

IMPORTANT

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BC Assessment Human Resources
 1537 Hillside Avenue
 Victoria, BC V8T 4Y2
 E-Mail: careers@bcassessment.ca
 Fax: (250) 595-3733

REMARKS	OFFICE USE ONLY
	DATE RECEIVED

POSITION INFORMATION

POSITION APPLIED FOR (IN ORDER OF PREFERENCE)

	POSITION	LOCATION	COMPETITION NUMBER
1 st CHOICE	_____	_____	_____
2 nd CHOICE	_____	_____	_____
3 rd CHOICE	_____	_____	_____
4 th CHOICE	_____	_____	_____
5 th CHOICE	_____	_____	_____

YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT OUTSIDE THESE AREAS.

PERSONAL INFORMATION

SURNAME		GIVEN NAMES	
ADDRESS	CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS (if different from above)	CITY	PROVINCE	POSTAL CODE
RESIDENCE TELEPHONE ()	BUSINESS TELEPHONE (OR MESSAGE) ()	EMAIL ADDRESS	IS YOUR AGE AT LEAST 15 YEARS AND LESS THAN 65 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?

(Persons legally eligible to accept work are Canadian citizens, landed immigrants, or those on special permit. Documentary evidence or eligibility may be required.)

CANADIAN CITIZEN
 LANDED IMMIGRANT
 WORK PERMIT, EXPIRY DATE

CURRENT EMPLOYMENT STATUS

WHICH OF THE FOLLOWING TYPES OF WORK ARE YOU APPLYING FOR?

PERMANENT
 TEMPORARY
 STUDENT

ARE YOU

PRESENTLY EMPLOYED WITH BC ASSESSMENT
 FORMERLY EMPLOYED WITH BC ASSESSMENT

POSITION _____
 LOCATION _____
 POSITION _____
 LOCATION _____
 DATE _____ TO _____

DATE AVAILABLE FOR APPOINTMENT IF SUCCESSFUL (Or Notice Required By Present Employer)

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

WORD OF MOUTH
 CAREER FAIR
 INTERNET SEARCH
 NEWSPAPER (name paper) _____
 OTHER _____

DO YOU HAVE, OR HAVE YOU HAD, ANY ILLNESS OR DISABILITY WHICH WILL AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? IF YOU ARE A PERSON WITH A DISABILITY AND REQUIRE TECHNICAL AIDS OR ALTERNATIVE ARRANGEMENTS FOR EXAMS OR INTERVIEWS PLEASE ADVISE HUMANRESOURCES WHEN YOU ARE CONTACTED.

YES (PLEASE EXPLAIN ON A SEPARATE SHEET)
 NO

NAME ANY BUSINESS, PROFESSIONAL OR CAREER-RELATED ORGANIZATIONS TO WHICH YOU BELONG.

EDUCATION & TRAINING

SECONDARY, POST SECONDARY, COURSES AND TRAINING WHICH HAVE GIVEN YOU WORK RELATED KNOWLEDGE AND SKILLS. ATTACH ADDITIONAL PAGES IF NECESSARY

NOTE: APPLICATIONS FOR APPRAISAL POSITIONS REQUIRE PROOF OF EDUCATION

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	DATES OF ATTENDANCE				AREA OF STUDY/COURSE	GRADE/CERTIFICATION DIPLOMA/DEGREE	Completed?	
		FROM		TO				Yes	NO
		Mo.	Yr.	Mo.	Yr.			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
WORKSHOPS/SEMINARS									
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	

WHAT SCHOLARSHIPS, BURSARIES OR AWARDS HAVE YOU RECEIVED?

EMPLOYMENT HISTORY

DESCRIBE YOUR COMPLETE EMPLOYMENT HISTORY. BEGIN WITH YOUR PRESENT OR LAST EMPLOYER. ATTACH ADDITIONAL PAGES IF REQUIRED, USING THE SAME FORMAT.

NAME OF EMPLOYER		STARTED MO./YR.	LEFT MO./YR.	YOUR POSITION AND DUTIES	
ADDRESS OF EMPLOYER	TELEPHONE	SALARY			
		STARTING	FINAL		
YOUR SUPERVISOR (NAME AND POSITION)		NUMBER OF PERSONS YOU SUPERVISED		REASON FOR LEAVING	

UNEMPLOYMENT PERIOD BETWEEN (IF ANY) _____

NAME OF EMPLOYER		STARTED MO./YR.	LEFT MO./YR.	YOUR POSITION AND DUTIES	
ADDRESS OF EMPLOYER	TELEPHONE	SALARY			
		STARTING	FINAL		
YOUR SUPERVISOR (NAME AND POSITION)		NUMBER OF PERSONS YOU SUPERVISED		REASON FOR LEAVING	

