

Hamilton- Wentworth Catholic District School Board
150 East 5th Street, Hamilton Ontario , L9A 2Z8 905.577.0555

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: _____
Last Name First Name

Address: _____
No. Street Apt/Unit 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: _____ School: _____ Year: _____

Course: _____ School: _____ Year: _____

TEACHING PREFERENCE

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

Course Code: (1) _____ (2) _____ (3) _____

E-learning Trained? YES NO

Please prioritize: Bishop Ryan Cathedral St. Thomas More

Grade 7 & 8 Tech Math & Literacy * School locations may differ year to year *

Please Prioritize: Cardinal Newman Cathedral St. Thomas More

Passport to Grade 9

Please Prioritize: Bishop Ryan Bishop Tonnos Cardinal Newman Cathedral St. Jean de Brebeuf
 St. Mary St. Thomas More

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

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

Please attach an original personal bank account cheque marked "VOID" along with your signature, or a Bank Deposit Authorization form.

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.