

EDUCATION ASSISTANT APPLICATION FORM

Name :

Address:

Phone:

Email:

Part A:

Write a short paragraph indicating why you feel you are qualified for a position as an Educational Assistant in our school district. Please include any talents, hobbies, skills or abilities that could enhance your work in our district.

Part B:

List institutions attended and certificates obtained. Please include photocopies of all certificates, diplomas, etc.

Name of Institution/Certification	Course Completed	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of documents attached to the application: _____

Part C:

Please provide the following information for three references. Our office will contact these individuals. Letters of reference attached to this application are also accepted but do not replace the names asked for below.

Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part D:

Check those boxes which best describe your training/experience:

	Documentation attached	Practical experience
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Support	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integration	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Complex Physical/Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Needs	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Language Development	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Assistance	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>
Counselling Training	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative/Alternative Communication	<input type="checkbox"/>	<input type="checkbox"/>
Signed English	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
Braille Skills	<input type="checkbox"/>	<input type="checkbox"/>
Orientation and Mobility	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Part E:

Describe your experience with regards to the following areas and to any specialty areas checked in Part B. Please detail location, dates, and length of employment, age/grade levels, and your level of success.

Supporting individuals whose behavior we find challenging

Supporting individuals on the Autism spectrum

Supporting individuals with intellectual disabilities

Supporting individuals with complex physical/medical needs

Supporting individuals with _____

Supporting individuals with _____

Supporting individuals with _____

Information related to Educational Assistant qualifications and duties can be viewed on our website at <https://sd64.bc.ca/cupe-job-descriptions/>

Return completed application and attachments to:
Clare Lundy, Human Resources Manager
Email: hrcupe@sd64.org