



# SUBSTITUTE TEACHER APPLICATION

192-2<sup>ND</sup> AVENUE N., STONEWALL, MB ROC 2Z0

PHONE: 467-5100 FAX: 467-8334

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **SOCIAL INSURANCE #** \_\_\_\_\_

**CERTIFICATE#** \_\_\_\_\_ **CLASS** \_\_\_\_\_ **CLASSROOM EXP.** \_\_\_\_\_ **YRS. AS OF** \_\_\_\_\_  
(does not include substituting)

**Are you receiving a TRAF Pension?** \_\_\_\_\_ **If yes, please indicate date started** \_\_\_\_\_

**EDUCATION:**  
 \_\_\_\_\_

**PREVIOUS TEACHING EXPERIENCE:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GRADES/SUBJECTS PREFERRED:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOLS PREFERRED:**

|                                               |                                               |                                          |
|-----------------------------------------------|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Balmoral             | <input type="checkbox"/> Teulon Elementary    | <input type="checkbox"/> Concord         |
| <input type="checkbox"/> Brant-Argyle         | <input type="checkbox"/> Warren Elementary    | <input type="checkbox"/> Kelsey          |
| <input type="checkbox"/> Grosse Isle          | <input type="checkbox"/> Woodlands Elementary | <input type="checkbox"/> Lightly         |
| <input type="checkbox"/> Rosser               | <input type="checkbox"/> SCI                  | <input type="checkbox"/> Mallard         |
| <input type="checkbox"/> R. W. Bend           | <input type="checkbox"/> TCI                  | <input type="checkbox"/> New Haven       |
| <input type="checkbox"/> Stonewall Centennial | <input type="checkbox"/> WCI                  | <input type="checkbox"/> Omega           |
| <input type="checkbox"/> Stony Mountain       | <input type="checkbox"/> ACE                  | <input type="checkbox"/> Prairie Blossom |
|                                               |                                               | <input type="checkbox"/> Rock Lake       |

**REFERENCES** *(for verification of experience/ability)*

| NAME     | ADDRESS | PHONE |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |
| 3. _____ | _____   | _____ |

I hereby certify that the information given on this application is correct and complete.

SIGNATURE: \_\_\_\_\_

**A NEW SUBSTITUTE TEACHER LIST IS PREPARED AT THE COMMENCEMENT OF EACH SCHOOL YEAR. ONLY THOSE TEACHERS WHO RECONFIRM THEIR INTENTION WILL BE INCLUDED ON THE NEW LIST.**