



4690 Roger Street, Port Alberni, B.C. V9Y 3Z4 Ph: (250) 723-3565 Fax (250) 723-0318

## **EMPLOYMENT APPLICATION TEACHING STAFF**

POSTED POSITION						
<u>ΓEACHER ON CALL ALBERN</u>	<u>I</u> 🗆					
TEACHER ON CALL UCLUEL	ET/TOFINO [					
LAST NAME	IEFIRST NAME					
MAILING ADDRESS	ESSPOSTAL CODE					
EMAIL ADDRESSTELEPHON						
BC TEACHING CERTIFICA	TE 🗆 YES 🗆 N	NO				
Please attach one copy of each BC Teacher Regulation Teacher Qualification Resume	ion Branch Certifica	ate	r first applio	cation:		
List most rec	ent teaching experi	ence beg	inning with	your mo	st recent:	
Name of School	From/To	0	Position		Reason for Leaving	
	Re	ferences:				
Name	Title	Phone	e Number	Email Address		
Please note that the School	District may contact pr	evious sup	ervisors as p	art of the ro	eference check process.	
	application, I consent	•	-		-	
Date	Signature					
	Teacher	-On-Cal	l Data			
Preferred subject level:	☐ Elementary	□ Se	condary			
Please note TTOCs may be call	•					

Please send completed package to Human Resources at <a href="https://example.com/HR@sd70.bc.ca">HR@sd70.bc.ca</a>