

SUBJECT SPECIALTIES – GENERAL TEACHING AREA

Please indicate your THREE trained subject specialties in priority order by writing in the numbers 1 to 3.

<input type="checkbox"/> Language Arts	<input type="checkbox"/> Chemistry	<input type="checkbox"/> ESL	<input type="checkbox"/> List Other _____
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Physical Ed.	<input type="checkbox"/> Art	<input type="checkbox"/> List Other _____
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Technology	<input type="checkbox"/> Music	<input type="checkbox"/> List Other _____
<input type="checkbox"/> Science	<input type="checkbox"/> Humanities	<input type="checkbox"/> Special Ed.	<input type="checkbox"/> List Other _____
<input type="checkbox"/> Biology	<input type="checkbox"/> Business Ed.	Specify _____	<input type="checkbox"/> List Other _____
<input type="checkbox"/> Physics			<input type="checkbox"/> List Other _____

IV. Work Experience

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

b. Other **Related** Working Experience

Company	Position	Dates	Job Description

c. Volunteer / Extracurricular

Organization	Capacity	Dates	Description

V. Professional References

Name	Title	Organization	Contact #(s)	Email

VI. Please answer the following:

Have you ever had a teacher certificate suspended or revoked? Yes No

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 No

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

If "YES", reason: _____

Have you ever been dismissed, suspended or disqualified as a member of any profession or organization?

Yes No

If "YES", reason: _____

Have you ever had an accident or injury during the course of your employment? Yes No

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.

Date

Applicant's Signature

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
Phone 604.608.6188
Fax 604.563.6969

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

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