

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 legally entitled to work in Canada? YES NO

General Interest Course Title: _____

Education and/or experience in this area: _____

Night School Location: Cardinal Newman St. Jean de Brebeuf

Are you currently employed by HWCDSB? YES NO

Position: _____ Location: _____

EDUCATION

High School: _____ Year Graduated: _____

Community College/Professional Institute: _____

Program: _____ Year Graduated: _____

University: _____

Program/Major: _____ Year Graduated: _____

PERSONAL REFERENCES

Give the names of 3 persons, NOT former employers or relatives, who would provide reference for you

Name	Occupation	Telephone
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Address

Name	Occupation	Telephone
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Address

Name	Occupation	Telephone
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Address

**** Only 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 (HWCDDB) to investigate fully my record, work qualifications, and references. I also hereby authorize any persons having knowledge thereof to give such information to the HWCDDB 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.