



ISLAND CATHOLIC SCHOOLS

“Where children love to learn, and learn to love”.

SUPPORT STAFF APPLICATION FORM

Island Catholic Schools
#1 - 4044 Nelthorpe Street
Victoria, B.C. V8X 2A1
Phone: 250-727-6893 Fax: 250-727-6879
www.cisdv.bc.ca



ISLAND CATHOLIC SCHOOLS APPLICATION CHECKLIST

All applicants must attach:

- Cover letter _____
- A brief resume _____
- Post-Secondary Transcripts (if applicable) _____
- Copy of Certificates _____
- Most recent report from employer or supervisor _____

Catholic applicants must provide copies of:

- Certificate of Catholic Baptism _____
- Certificate of Catholic marriage, if applicable _____
- Declaration of faith and practice (attached) _____
- Pastoral Letter _____

Non Catholic applicants must provide copies of:

- Certificate of Catholic marriage, if applicable _____
- Declaration of faith and practice, if applicable _____
- Priest Reference, if applicable _____

If offered employment, the following documentation will be required:

1. A Criminal Record Check through the Ministry of Public Safety and Solicitor General.
2. Copy of Social Insurance Card.
3. Copy of Birth Certificate.

Submit completed applications to:

Superintendent of Schools
Island Catholic Schools
#1 - 4044 Nelthorpe Street
Victoria, B.C. V8X 2A1

Personal Data (Please Print)

Applicant's Name in Full	
Date of Application	Email Address:

Current Address	City
Province	Postal Code
	Telephone No. ()

Permanent Address (if different than above)	City
Province	Postal Code
	Telephone No. ()
Fax	E-mail address
()	

Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Roman Catholic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you suffering from any physical or mental health conditions which could affect your ability to carry out the requirements of the position you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Position Details Please check the position(s) you are applying for, from the following list.

Are you applying for a position at a specific school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which school?	What position?	
If this is a general application check the position(s) you wish to be considered for.		
<input type="checkbox"/> Clerical <input type="checkbox"/> Custodial <input type="checkbox"/> Bus Driver <input type="checkbox"/> School Assistant <input type="checkbox"/> Playground Supervisor <input type="checkbox"/> Special Education Assistant <input type="checkbox"/> Out of School Care <input type="checkbox"/> Library Technician <input type="checkbox"/> Playground Supervisor <input type="checkbox"/> KinderCare/Preschool <input type="checkbox"/> Other		

Education

	Name and Location of School	Date of Graduation	Degree/Diploma
High School			
Technical Institute			
University/College			
Other Areas of Training and/or Certification			

Previous Employment (start with most recent)

Employer Name		
Address		Telephone No ()
Still Employed	Start Date	End Date
Job Title/Position		
Duties		
Supervisor's Name		
May we contact your supervisor? ___ Yes ___ No		Reason for leaving

Employer Name		
Address		Telephone No ()
Still Employed	Start Date	End Date
Job Title/Position		
Duties		
Supervisor's Name		
May we contact your supervisor? ___ Yes ___ No		Reason for leaving

Employer Name		
Address		Telephone No ()
Still Employed	Start Date	End Date
Job Title/Position		
Duties		
Supervisor's Name		
May we contact your supervisor? ___ Yes ___ No		Reason for leaving

Additional Skills

Are there any other experience, skills or qualifications that would enhance your contribution to Island Catholic Schools?

Do you have the skills, experience or any training/education to work with special needs students?

Yes No

If yes, in which category?

Cognitively Delayed Hearing and Vision Physically/Mentally Challenged

Social/Emotional/Behavior

Do you have skills in the following areas:

Accounting Sign Language Braille Computer Skills

References

Applicants are required to provide two references, preferably of an employment nature. By signing this application form you are giving your consent that representative from Island Catholic Schools may contact these references as part of the placement process.

Name	Position
Address	Telephone No.
	()

Name	Position
Address	Telephone No.
	()

I certify that the statements made by me in this application are true and complete to the best of my knowledge and beliefs and are made in good faith. I understand that if any of these statements and information contained herein is untrue or incomplete, this application may be rejected and/or my appointment to a position may be rescinded.

I hereby authorize the Catholic Independent Schools, Diocese of Victoria, to conduct personal reference checks in connection with my application for employment. I further understand that confidential professional reference reports provided at the time of my application will be not be available to me.

Date

Signature of Applicant

Date

Interviewed by