



APPLICATION FOR CERTIFIED OCCASIONAL TEACHING

NAME: _____ EMAIL: _____

ADDRESS: _____

POSTAL CODE: _____ ONTARIO COLLEGE OF TEACHERS' REGISTRATION #: _____

TELEPHONE: (HOME) _____ ☒ (CELL) _____ ☒

Note: You may provide 2 numbers for your file. However, please check 1 (one) number to be used for call out purposes.

1. Please circle the days and times that you will be available for occasional work:

DAYS: EVERY DAY - OR - MON TUES WED THURS FRI

TIME: ALL DAY - OR - A.M. only P.M. only Other _____

2. Please check all classifications for which you wish to be called:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> FSL Intermediate Elementary | <input checked="" type="checkbox"/> FSL Primary/Junior | <input checked="" type="checkbox"/> Junior/Intermediate |
| <input checked="" type="checkbox"/> FSL Intermediate Secondary/Senior | <input checked="" type="checkbox"/> FSL Primary/Junior/Intermediate | <input checked="" type="checkbox"/> Primary |
| <input checked="" type="checkbox"/> FSL Junior | <input checked="" type="checkbox"/> Intermediate Elementary | <input checked="" type="checkbox"/> Primary/Junior |
| <input checked="" type="checkbox"/> FSL Junior/Intermediate | <input checked="" type="checkbox"/> Intermediate Secondary/Senior | <input checked="" type="checkbox"/> Primary/Junior/Intermediate |
| <input checked="" type="checkbox"/> FSL Primary | <input checked="" type="checkbox"/> Junior | <input checked="" type="checkbox"/> Special Education |

3. Please list any FSL qualifications _____

4. Please check the schools where you wish to serve as an Occasional Teacher:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Pope Francis Elementary School | <input checked="" type="checkbox"/> Sacred Heart School - KL | <input checked="" type="checkbox"/> Aileen Wright School |
| <input checked="" type="checkbox"/> St. Joseph School | <input checked="" type="checkbox"/> St. Jerome School | <input checked="" type="checkbox"/> St. Anne School |
| <input checked="" type="checkbox"/> St. Paul School | <input checked="" type="checkbox"/> Holy Family School | <input checked="" type="checkbox"/> St. Patrick School - Kap. |
| <input checked="" type="checkbox"/> O'Gorman Intermediate School | <input checked="" type="checkbox"/> ECCS | <input checked="" type="checkbox"/> Bishop Belleau School – |
| <input checked="" type="checkbox"/> O'Gorman High School | <input checked="" type="checkbox"/> St. Patrick School - Cobalt | Moosonee |

Signature of Teacher

Date

IN ACCORDANCE WITH THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989,
THE INFORMATION WILL BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS COLLECTED.



Please submit application to hr@ncdsb.on.ca