

**Please print**

Name: \_\_\_\_\_  
Surname Given Names

Address: \_\_\_\_\_  
Street City Province Postal Code

Mailing Address: \_\_\_\_\_  
 (If different from above) Street City Province Postal Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you in good standing with the Ontario College of Teachers?  YES  NO \_\_\_\_\_  
Ontario College of Teachers Registration Number

Are you legally entitled to work in Canada?  YES  NO

Teaching subject applied for: \_\_\_\_\_

Preferred Night School location:  Cardinal Newman  St. Jean de Brebeuf

Are you currently employed by HWCDSB?  YES  NO

Name of Secondary School: \_\_\_\_\_ Courses taught: \_\_\_\_\_

Are you currently employed by an outside board?  YES  NO

Name of Secondary School: \_\_\_\_\_ Courses taught: \_\_\_\_\_

**Education**

Teachers' College: \_\_\_\_\_ Qualifications:  Pr  Jr  Int  Sr

Year Graduated: \_\_\_\_\_ Subject(s) Specialty: \_\_\_\_\_

Other subjects you are willing to teach: \_\_\_\_\_

**A current copy of your College of teachers' certificate of qualification must be attached to this application to be considered for employment**

PERSONAL REFERENCES			Give the names of 3 persons, NOT former employers or relatives, who would provide reference for you
Name	Occupation	Telephone	
Address			
Name	Occupation	Telephone	
Address			
Name	Occupation	Telephone	
Address			

**\*\* Successful applicants will be contacted by phone \*\*\***

**EMPLOYMENT/RELATED EXPERIENCE**

List in order, present employer first

Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		

Duties/Responsibilities

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Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		

Duties/Responsibilities

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For employment references, may we approach your present/past employer?  YES  NO**Note: Please submit copies of the following, if applicable:**

- Teacher:  Ontario Teacher's Certificate  Religious Education Certificate  
 Ontario Teachers' Qualifications Record Card  Teacher (student placement) Evaluations  
 Recent Letters of Reference

I hereby authorize the Hamilton-Wentworth Catholic District School Board (HWCD SB) to investigate fully my record, work qualifications, and references. I also hereby authorize any persons having knowledge thereof to give such information to the HWCD SB upon request.

As a condition of employment, a teacher/instructor taking employment with this Board undertakes to:

- be supportive of the religious program and activities in the school;
- follow a lifestyle and deportment in harmony with Catholic teaching and principles;
- obtain a negative tuberculin test prior to the commencement of employment.

I hereby certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and I agree that, if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal.

Applicant's Signature

Date

**THE FOLLOWING INFORMATION IS REQUIRED WHEN YOU ARE HIRED**

- Criminal Record Check (dated within six months)  T.B. Test Results (dated within the year)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Year/ Month / Day

**BANK DEPOSIT AUTHORIZATION****Note: Please attach one of your personal bank account cheques marked "VOID" along with your signature.**

If you have previously filled out a Bank Deposit Authorization form with this Board and there are no changes, please disregard, otherwise you are required to complete the section below.

**Bank, Credit Union, Trust Company**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Authorization for the collection and maintenance of this information is the Education Act, S. 171 (1) 3. Users of this information are supervisory officers and the principal/vice-principal and teachers of the school. This application form documents the qualifications and other pertinent information required for a teaching position within the St. Charles Adult Education Centres. Contact person about the collection of this information is the principal of St. Charles Adult Education Centres at the address and telephone number that appears on this form.