

## SUBSTITUTE TEACHER APPLICATION

NAME					
NAME	surname, first na	me, middle			
MAILING ADDRESS		POSTAL CODE			
TERRITORY	1				
HOME TELEPHONE		WORK TELEPHONE			
SOCIAL INSURANCE NUMBER _		DATE OF BIRTH Day		th Year	
FEACHER CERTIFICATION (In	nclude copies of transcripts and teaching co	ertificates)			
PROVINCE/TERRITORY	CERTIFICATE HELD		NUMBER		
Permanent	Interim	Valid until			
	abstitute teaching, working with children o	utside of the classroom, a	and paid employment)		
WORK EXPERIENCE (include surplease attach a current resume		utside of the classroom, a		one Number	
Please attach a current resume	e.			one Number	
Please attach a current resume	e. Address	te		one Number	
Please attach a current resume	e.  Address  Leaving Da	te		one Number	
Please attach a current resume Present or Last Employer Starting Date Reason For Leaving	e.  Address  Leaving Da	te		one Number	
Please attach a current resume Present or Last Employer Starting Date Reason For Leaving	e.  Address  Leaving Da	te		one Number	

Present or Last Employer		Address		Phone Number
Starting Date		Leaving Date		
Auting Bute		Deaving Date		
Reason For Leaving	Supervisor	's Name and Title		
Describe the work you did:				
Present or Last Employer		Address		Phone Number
riesent of Last Employer		Address		Filone Number
Starting Date		Leaving Date		
Reason For Leaving	Supervisor	's Name and Title	2	
Describe the work you did:	•			
TEACHING PREFERENCE				
Indicate the level you would prefer to teach	n by checking the appror	oriate space		
Kindergarten Primary 1-3			ry 8-9 Sr. Secondary 10-12	
Indicate the secondary subjects you would				
Alternate Ed Social Studies	English	French	French Second Lang.	Band
Mathematics Science	Chemistry	Physics	Biology	Drama
Industrial Arts Home Ec.				Art
Special Ed Experiential Ed	Outdoor Ed	Other		
Do you have a valid Class 4 Drivers' Licer	nse? Yes	No	If yes, please provide photocop	y.
List in order of preference schools you pref	fer to teach in.			
List in order of preference schools you pre-				

REFERENCES						
Name		Name				
		Title				
Phone Number		Phone Number				
ADDITIONAL INFORMATION						
Emergency Contact		Telephone				
Address						
HAVE YOU THE LEGAL RIGHT TO REMA	IN AND WORK IN CAN	ADA? Yes No				
HAVE YOU EVER BEEN DISMISSED FRO (If yes, provide details on separate sheet)	M EMPLOYMENT?	Yes No				
HAVE YOU EVER BEEN CONVICTED OF FOR WHICH YOU HAVE NOT RECEIVED		TION OR INDICTABLE OFFENCE UND	ER ANY ACT OF PARLIAMENT			
Yes No (If yes, provide	details on a separate shee	t)				
DECLARATION:						
I certify that the contents of this application ar or cancellation of an appointment to the Public						
Signature		Date				
PLEASE CHECK DOCUMENTS YOU HA	AVE SUBMITTED					
Copy of Valid Teaching Certificate		Copy of university transcripts				
Current Resume		Bank Payroll Authorization				
Consent for Disclosure of Criminal		Personal Tax Credits Returns				

Record Information