
EDUCATIONAL QUALIFICATIONS;

University & Address	Specialization Major/Minor	Degree or Diploma Received	Last year of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE:

Number of Years/Months/Days Experience (circle one) Grade Level(s)

1) as a Full-Time Classroom Teacher: _____

2) as a Substitute Teacher: _____

Grade Preferences (please circle):

1 2 3 4 5 6 7 8 9 10 11 12

Subject Preferences:

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

Subject Specialties: (1) _____ (2) _____ (3) _____

Have you previously applied to substitute as a teacher with the Eastern School District?

Yes____ No____ If yes, what year? _____

Were you previously employed as a substitute teacher with the Eastern School District?

Yes____ No____ If yes, what year? _____

Which languages do you speak, read or write:

Are there times you would not be available to substitute teach? Yes____ No____

Please explain:_____

Also, please note that if you are no longer available to substitute teach, please contact the Eastern School District as soon as possible so that your name will be removed from the Substitute Teacher List to avoid unnecessary calls to you and/or made by an administrator or designate looking for a substitute teacher.

CRIMINAL RECORD CHECK

A Criminal Record Check must be included upon submission of this application.

PLEASE NOTE:

Your application will be kept at the Eastern School District and may be reactivated each successive school year. Certified teachers may write or phone to have their file reactivated. Non-certified teacher files will be reactivated upon receipt of your renewed Authorization from the Department of Education.

If there is any change in pertinent information provided on this application form (i.e. telephone number, mailing address, availability, etc.), please contact the Eastern School District as soon as possible so that the information may be corrected and/or your name deleted from the list.

The enclosed TD1, TD1PE, and Employee Information forms must be completed, signed and submitted to the Eastern School District with this application.

Applicant Checklist

- _____ Employee Information Form (completed with "VOID" cheque attached)
- _____ TD1 and TD1PE Forms (completed and signed)
- _____ Criminal Record Check
- _____ Authorization To Substitute Teach (has applied for and paid fee at Dept. Of Education)

Applicant's Signature

Date

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for purposes of providing services to employees and will be used for purposes of school board operations and administration. If you have any questions about this collection of personal information, you may contact the FOIPP coordinator at the Eastern School District, 234 Shakespeare Drive, Stratford, PE (by mail: PO Box 8600, Charlottetown, PE C1A 8V7), Telephone: 902.368.6990