



80 SHEPPARD AVENUE EAST, TORONTO, ONTARIO M2N 6E8 (416) 222-8282

## CONTINUING EDUCATION EMPLOYMENT APPLICATION ADULT EDUCATION NURSERY PROGRAMS

### PERSONAL DATA (PLEASE PRINT):

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?  YES  NO

ARE YOU OVER 18 YEARS OF AGE?  YES  NO

ADDRESS: \_\_\_\_\_  
NUMBER STREET APARTMENT

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (HOME) ( ) \_\_\_\_\_ - \_\_\_\_\_ (BUSINESS) ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAJOR INTERSECTION NEAREST YOUR HOME: \_\_\_\_\_ & \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE TCDSB?  YES  NO

IF YES, INDICATE WHEN AND IN WHAT CAPACITY: \_\_\_\_\_

PRESENT SCHOOL/LOCATION: \_\_\_\_\_

### LANGUAGE PROFICIENCY:

INDICATE YOUR LEVEL OF PROFICIENCY IN THE FOLLOWING LANGUAGES:

#### SPEAKING LEVEL

#### WRITING LEVEL

LANGUAGE: **ENGLISH**  EXCELLENT  GOOD  FAIR  EXCELLENT  GOOD  FAIR

LANGUAGE: \_\_\_\_\_  EXCELLENT  GOOD  FAIR  EXCELLENT  GOOD  FAIR

LANGUAGE: \_\_\_\_\_  EXCELLENT  GOOD  FAIR  EXCELLENT  GOOD  FAIR

**NEW APPLICANTS**

**PLEASE SUBMIT:**

- **COMPLETED APPLICATION FORM**
- **PERSONAL RESUME AND COVER LETTER**
- **COPIES OF DIPLOMAS, DEGREES, CERTIFICATES, TRANSCRIPTS**  
*(official English translations for foreign documents)*
- **TWO REFERENCE LETTERS**

**PLEASE FORWARD APPLICATION AND DOCUMENTATION TO:**

TORONTO CATHOLIC DISTRICT SCHOOL BOARD  
CONTINUING EDUCATION DEPARTMENT  
ADULT EDUCATION PROGRAM  
80 SHEPPARD AVENUE EAST  
TORONTO, ONTARIO  
M2N 6E8

**FOR OFFICE USE ONLY:**

INTERVIEWER COMMENTS:

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DATE

SIGNATURE OF INTERVIEWER

RECOMMENDATION:

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APPROVAL OF COORDINATOR, ADULT EDUCATION PROGRAM, CONTINUING EDUCATION DEPARTMENT

DATE

SIGNATURE OF COORDINATOR

**EDUCATIONAL DATA AND PROFESSIONAL QUALIFICATIONS:**

	INSTITUTION	YEARS	MAJOR SUBJECTS	DEGREES/DIPLOMAS
COMMUNITY COLLEGE OR UNIVERSITY		19____ TO _____		
POST DIPLOMA CERTIFICATE PROGRAMS		19____ TO _____		
POSTGRADUATE UNIVERSITY		19____ TO _____		
ADDITIONAL COURSES RELEVANT TO POSITION REQUESTED		19____ TO _____		

**ONTARIO MINISTRY OF EDUCATION QUALIFICATIONS:** (Please check appropriate box)

- |                                                                                    |                                                |
|------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> LETTER OF QUALIFICATION /<br>ONTARIO TEACHING CERTIFICATE | <input type="checkbox"/> LETTER OF ELIGIBILITY |
| <input type="checkbox"/> INTERIM CERTIFICATE OF QUALIFICATION                      | <input type="checkbox"/> OTHER                 |

**CHILD CARE RELATED WORK EXPERIENCE:**

Please do not include field placements or practicum experiences

EMPLOYER	YEAR (FROM-TO)	SUPERVISOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME	ADDRESS	TELEPHONE	E-MAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



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## DECLARATION BY APPLICANT

1. I authorize the Toronto Catholic District School Board (the Board) to obtain personal information from my present and/or previous employers and from any other persons I have listed as references to assist in determining my suitability, eligibility and qualifications for employment with the Board.
2. Have you ever been convicted of any offence under the Criminal Code, the Food and Drug Act, the Narcotic Control Act or any other federal statute for which a pardon in law has not been granted or for which a pardon in law has been revoked?

YES

NO

The Toronto Catholic District School Board reserves the right to request related documentation from any applicant identified as a successful candidate for employment.

3. I hereby declare that the information in this application is true and to the best of my knowledge complete. I also understand that once employed by the Board, a false statement on this application will be cause for dismissal in the future.

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DATE

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SIGNATURE OF APPLICANT

## TO THE REFEREE

**You may assume that the information given about the above applicant will be held in confidence by the Toronto Catholic District School Board.**

*The information on this form is collected in accordance with section 29 (2) of the Municipal Freedom of Information and Privacy Act under the legal authority of the Education Act, and is used as required for recruitment, selection and employment purposes.*

Any questions concerning the collection of this information should be directed to  
the Adult Education Program, Continuing Education Department,  
80 Sheppard Avenue East, Toronto, Ontario, M2N 6E8  
or telephone (416) 222-8282 ext. 2491