Learning for Life
St. Charles
Adult & Continuing Education
Hamilton- Wentworth Catholic District School Board
150 East 5th Street, Hamilton Ontario , L9A 2Z8 905.577.0555

TEACHER RE-EMPLOYMENT APPLICATION
Night School - Credit

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 2012 _____

Location:_____

Course(s) taught during Night School:
January – June 2012, September - December 2012 _____

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) _____

Location: ❑ Cathedral ❑ St. Jean de Brebeuf

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

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