

Hamilton- Wentworth Catholic District School Board
150 East 5th Street, Hamilton Ontario , L9A 2Z8 905.577.0555, Press 1

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

International Language able to teach: _____ Elementary Secondary

Have you been employed by this Board before? YES NO If yes, when: _____

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:

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

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		

**** One personal reference should be from your community****

