



White Rock Christian Academy

Application for Teaching Position

1. INTRODUCTION

Date of application: _____

Name: _____
(please print) LAST NAME FIRST NAME MAIDEN NAME IF MARRIED

Address: _____ Home Phone: _____
Work: _____
Cell: _____
Postal Code: _____ Email: _____

Teaching Position Preferences:

Grade Levels

First Choice _____

Second Choice _____

Third Choice _____

Subject Area(s)

2. EDUCATION

Secondary School

Name	Location	Years Attended	Graduation Date

Post-Secondary

College/Bible College

Name	Degree/Program	Major	Graduation Date

University

Name	Degree/Program	Major	Graduation Date

3. TEACHING CREDENTIALS

Do you presently hold a valid British Columbia teaching Certificate of Qualification (COQ)?

☐ Yes ☐ No ☐ In-process

Do you presently hold a valid British Columbia Independent School Teaching Certificate (ISC)?

☐ Yes ☐ No ☐ In-process

Teaching Certificate Number: _____ Expiry Date: _____

Do you hold a teaching certificate from another jurisdiction?
(If yes please answer the following)

☐ Yes ☐ No

Certificate Issued by Jurisdiction: _____

Level/Type: _____ Number: _____ Expiry Date: _____

Please include a copy of your BC Teaching Certificate (Certificate of Qualification or Independent School Teaching Certificate).

4. TEACHING EXPERIENCE

Please begin with your most current experience and include student teaching experiences

School	Position	Grade Level	Dates	Courses Taught

5. OTHER WORK AND RELEVANT VOLUNTEER EXPERIENCE

Company	Position	Main Responsibilities	Dates	Supervisor(s)

6. PROFESSIONAL RELATED EXPERIENCES

Please list the following:

Extra-curricular activities, interests and hobbies:

Please list professional development undertakings (with dates):

Please outline your philosophy and approach to education:

Please outline your discipline philosophy:

Please list any school related leadership experience:

7. **CHURCH LIFE**

Are you involved in a Christian Church?

☐ Yes

☐ No

If yes, please provide:

Church Name: _____ Phone: _____

Church Address: _____ Postal Code: _____

Pastor's Name: _____ Phone: _____

If no, please explain:

Please provide information about your spiritual journey:

8. **REFERENCES** *(please provide the amount of references indicated)*

3 Professional References

Name	Position	Email Address	Phone

2 Pastoral/ Personal References

Name	Position	Email Address	Phone

9. AFFIRMATION

My signature below indicates that:

I have read the mission, vision, and philosophy of White Rock Christian Academy and that I agree with and support the ministry of the school. My application for a position at White Rock Christian Academy does not conflict with any other contracts or commitments I have made to other schools.

White Rock Christian Academy is committed to meeting the privacy standards established by the BC Personal Information Act (PIPA) and has established policies to define the school authority's use, storage and disclosure of personal information. White Rock Christian Academy does not sell, lease or trade personal information to other parties.

In accordance with PIPA, I give permission for White Rock Christian Academy to (please check any/all that apply):

- ☐ Directly contact individuals given as references in this application.
- ☐ Securely retain and use this information for hiring purposes at White Rock Christian Academy.
- ☐ Place staff picture and business email address on the school website.
- ☐ Publish staff picture in the school yearbook.
- ☐ Disclose this information to other Christian schools upon their request for hiring purposes.

Applicant's Signature

Date