UNEMPLOYMENT PERIOD BETWEEN (IF ANY) _____

NAME OF EMPLOYER		STARTED MO./YR.	LEFT MO./YR.	YOUR POSITION AND DUTIES	
ADDRESS OF EMPLOYER	TELEPHONE	SALARY			
		STARTING	FINAL		
YOUR SUPERVISOR (NAME AND POSITION)		NUMBER OF PERSONS YOU SUPERVISED		REASON FOR LEAVING	

UNEMPLOYMENT PERIOD BETWEEN (IF ANY) _____

NAME OF EMPLOYER		STARTED MO./YR.	LEFT MO./YR.	YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER	TELEPHONE	SALARY		
		STARTING	FINAL	
YOUR SUPERVISOR (NAME AND POSITION)		NUMBER OF PERSONS YOU SUPERVISED		REASON FOR LEAVING

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ADDRESS OF EMPLOYER	TELEPHONE	SALARY		
		STARTING	FINAL	
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NAME OF EMPLOYER		STARTED MO./YR.	LEFT MO./YR.	YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER	TELEPHONE	SALARY		
		STARTING	FINAL	
YOUR SUPERVISOR (NAME AND POSITION)		NUMBER OF PERSONS YOU SUPERVISED		REASON FOR LEAVING

UNEMPLOYMENT PERIOD BETWEEN (IF ANY) _____

SKILLS / EXPERIENCE

CHECK AREAS OF SKILLS/EXPERIENCE THAT YOU HAVE WHICH ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR AND ATTACH ANY APPROPRIATE DOCUMENTATION.

	NET SPEED	AMOUNT OF EXPERIENCE
<input type="checkbox"/> TYPING/WORD PROCESSING		LIST EQUIPMENT
<input type="checkbox"/> DATA ENTRY		LIST EQUIPMENT
<input type="checkbox"/> SUPERVISORY EXPERIENCE		OUTLINE EXPERIENCE
<input type="checkbox"/> CUSTOMER SERVICE (PUBLIC/TELEPHONE)		OUTLINE EXPERIENCE
<input type="checkbox"/> APPRAISAL EXPERIENCE		OUTLINE EXPERIENCE - PLEASE INDICATE: RESIDENTIAL OR COMMERCIAL OR INDUSTRIAL
<input type="checkbox"/> COMPUTER SYSTEMS		PLEASE INDICATE: SOFTWARE AND/OR HARDWARE
<input type="checkbox"/> READING BUILDING PLANS		OUTLINE EXPERIENCE
<input type="checkbox"/> IDENTIFYING BUILDING TYPES		OUTLINE EXPERIENCE
<input type="checkbox"/> OTHER		OUTLINE EXPERIENCE, ETC.
<input type="checkbox"/> LICENSES HELD (INCLUDING DRIVER'S LICENSE IF RELEVANT)		TYPE/CLASS

ADDITIONAL INFORMATION

USE THIS SECTION TO PROVIDE ADDITIONAL INFORMATION WHICH YOU WOULD LIKE TO BRING TO OUR ATTENTION. IN PARTICULAR, YOU MAY WISH TO DESCRIBE MORE FULLY YOUR EDUCATIONAL, VOLUNTEER AND/OR EMPLOYMENT BACKGROUND AND HOW YOU FEEL IT HAS PREPARED YOU FOR THE POSITION BEING APPLIED FOR, OR ANY SPECIAL INTEREST YOU HAVE IN BECOMING AN EMPLOYEE OF BRITISH COLUMBIA ASSESSMENT. ATTACH ADDITIONAL PAGES IF DESIRED.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (SECTION 27)

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Section 27). It is required for the recruitment and selection of employees and is used to record information about applicants and as a basis for determining employment suitability. In the case of successful applicants, the information will be used for BC Assessment's human resources programs.

If you have any questions about the collection and use of this information, please contact: Human Resources.

CERTIFICATION

Note: Please read carefully before signing. This application is not valid unless your name is entered on the signature line below.

I certify that the information provided in this application, resume or other attachment is true, accurate and complete.

I understand that if such information is at anytime found to be false, inaccurate, misleading or incomplete, BC Assessment may reject this application, or, at its sole option or discretion, cancel my appointment, terminate my employment without notice or salary in lieu of notice. or institute such other disciplinary action as it may deem fit.

I hereby authorize my references and former employers to release any employment related information concerning me to BC Assessment.

DATE

SIGNATURE

Thank you for applying to BC Assessment.

BC ASSESSMENT
... committed to Equal Opportunity