

EASTERN SCHOOL DISTRICT

Application for Employment as a SUBSTITUTE TEACHER



Please complete and forward application to:

Human Resources

Eastern School District

Mail to: Box 8600, Charlottetown, PE C1A 8V7

Deliver to: 234 Shakespeare Drive, Stratford, PE C1B 2V8

Main Office: (902) 368-6990 Fax: (902) 368-8890

Human Resources: (902) 368-6819

<p>Board Office Use Only CRC on file or received; Date _____ Certified Teacher ____ Non Certified Teacher ____</p>
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<p>PLEASE NOTE:</p> <p>1. In order to be included on our substitute teacher list, all applicants <u>must</u> contact the Department of Education, the Registrar's Office, Holmans Centre, 250 Water Street, Suite 101, Summerside, PE C1N 1B6 or telephone 902-438-4130 and notify them of your interest in substituting. There is an <u>annual fee</u> to the Department of Education associated with Substitute Teacher Authorizations. Applications for authorization are also found on PEI government website: www.gov.pe.ca/forms</p> <p>2. Please attach to this application a current <u>original</u> Criminal Record Check with the Vulnerable Sector Inquiry done within 90 days of the application from your local Police department or from other organizations that provide this service.</p> <p>3. Applicants must also attach completed <u>Direct Deposit and TD1 & TD1PE Forms</u> which are available on our website at www.edu.pe.ca/esd</p> <p>4. If you have any questions please feel free to contact us at 569-0595 or email at dabugden@edu.pe.ca</p>

Please Circle: Mr. Ms. Mrs.

NAME		Employee #(if applicable) _____	
_____		_____	
Middle		Last	
_____		First	
PRESENT ADDRESS		PERMANENT ADDRESS (if different)	
_____		_____	
Tel (H)	Tel(W)	Tel(H)	Tel(W)
_____	_____	_____	_____

*EMAIL ADDRESS (Must Provide) _____

Special Abilities		
Certificate Level (if applicable)	French Proficiency Level _____	EAL/Spec.Ed/other
	Date of Test _____	

EDUCATIONAL QUALIFICATION School Attended	Major/Minor	Degree or Diploma	Received Yes or No	Last Year Attended

Relevant Teaching Experience:

PLACEMENT PREFERENCES:	SUBJECT PREFERENCES: Please list				
Elementary (K-6)					
Intermediate (7-9)					
Senior High (10-12)					

DECLARATION:

All the information provided in this Application is true and complete to the best of my knowledge.

I understand that any person who makes a false statement of any material fact or who omits to state a material fact in an Application shall not be eligible for appointment or shall, if appointed to a position, be liable to dismissal.

I authorize the Eastern School District to contact any person or persons to obtain information pertaining to my suitability for employment unless otherwise noted in this application.

Signature of Applicant

Date

APPLICANT'S CHECKLIST:

- Application form complete
- Banking Information (complete with VOID Cheque)
- TD1 forms (completed and signed)
- Current Criminal Background Check with Vulnerable Sector Inquiry
- Authorization to substitute teach (applied for and fee paid at Department of Education)

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 trustee remuneration 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