

Please note that this section is designed to aid the Board in selecting candidates who are experienced teachers as well as those who are just graduating from Teachers' Colleges.

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 _____ Ontario College of Teachers Registration Number NO

Are you legally entitled to work in Canada? YES NO

List in order of preference: First choice not necessarily given.

List by Course Code: New Credit (1) _____ (2) _____ (3) _____

Upgrade Credit: (1) _____ (2) _____ (3) _____

Grade 7: Literacy Numeracy Grade 8: Literacy Numeracy

Please prioritize: Bishop Ryan Cathedral St. Thomas More

Are you currently employed by HWCDSD? YES NO

Name of Secondary School: _____ Elementary: _____

Courses taught: _____ Grade taught: _____

Education

Teachers' College: _____ Qualifications: Pr Jr Int Sr

Year Graduated: _____ Subject(s) Specialty: _____

Other subjects you are qualified 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
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Address

Name	Occupation	Telephone
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Address

Name	Occupation	Telephone
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Address

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

Note: Please submit copies of the following, if applicable:

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

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