

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

EDUCATIONAL BACKGROUND

<input type="checkbox"/> Diploma	Secondary School:		
	From:	To:	Course or Major:
<input type="checkbox"/> B.A. Degree	University:		
	From:	To:	Major:
<input type="checkbox"/> Other			
	From:	To:	Course or Major:

Worked last year? YES NO Location: _____ Position: _____

AREAS OF PREFERENCE

List your area of preference. First choice not necessarily given.

Please prioritize:

Special Needs Tutors – assists Special Education program teacher by working one to one with special needs students

Office Tutor – Assists secretarial and administrative personnel in office needs, attendance.

Are you computer literate and able to instruct students? _____

Are there any experiences, skills or qualifications which you feel would benefit the summer program? Include previous summer school experience. Answer on a separate if necessary.

List in order of preference. First choice not necessarily given. Bishop Ryan Cathedral St. Thomas More

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

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		

Is any member of your immediate family employed by the Hamilton-Wentworth C.D.S. Board? YES NO

In what capacity:: _____ Location: _____

Note: Please submit a copy of the following: Resume

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.****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.