

Please note that this application is for teachers who taught summer school or night school for St. Charles in the past year. Other applicants, please use the application for Teacher Employment

**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: \_\_\_\_\_

Day School: \_\_\_\_\_

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

**PREVIOUS SUMMER SCHOOL/NIGHT SCHOOL EXPERIENCE**

Course (s) taught during Summer School 2007 or Night School 2008

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Location(s): \_\_\_\_\_

**TEACHING PREFERENCE**

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

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

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

**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.