



Checklist for New Employees~ Certificated Staff

The following items are required for your employment with Suzuki Charter School Society. All items must be completed in their entirety, signed and dated, and be accompanied by all required documentation. Once completed, please return to the school office.

- ◆ **Employee Information Form:** This form collects your personal information including: home address, contact phone numbers, email address, Social Insurance Number, and other general information. Please complete and return with this package.
- ◆ **A Pre-Authorized Payroll Form:** All employees of Suzuki Charter School Society are required to submit a Pre-Authorized Payroll form completed by their bank in order to receive their pay. SCSS uses an online payroll system and we cannot process your pay without your banking information.
- ◆ **Alberta Tax Credit Return TD1AB:** Please complete and return with your package
- ◆ **Federal Tax Credit Return TD1:** Please complete and return with your package
- ◆ **Individual Emergency Plan:** If you have a severe medical condition (diabetes, heart disease, serious or anaphylactic allergies) we ask you to complete this form so that we are best able to help you in the event of a medical emergency.
- ◆ **Criminal Records Check:** All employees of Suzuki Charter School Society must provide a current Criminal Record Check as a condition of employment. This must be completed at your local EPS or RCMP station. Please note: these can take some time to return so please ensure you have time to have this completed before your start date.
- ◆ **Intervention Record Check:** All employees of Suzuki Charter School Society must provide a current Intervention Record Check as a condition of employment. We have provided you with the form however; it is your responsibility to get the completed application form to the local Child and Family Services office. You may contact the Regional office at 780.427.1471 for more information.
- ◆ **Teacher Certification:** If you are applying for a teacher position, you need to provide a copy of your teaching certificate and a copy of your Teacher Qualification Statement.
- ◆ **Teacher Verification Statement:** If you have taught in other jurisdiction prior to your employment at Suzuki Charter School please ask your previous employer for a teacher verification statement.
- ◆ **Résumé:** Please include a copy of your updated resume with this package.
- ◆ **Staff Handbook:** Please read through the staff handbook provided to you. Contact Karen Spencer if you have any questions or concerns.
- ◆ **Board Policies.** Please read through the board policies which can be found on our website. Contact Heather Christison if you have any questions or concerns regarding the policies.

If you have any questions regarding this application package, please contact Karen Spencer, Principal
780-468-2598 or email spencerk@suzukischool.ca





EMPLOYEE INFORMATION

POSITION: _____ DATE: _____

EMPLOYEE #: _____

APPLICANT PERSONAL INFORMATION

Legal Name (please complete as it should appear on all legal documentation including payroll and benefits application):

_____										_____										_____									
<i>(last name)</i>										<i>(first name)</i>										<i>(middle name/s)</i>									

Home Address:

_____																				_____										_____									
<i>Street</i>																				<i>City</i>										<i>Postal Code</i>									

Preferred name: _____ Gender: Male Female

Date of Birth:	_____								Social Insurance Number (SIN):	_____									
	M	M	D	D	Y	Y	Y	Y											

Home Phone:	_____										Cell Phone:	_____									
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Email:	_____																																							
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EMERGENCY CONTACT AND MEDICAL INFORMATION

An "emergency contact" should be someone that we can call in the event you are incapacitated and require medical attention and can include a spouse, a relative, a colleague, or a close personal friend. This individual should have access to, or an awareness of any medical condition, medications, religious restrictions, or other concerns that could affect medical treatment in an emergent situation.

Emergency Contact 1

_____																				Relationship:	_____																																							
<i>(last name)</i>																				<i>(first name)</i>																																								

Home Address:

_____																				_____										_____									
<i>Street</i>																				<i>City</i>										<i>Postal Code</i>									

Home phone:	_____										Cell Phone:	_____									
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Medical Information: Please include any medical conditions/restrictions you have that SCSS should be aware of. This information should include: allergies, medical conditions, medications, religious restrictions for medical treatment or other concerns.

Allergies: _____

DECLARATION I hereby certify the foregoing information to be true, correct, and complete.

Date: _____ Signature: _____



Individual Emergency Plan

Extreme Medical Condition Emergency Plan

Guidelines:

1. To provide a safe environment for all individuals with extreme, life-threatening allergies or medical conditions (ie. anaphylaxis or diabetes).
2. Once identified, a record will be kept for each person at risk of life-threatening allergies or medical conditions.
3. Employees with anaphylaxis allergies are expected to carry and maintain a current epi-pen. Please indicate to office staff the location of your Epi-pen.



Employee Name: _____ DOB: _____

Position: _____ ABH#: _____

Statement of Diagnosis

I, _____, state that I have the following extreme medical condition diagnosed by a doctor (checked below):

anaphylaxis allergy to: _____

diabetes

other (please specify): _____

Current Treatment

Emergency Procedure:

Emergency Contact Information:

Contact Name: _____ Home# : _____ Cell #: _____

Doctor's Name: _____ Doctor's #: _____

Consent:

I, _____, consent to allowing school personnel to action the emergency procedures I have provided to the Principal, as well contact 911 and understand that any ambulance or other fees will be my responsibility. I also commit to update this information throughout the school year as needed. I understand that the information will be posted in the staffroom and distributed to personnel.

Signature: _____ Date: _____