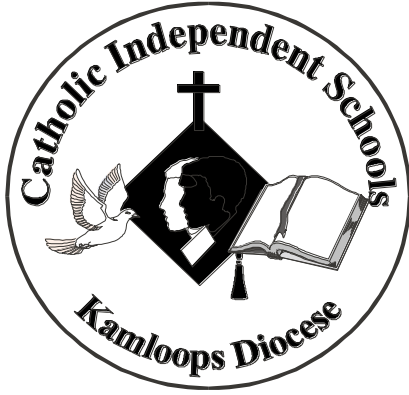


CATHOLIC INDEPENDENT SCHOOLS

KAMLOOPS DIOCESE



SUPPORT STAFF APPLICATION FORM

Applicant's name in Full: _____

Social Insurance Number: _____

Present Address: _____

city province postal code

Telephone: _____ Alternate Phone No.: _____

Permanent Address: _____

(if different from above)

Date of Application: _____

**SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS
WITH COVER LETTER TO:**

**CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE
OFFICE OF THE SUPERINTENDENT
635A TRANQUILLE ROAD
KAMLOOPS, BC V2B 3H5
PHONE (250) 376-3351 FAX (250) 376-3363**

CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

WORK EXPERIENCE

Total number of years _____

List all previous work experience beginning with most recent.

Date	Location	Position Held	Names & Address Supervisor

NOTE: PLEASE ATTACH A RECENT REPORT OR EVALUATION OF YOUR MOST RECENT POSITION HELD.

CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

REFERENCES:

1. Give the name and address of your current Pastor

Name: _____

Address: _____

Phone: _____

In addition, submit three work related references.

2. Name: _____

Position: _____

Address: _____

Phone: _____

3. Name: _____

Position: _____

Address: _____

Phone: _____

4. Name: _____

Position: _____

Address: _____

Phone: _____

CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

DECLARATION:

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contained herein are untrue to incomplete, this application may be rejected and/or my appointment to a position may be rescinded.

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

STATEMENT OF GOOD HEALTH AND CHARACTER:

- At the time of signing this form I am in good health. There is nothing relating to my health that would prevent me from regular attendance and the complete fulfillment of my duties.
- I am free from any communicable diseases that would prevent me from working closely with children.
- I have never been convicted of a criminal offense that I have not revealed in the course of being interviewed.
- I understand that any position I am offered and accept is conditional on the results of a criminal record search.

DATE: _____

SIGNATURE: _____

CATHOLIC INDEPENDENT SCHOOLS OF KAMLOOPS DIOCESE

QUESNEL
WILLIAMS LAKE
KAMLOOPS

VERNON

ST. ANN'S
SACRED HEART CATHOLIC
OUR LADY OF PERPETUAL HELP
ST. ANN'S ACADEMY
ST. JAMES

The information collected on this form is collected, used and disclosed by Catholic Independent Schools Kamloops Diocese in accordance with the Personal Information Privacy Policy For Employees and Volunteers of Catholic Independent Schools Kamloops Diocese, a copy of which is available from the school's Privacy Officer.

CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

APPLICATION CHECK LIST

The following attachments must accompany the application form:

- cover letter
- copies of certificates, diplomas, degrees, licenses
- copy of report or evaluation from recent employer
- a brief resume
- *a recent photo (optional)*

Successful candidates will be required to submit the following as a condition of employment

- criminal record check
- verification of Catholic marriage

Please complete all sections of this application even though items are covered in a resume. Additional documentation may be requested. It is necessary that complete information is provided to determine eligibility. Reference checks will be made prior to appointment. All information will be considered confidential in the selection process.