

Occasional Teacher List 2025-2026 Application

408 Wembley Drive, Sudbury, Ontario P3E 1P2 | Tel: 705.674.3171 | Toll Free: 1.888.421.2661 | rainbowschools.ca

Name:		First		Middle
Telephone:	Alternate Telephone:			
Email Address:				
Mailing Address:	Street	Apt.	City	Death Code
#	Street	Арт.	City	Postal Code
Please complete the	following:			
Have you previously	worked for the RDS	BB? □Yes □ No		
		cher List during the 202	24-2025 school year?	□Yes □ No
Are you currently on				
(If yes, please fax a copy of this Are you a retired tea				
Do you have French	Language Skills suf	fficient to teach: \Box (Core French ☐ F	rench Immersion
Please indicate whic □ Elementary Panel Must have Primary, Junior or Inte	I (JK – Grade 8)	applying to teach in: ☐ Secondary Pan Must have Intermediate or Se		
Basic Qualifications:				
□ Primary				
☐ Junior				
	•			
☐ Senior – teachabl	e subjects:			
Additional Qualificati	ons:			
What areas of the RI			ulin Joland	
 Sudbury and area 	ı □ Espanol	la □ Manitoι	טווגוסוסו ווווג	

Please refer to our Directory of Schools (found on our website www.rainbowschools.ca/schools/directory-of-schools) for locations

Please complete the following if you have worked for another Name of School Board:	er School Board:
Name of School Board:	
Years Worked: Name of Principal:	Contact Number:
Name of School Board:	
Years Worked:	
Name of Principal:	Contact Number:
Name of School Board:	
Years Worked:	
Years Worked:Name of Principal:	Contact Number:
Are there any restrictions on your availability? \square Yes \square No	
For employment references, may we contact: Your current/most recent employer? Yes No Your former employers? Yes No	
You must submit all of the documents listed below with this If you have not completed a document, please explain why. Cover Letter and Resume	• • • • • • • • • • • • • • • • • • • •
 □ Employment References (name and contact information □ 2025 Ontario College of Teachers Certificate of Qualification 	•
□ Letters of Recommendation□ Practice Teaching Reports and/or Performance Appraisa	ale.
☐ Appendix B – New Teacher Declaration Form	
☐ Criminal Background Check/Vulnerable Sector Screening	g completed within the last six (6) months
I hereby declare that the following information is true and conhistory. I understand that a false statement may disqualify n	
O'mark ma	Dete
Signature	Date