

APPLICATION FOR EMPLOYMENT After-Hours Tutoring Program

Submit to: Thomas Coons
150 East 5th Street, Hamilton Ontario, L9A 2Z8 905.577.0555

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 NO _____
Ontario College of Teachers Registration Number

Are you legally entitled to work in Canada? YES NO

Position applied for: After-Hours Tutoring (classroom tutoring)

EDUCATIONAL BACKGROUND

<input type="checkbox"/> Diploma	Secondary School:		
	From:	To:	Course or Major:
<input type="checkbox"/> Bachelor Degree	University:		
	From:	To:	Major:
<input type="checkbox"/> O.T.C.	Teachers' College:		
	From:	To:	Concentration/Div: <input type="checkbox"/> Pr <input type="checkbox"/> Jr <input type="checkbox"/> Int <input type="checkbox"/> Sr
	Subjects you are qualified to teach:		
<input type="checkbox"/> Other			
	From:	To:	Course or Major:

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		

EMPLOYMENT/RELATED EXPERIENCE

List in order, present employer first

Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		

Duties/Responsibilities

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Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		

Duties/Responsibilities

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For employment references, may we approach your present/past employer? YES NO**Note: Please submit copies of the following, if applicable:**

- Teacher:**
- | | |
|--|--|
| <input type="checkbox"/> Ontario Teacher's Certificate | <input type="checkbox"/> Teacher (student placement) Evaluations |
| <input type="checkbox"/> Recent Letters of Reference | <input type="checkbox"/> Criminal record check (original, no photocopies) dated within the past six months |
| <input type="checkbox"/> Religious Education Certificate | |

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**

- T.B. Test Results (dated within the year) Criminal record check (original, no photocopies) dated within the past six months

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.