

# Centre For Distance Learning And Innovation

205 Elizabeth Drive  
Gander, NL  
A1V 1H6

## Substitute Teacher Application

Ph: 709 651 8123  
Fax: 709 651 8128

The following application form, when completed, must be forwarded with a copy of your Teacher's Certificate, University Transcript and a Certificate of Conduct from the RCMP. Your application will not be processed until all information is received.

Date: \_\_\_\_\_

### Part 1 - Identification

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Initial \_\_\_\_\_

Title (Mr. Mrs., Miss, Ms etc) \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Postal Code \_\_\_\_\_ School Last Taught \_\_\_\_\_ Year \_\_\_\_\_

Teacher Certificate Level \_\_\_\_\_ \*\*\*\* A copy must be attached

### Part 2 - General

University Degree(s) received \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Other area of concentration \_\_\_\_\_

Methods (Prim, Elem., High) \_\_\_\_\_ Methods Courses Completed \_\_\_\_\_

Specialist area (Music, French, Art) \_\_\_\_\_

High School courses taught \_\_\_\_\_

Subject/Course Preference (List in order of preference) \_\_\_\_\_

### Part 3 - Full Time Teaching Experience

Total Teaching Experience (years) \_\_\_\_\_

#### Most Recent Teaching Experience

Grades: \_\_\_\_\_  
\_\_\_\_\_

Subjects: \_\_\_\_\_  
\_\_\_\_\_

#### Part 4 - Part Time Teaching Experience

Approximate number of days teaching in last two years \_\_\_\_\_

Dates	School	Total Days	Grades/Subjects

#### Part 5- Personal Data

The following information will be required when the application process is complete and prior to your name being approved. If you prefer, you can provide the information now.

SIN #: \_\_\_\_\_

Gender:

Date of Birth (mm/dd/yy) \_\_\_\_\_

#### Part 6- Confidential Disclosure & Criminal Record Check

##### Self-Disclosure

1. Have you ever been denied, or had suspended or cancelled any certificate, permit or license to teach, whether in Canada or in another country? ☐ Y ☐ N

If yes, Place: \_\_\_\_\_ Date: \_\_\_\_\_ Details: \_\_\_\_\_

2. Have you ever been pardoned of a criminal offence? ☐ Y ☐ N ☐ Not applicable

If yes, Place: \_\_\_\_\_ Date: \_\_\_\_\_ Details: \_\_\_\_\_

I hereby certify that the information provided on this form is true and complete and that no relevant information has been withheld.

I also agree to provide a certificate of conduct from the RCMP with **Vulnerable Sector** checked to verify this statement.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Please Note:

This application is for CDLI use only. Because payroll cheques originate at Teacher Payroll, if you change your name, address or phone number, you must complete a "Change Employee Data Form". Please contact Teacher Payroll, should this apply to you.

### Part 7- Other

Do you own a computer? \_\_\_\_\_ If yes, type? \_\_\_\_\_ Age of Computer \_\_\_\_\_

Do you have a CDLI account? \_\_\_\_\_ If no, be sure to apply for one at <http://www.cdli.ca>

Please rate your level of computer experience \_\_\_\_\_

Do you have any experience with Desire2Learn course management software? \_\_\_\_\_

Do you have any experience with Elluminate Live conferencing software? \_\_\_\_\_

Would you be willing to attend a training session at your own expense? \_\_\_\_\_

If yes, please indicate dates/times you are available. \_\_\_\_\_

### Part 8- Reference Check Consent Form

I \_\_\_\_\_ hereby authorize the Centre For Distance Learning And Innovation, CDLI, to contact the persons listed below for the purposes of obtaining validation of experience, qualifications and employment references, as it pertains to my application. These persons are authorized to disclose such information.

Name	Title/Position	Email address	Phone (W)	Phone (H)

**Offers of employment are conditional on verification of qualifications and work experience.**