

Hamilton- Wentworth Catholic District School Board
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 legally entitled to work in Canada? YES NO Date available to start: _____

Position applied for: English as a Second Language (ESL)
 Literacy and Basic Skills (LBS)
 Credit: Subject Specialty _____
 Other: _____

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

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"/> Masters 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"/> ESL Certificate	University or Professional Association		
	From:	To:	Major:
<input type="checkbox"/> Other			
	From:	To:	Course or Major:

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

EMPLOYMENT/RELATED EXPERIENCE		List in order, present employer first	
Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		
Duties/Responsibilities			
Name and address of employer	Position	From	To
	Supervisor	Telephone	
	Reason for Leaving		
Duties/Responsibilities			

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			

For employment references, may we approach your present/past employer? YES NO

Are you currently employed in a day school teaching capacity? YES NO

Name of Board: _____ OTF Affiliate Membership: _____

Note: Please submit copies of the following, if applicable:

- Teacher:**
- Ontario Teacher's Certificate
 - Recent Letters of Reference
 - Religious Education Certificate
 - Teacher (student placement) Evaluations
 - Criminal record check (original, no photocopies) dated within the past year

- Instructor:**
- ESL/LBS Instructors' Course Certificate
 - Instructor (student placement) Evaluations
 - Recent Letters of Reference
 - TESL Certificate
 - University Transcripts
 - Criminal record check (original, no photocopies) dated within the past year

PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING

Employment with the Board as a teacher/instructor in the St. Charles Adult Education Centres is subject to the following conditions:

1. that sufficient enrolment exists to warrant establishing and maintaining a class.
2. that the applicant teacher/instructor and the Board recognize that a teacher/instructor position in the St. Charles Adult Education Centres is not a continuing or permanent position but is limited to the duration specified in the St. Charles Adult Education Centres Term Employment Contract or such shorter duration as may result from the cancellation of the class e.g. enrolment falls below the specified minimum class size.
3. accordingly, I agree with the Board that my employment as a teacher/instructor in the St. Charles Adult Education Centres pursuant to this application is mutually agreed to be completed and terminated on the date of the completion of the program as more particularly set out in the St. Charles Adult Education Centres Employment Contract, or on the date of cancellation of the program in which latter event payment will be made for the hours of instruction completed to that date.
4. I understand that the Board may be required by law to deduct from my salary fees payable to the Ontario Teachers' Federation pursuant to the Teaching Profession Act.
5. I understand that the pay set out as above is based only on classroom hours but includes the performance of duties related to the instruction function such as marking, preparation of marking schemes, evaluation and testing, developing course outlines, completing reports for the Board, student interviews, class preparation for short term and long term plans, staff meetings, professional development activities, etc.
6. this application, on acceptance for employment and the agreement resulting therefrom form part of any contract imposed or required by law.

I understand that my entitlement to a St. Charles Adult Education Centre position with the Hamilton-Wentworth Catholic District School Board is dependent upon my meeting the conditions outlined above.

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 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.

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.