

**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 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 & Indigenous 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:			Pr		Jr		Int		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\*\***

**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							

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

Teacher

- |                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Ontario Teacher's Certificate   |
| <input type="checkbox"/> | Recent Letters of Reference     |
| <input type="checkbox"/> | Religious Education Certificate |

- ☐ Teacher (student placement) Evaluations
  - ☐ Vulnerable sector screening check (original, no photocopies) dated within the past year

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;

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

- ☐ Vulnerable sector screening 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: \_\_\_\_\_  
Address: \_\_\_\_\_

Branch: \_\_\_\_\_  
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.