐ B ☐ C ☐ D ☐ E
WORKS WITH (Choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last Name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: YYYY MM DD		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Residential Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Phone No.:			Driver's Licence or BCID#:		
Applicant E-mail Address (REQUIRED to receive your payment options):					

PART 2: ORGANIZATION INFORMATION

To be completed by an Authorized Contact of the organization:

Organization Name:			
Authorized Contact Name and Title:		ID Number (Provided to the organization from the CRRP):	
Mailing Address:			
City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:			

PART 3: POSITION WITH ORGANIZATION (REQUIRED)

Applicant's Position / Job Title with Organization:

PART 4: SCHEDULE D ONLY MUST PROVIDE

Licensed Child Care Name, Adult Care Facility Name, or Contracted Company Name:

PART 5: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgments on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

