



APPLICATION FOR EDUCATIONAL ASSISTANT POSITION LETHBRIDGE SCHOOL DISTRICT NO. 51

PERSONAL DATA

Surname: _____ Given Name & Middle Initial _____

Current Address: _____
Street Address or P.O. Box City Postal Code

Home Phone: () _____ Work Preferred or Position Applied for: _____

Alternate/Business Phone :() _____ Full-time Part Time Substitute List

Are you legally eligible to work in Canada? Yes No

Do you have any relatives employed by Lethbridge School District No. 51? Yes No

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Have you ever worked for Lethbridge School District No. 51 before? Yes No If yes, when?

How were you referred to Lethbridge School District No. 51? _____

EDUCATION

	Name of Program/Course	Highest Grade or Level Completed	Dates Attended		List type of Degree, Diploma or Certificate
			From	To	
High School					
Technical					
College					
University					

*Please provide a copy of certificates.

Training/ Experience

Do you have word processing experience? Yes No If yes, words per minute _____

Do you have computer experience? Yes No Type _____

Can you be bonded should it be required? Yes No If no, why not? _____

Do you possess a Level 1 Child Care Certificate? Yes No Date of issue _____

Do you have a valid First Aid certificate? Yes No If yes, when does it expire? _____

If you are proficient in another language, indicate language: _____

Do you have experience/training with:
 Sign Language: Yes No If yes, list type: _____ and level _____

Braille: Yes No Physical Disabilities: Yes No Behaviour Problems Yes No

EMPLOYMENT EXPERIENCE (Start with Most Recent)

1. Name and Address of Employer: _____

Type of Business: _____ Name of Supervisor: _____

Phone # _____

Position/Job Title	Functions/Responsibilities	Period of Employment	
		From	To

Reason for Leaving: _____

2. Name and Address of Employer: _____

Type of Business: _____ Name of Supervisor: _____

Phone # _____

Position/Job Title	Functions/Responsibilities	Period of Employment	
		From	To

Reason for Leaving: _____

REFERENCES (Please provide two references)

Name & Position	Complete Mailing Address	Telephone Number

I hereby authorize Lethbridge School District No. 51 to conduct a personal investigation in connection with my application for employment. I further understand that confidential reference reports obtained in connection with my application will not be made available to me.

Signature

Date

APPLICANT'S DECLARATION

I hereby declare that the foregoing, or attached information is true and complete to the best of my knowledge. I understand that a false statement or significant omission may disqualify me from employment, or be considered cause for dismissal.

A current criminal records check, and child welfare check at the applicants' expense are required from all new employees.

Have you attached additional information? Yes No

Signature

Date

IMPORTANT

YOUR APPLICATION REQUIRES THE FOLLOWING SUPPORTIVE DATA BEFORE IT WILL BE CONSIDERED.

- 1. Copy of relevant diploma/degree
- 2. Resume
- 3. Complete post-secondary transcripts

The information on this application form is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the Alberta School Act and Lethbridge School District No. 51 policy. It will be used to determine whether an applicant is qualified for appointment to a position or positions in the Lethbridge School District No. 51 and to manage the School District's human resources program. If you have any questions about the collection of this information, contact the Office of the Director of Human Resources, 433 15th Street South, Lethbridge, Alberta T1J 2Z5, phone 380-5297, fax 320-5706