



EMPLOYMENT APPLICATION TEACHING STAFF

- POSTED POSITION**
- TEACHER ON CALL ALBERNI**
- TEACHER ON CALL UCLUELET/TOFINO**

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____ POSTAL CODE _____

EMAIL ADDRESS _____ TELEPHONE _____

BC TEACHING CERTIFICATE YES NO

Please attach one copy of each of the following if this is your first application:
BC Teacher Regulation Branch Certificate
Teacher Qualification Services (TQS Card)
Resume

List most recent teaching experience beginning with your most recent:

Name of School	From/To	Position	Reason for Leaving

References:

Name	Title	Phone Number	Email Address

Please note that the School District may contact previous supervisors as part of the reference check process.

By signing this application, I consent to School District 70 contacting references

Date

Signature

Teacher-On-Call Data

Preferred subject level: **Elementary** **Secondary**

Please note TTOCs may be called for any level and any subject.

Please send completed package to Hannah Fletcher, Executive Assistant – HR at hfletcher@sd70.bc.ca