



## Substitute Teacher Application Form For School Year: 2021 – 2022

Name _____	Date _____
Address _____	Social Ins. Number _____
*Telephone _____	Classification _____
*Cell (other) _____	Years of Experience _____
*Email _____	Certification Number _____

\* Please indicate your preference(s) by marking a “P” beside your preferred contact method(s).

**Availability:** Please check  off the Area, Day of the Week, and Grades you are qualified and willing to teach:

<u>AREA</u>		<u>DAY</u>		<u>AM</u>	<u>PM</u>	<u>GRADES</u>	
Arborg	<input type="checkbox"/>	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K-4	<input type="checkbox"/>
Gimli	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-8	<input type="checkbox"/>
Riverton	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-12	<input type="checkbox"/>
Wpg Beach	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Are you available for AM calls (no earlier than 7am)?*      Yes     No

**Subjects:** Please indicate  the subjects you are QUALIFIED and willing to teach.

Accounting _____	Home Ec _____	Physics _____
Biology _____	Industrial Arts _____	Power Tech _____
Chemistry _____	Language Arts _____	Psychology _____
Computers _____	Math _____	Science _____
French _____	Metals _____	Social Studies _____
Geography _____	Music _____	Wood Working _____
History _____	Phys. Ed _____	

**Continued on other side →**

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**Teaching Experience:**

School	Dates	Grade/Subject Taught
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**References:** ( Required only if you are a NEW substitute to our Division )

Name	Addresses	Title/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Are you collecting CPP?                      Yes         No  

Are you collecting Teacher Pension?      Yes         No  

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**For Office Use Only:**

Child Abuse Registry Check	<input type="checkbox"/>	Date of Completion: _____
Criminal Record Check	<input type="checkbox"/>	Date of Completion: _____