

## Application for the 2016/2017 Occasional Teachers List

FIF	RST NAME:	LAST NAME:				
ΑC	DDRESS:					
TE	LEPHONE:	CELL:				
ΕN	1AIL ADDRESS:					
1.	. Were you on the occasional teachers list in the 2015/2016 school year? $\ $ Yes $\ $ No					
2.	Are you interested in occasional teaching in the:					
3.	What are your basic qualification Primary		Senior			
4.	If you have indicated Intermediate or Senior, what are your teachable subjects?					
5.	What additional qualification	nat additional qualifications do you have?				
FC	OR BOARD USE ONLY		NOTES FOR INTERVIEW PANEL			
2016 OCT ATTACHED		☐ Yes ☐ No				
CBC ATTACHED		☐ Yes ☐ No ☐ On File				
DECLARATION ATTACHED		☐ Yes ☐ No				
INTERVIEW Put on Roster:		☐ Yes ☐ No ☐ French				
Elementary		Secondary				



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6.	Core French Inguage skills sufficient to teach:    Core French   French Immersion					
7.	What areas of the Board are you willing to teach in?  Sudbury and area schools  Espanola Schools  Manitoulin Island schools  Shining Tree					
8.	Are you currently on a Rainbow District School Board recall list?  (If yes, please fax a copy of this application to your federation office)					
9.	Have you previously worked f	Yes No				
	In what years?					
10			D 13	□ Vaa □ Na		
10.	Have you previously worked f <b>If yes:</b>	for any other school	Board?	∐ Yes ∐ No		
10.		Years Worked (i.e. 2015-2016)	Name of Principal	Phone # of Principal		
10.	If yes:	Years Worked				
10.	If yes:	Years Worked				
	If yes:	Years Worked (i.e. 2015-2016)				
11.	Name of Board	Years Worked (i.e. 2015-2016)				



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<ol><li>All of the documents listed below must be If you have not included a document,  </li></ol>	* **				
2016 Certificate of Qualification from	the Ontario College of Teachers				
Criminal Background Check "Vulnerable	Sector Screening" dated January 1, 2016 or later				
Resume and cover letter addressed to	o Human Resources				
Names and phone numbers of three professional references					
☐ New Teacher Declaration form (Appe	New Teacher Declaration form (Appendix B)  Practice Teaching Reports and/or Performance Appraisals  Letters of Recommendation				
Practice Teaching Reports and/or Per					
Letters of Recommendation					
Note: If all of the documents identified considered.	d are not included, your application may not be				
14. For employment references, may we app Your present/last employer? Your former employer(s)?	oroach:    Yes   No   Yes   No				
	ion is true and complete to my knowledge, including m se statement may disqualify me from employment, or				
SIGNATURE	DATE				