

SECONDARY TEACHER APPLICATION

Human Resources

Jim McCuaig Education Centre 2135 Sills Street Thunder Bay ON P7E 5T2 Telephone (807) 625-5140 Fax (807) 625-9422

APPLICANT INFORMATION

Surname	rname		First	Middle		
Address				Postal Code		
Email		Contact Telephone #				
QUALIFICA	TIONS					
Ontario Certificate of Qualification			Issue Date	OCT#		
Interim Ontario Certificate of Qualification			Issue Date	Expiry Date		
Level(s)	Junior	Intermediate	Senior			
SUBJECT	ECT Check (\checkmark) only what you are qualified to teach and specify your area of qualification in the space adjacent					
Busine Comm	pecify eg., Art, N ess unication/La	lusic, Drama, Dance, Physical nguages h, FSL, ESL, English, Spanish, e				

Please specify eg., French, FSL, ESL, English, Spanish, etc.
Teaching First Nations, Métis, Inuit Children or Equivalent
Mathematics
Science
Please specify eg., Biology, Chemistry, Environmental Science, Physics, etc.
Social Sciences
Please specify eg., History, Geography, General, Family Studies, etc.
Technological Education
Please specify eg., Communications, Transportation, Construction, Manufacturing, etc.
Trades License
Please specify e.g., Carpenter, Automotive Technician, etc.
Additional Qualifications
Please specify eg., Dramatic Arts, Guidance and Career Education, etc.

CURRENT STATUS with LAKEHEAD DISTRICT SCHOOL BOARD

Current Continuing Education Teacher	New to Lakehead District School Board
Current Elementary Occasional Teacher	Retiree
Other	

For Human Resources/Payroll Department Use Only

Cover Letter	Résumé	OCT Certificate of Qualification
Two Recent Teacher Performance Reviews or	Growth Plan	
Two Practice Teaching Reports	Reference Check Consent Form	