



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

CONTINUING EDUCATION EMPLOYMENT APPLICATION ADULT EDUCATION PROGRAMS

PERSONAL DATA (PLEASE PRINT):

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? ☐ YES ☐ NO

ARE YOU OVER 18 YEARS OF AGE ☐ YES ☐ NO

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: (HOME) () _____ - _____ (CELL) () _____ - _____ (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: FRENCH ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ EXCELLENT ☐ GOOD ☐ FAIR

LANGUAGE: _____ ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ EXCELLENT ☐ GOOD ☐ FAIR

LANGUAGE: _____ ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ EXCELLENT ☐ GOOD ☐ FAIR

NEW APPLICANTS:

Please Submit the Following

Cover letter

Resume

Application form

Copies of diplomas, certificate, degrees

(official English translation if applicable and credential evaluation prepared by a member of Credential Evaluation for degrees obtained outside Canada)

TESL Ontario ESL Certificate of Accreditation OCELT (not needed for FSL positions)

2 reference letters **OR** for recent TESOL graduates, a practicum evaluation and a reference letter

Submission Instructions

Send to: contact.adulted@tcdsb.org

Subject headline: Application--English Language Instructor; your name **OR**

Application--French Language Instructor, your name

Please send as one attachment with documents in the order above.

Ensure all documents are included and that the application form is complete and signed.

FOR OFFICE USE ONLY:

INTERVIEWER COMMENTS:

DATE

SIGNATURE OF INTERVIEWER

RECOMMENDATION: _____

APPROVAL OF SUPERINTENDENT OF EDUCATION

DATE

SIGNATURE OF SUPERINTENDENT

EDUCATIONAL DATA AND PROFESSIONAL QUALIFICATIONS:

	INSTITUTION	YEARS	MAJOR SUBJECTS	DEGREES/DIPLOMAS
UNIVERSITY		_____ TO _____		
POSTGRADUATE UNIVERSITY		_____ TO _____		
TEACHER EDUCATION		_____ TO _____		
ADDITIONAL COURSES RELEVANT TO POSITION REQUESTED		_____ TO _____		

ONTARIO COLLEGE OF TEACHERS:

OCT REGISTRATION NUMBER _____

TEACHING AND OTHER WORK EXPERIENCE:*Please do not record practice teaching experiences*

EMPLOYER	POSITION	YEAR (FROM-TO)	SUPERVISOR'S NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

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.

DATE

SIGNATURE OF APPLICANT

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. 2513