

APPLICATION FOR EMPLOYMENT – EDUCATIONAL ASSISTANT (EA) BATTLE RIVER SCHOOL DIVISION

First Name: _____ Last Name: _____
Address: _____
City, Province: _____ Postal Code: _____
Phone (Home): _____ Phone (Cell): _____
E-mail: _____

Seeking Employment (check all that apply):

- Substitute** **Temporary** **Part-time** **Full-time**

EDUCATION (please include copy of accreditation in application):

- High School Diploma
 Educational Assistant Certificate/Diploma Institute where obtained: _____
 Therapy Certificate
 Health Care Aide Certificate/LPN/RN
 Speech Language Pathologist Assistant Diploma
 Childcare Certificate/Diploma
 Degree _____

Indicate with a checkmark if you have specific education and/or experience in the following:

- Pre K (ages 4-5) Kindergarten (ages 5-6) Grades 1-6 Grades 7-12

EXPERIENCE/SPECIALIZED TRAINING:

- | | | |
|---|---|---|
| <input type="checkbox"/> General Classroom Assistance | <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> French Immersion |
| <input type="checkbox"/> Cognitive Delay | <input type="checkbox"/> FASD | <input type="checkbox"/> Multi-grade settings |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> ESL | <input type="checkbox"/> Sr. High course work |
| <input type="checkbox"/> PEC/POD Communication | <input type="checkbox"/> Supporting Life Skills | |

Personal Care

- | | |
|---|--|
| <input type="checkbox"/> G-Tube Feeding | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Diabetes Management |
| <input type="checkbox"/> Lifting/Transferring | |

Self Regulation

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Non-Violent Crisis Intervention | <input type="checkbox"/> ODD/CD | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> Zones of Regulation | <input type="checkbox"/> ADD/ADHD | |

Additional information for consideration: _____

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I am willing to commute: 25 km (15 min.) 50 km (30 min.) 75 km (45 min.)

Location Preference - Please indicate schools where you wish to apply

0041 Bashaw	ECS-Gr.12	0023 Ryley School	ECS- Gr.9
0042 Bawlf	ECS-Gr.12	0048 Sifton (Camrose)	Pre K-Gr.5
0020 BRACE (online)	Gr. 10-12	0007 Sparling (Camrose)	Pre k-Gr.5
0021 CW Sears (Tofield)	Pre K-Gr.4	0024 Tofield **	Gr.5-12
0003 Camrose Composite High **	Gr.9-12	0025 Viking	ECS-Gr.12
0083 Central High Sedgewick	Gr.1-12	0049 Camrose Colony	
0004 Charlie Killam (Camrose) **	Gr.6-8	0035 Hartland Colony	
0005 Chester Ronning (Camrose)	ECS-Gr.5	0022 Holden Colony	
0084 Daysland	ECS-Gr.12	0027 Iron Creek Colony	
0085 Forestburg	ECS-Gr.12	0091 Lougheed Colony	
0044 Hay Lakes	Gr.1-12	0034 Rosalind Colony	
0006 Jack Stuart (Camrose) **	Pre K-Gr.5	0090 Southbend Colony	
0087 Killam	ECS-Gr.9	0029 Tofield Colony	
0045 New Norway	ECS-Gr.12	0028 Viking Colony	
0047 Round Hill	ECS-Gr.9	0092 Wavy Lake Colony	

**** Indicates Centralized Programming (students with complex and diverse needs).**

I HAVE AN INTEREST WORKING IN A CENTRALIZED PROGRAM: YES NO

Previous BRSD Employment NO YES Location: _____

PLEASE SUPPLY THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- **Criminal Record Check - including Vulnerable Sector** (Obtain from your local Police or RCMP within 30 days from start date)
- **Confidentiality Undertaking form** (Located at brsd.ab.ca/careers)

Acceptance of this application by Battle River School Division does not assure you of a substitute position. Documents will be retained on file for successful applicants only. I understand that personal information gathered in this application is collected subject to the provisions of Section 32 of the Freedom of Information and Protection of Privacy Act.

I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from employment or result in dismissal.

Date (M/D/Y): _____ **Signature:** _____