



# ST. JAMES-ASSINIBOIA SCHOOL DIVISION

2574 Portage Avenue, Winnipeg, Manitoba, R3J 0H8  
Phone: 204-888-7951 Fax: 204-831-0859 <http://www.sjsd.net>

*Great Schools for Growing and Learning*

## APPLICATION FOR A TEACHING POSITION

(Check all that apply)  Early Years (K-5)  Middle Years (6-8)  Senior Years (S1-S4)  Student Services  Substitute

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
(Circle name used)

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: Same as above  or: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Cell Phone: ( ) - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other name(s) under which you worked or were educated: \_\_\_\_\_

Have you been employed by this Division? Yes  No  If yes, when? \_\_\_\_\_

Position? \_\_\_\_\_ Location? \_\_\_\_\_

Are you legally entitled to work in Canada? Yes  No

Have you ever been charged with a criminal offence for which a pardon has not been granted? Yes  No

If "Yes", give particulars of the charge, date and result in each case: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION AND QUALIFICATIONS

Name of University/College	Courses		Degree, Certificate, Diploma Attained	Year
	Major	Minor		

Bachelor of Education – Speciality (please check the stream in which you were trained)

Early Years                       Elementary                       Middle Years                       Senior Years

Other (please specify) \_\_\_\_\_

**TEACHING CERTIFICATES**

Type	Number	Permanent or Provisional	Province

**SPECIALIST CERTIFICATE(S)**

Type	Number	Permanent or Provisional	Province

Are you currently working on a Specialist Certificate?    Yes     No

If yes, which certificate? \_\_\_\_\_

Indicate number of credit hours you have towards your Specialist Certificate: \_\_\_\_\_

Are you bilingual (English/French)?                      Yes     No

Are you currently collecting a TRAF pension?                      Yes     No

**TEACHING EXPERIENCE**

School Division	Year(s)	Credited Experience Months/Years	Grades Taught, Subjects Taught (if Applicable)
<i>Total Experience</i>			

Have you taught on a letter of authority or permit?    Yes     No

If Yes, state details \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE**

School	Division	Number of Weeks	Grades Taught, Subjects Taught (if applicable)

**WORK-RELATED REFERENCES**

Please provide the names and addresses of at least three people whom we may contact with regard to your application. Be sure to select people qualified to comment on your teaching ability. Also include your last supervisor.

Name	Address with Postal Code	Relationship	Telephone

Based on qualifications, indicate your teaching preferences. List in order (1, 2, 3, etc.)

Generalist Areas		Specialist Areas	
Grade/Level	Subject(s)	Grade/Level	Subject(s)
1.		1.	
2.		2.	
3.		3.	

**CO-CURRICULAR ACTIVITIES**

You will be expected to conduct and/or supervise co-curricular activities. Please describe the co-curricular activities you would be prepared to undertake.

Co-Curricular Activities	Qualifications or Background

I understand that the information provided by me in this application for employment by the St. James-Assiniboia School Division ("the Division") constitutes material and important representations by me intended to induce the Division to enter into a contract of employment with me. I understand that if my application was submitted on-line, that my submission is considered an equivalent constitution. I therefore understand and agree that the giving by me of false, misleading or incomplete information in this application for employment will constitute just cause for dismissal of me from any employment entered into with me by the Division and will also fully justify the Division in treating any contract entered into with me as null and void.

Upon an offer of employment, I hereby consent to the Division conducting a personal investigation under the terms of the Personal Investigations Act, including a child abuse registry check and a criminal record check. And, I agree to present an original birth certificate and social insurance number card for copying as well as copies of any additional required documentation in support of my application.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act (PSA), the Personal Health Information Act (PHIA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for personnel administration and payroll purposes. I understand this will include the ongoing disclosure of my current name, address and phone number to the appropriate union or association I am a member of. Further, I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under the PSA, PHIA or FIPPA. Furthermore, any questions I have about the collection, use or disclosure of this information, can be directed to the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.

If employed, I agree to abide by the policies, procedures and working conditions established by the Division.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM ACCURATELY AND FULLY**

