

**\*Successful applicants will be contacted by phone or e-mail\***

**Please print**

Name: \_\_\_\_\_  
Last name First Name

Address: \_\_\_\_\_  
No. Street Apt/Unit # City Province Postal Code

Mailing Address: \_\_\_\_\_  
(If different from above) No. Street Apt/Unit # 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:

Did you work at Summer School 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 with office needs, attendance

Elementary Literacy/Numeracy Summer Experience Tutor – assists program teacher by working one to one with students

Are you able to instruct/assist students in a classroom? \_\_\_\_\_

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

**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 (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 a year) 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.