Form 460.1 Application for Substitute Teacher Position



Lloydminster Catholic School Division 6611B – 39 Street, Lloydminster, AB T9V 2Z4

APPLICATION FOR SUBSTITUTE TEACHING POSITION

Name:	Maiden Name:
Present Address:	
Email Address:	(Postal Code)
Phone Number:	Religion:
Cell Number:	Social Insurance Number:
Teaching Certificate: (Please enclose copy) Type:	Province:
Number:	Valid To:
SPTRB Certified Date:	Copy enclosed: Yes / No
submitted before placement on the substituted before placement of	and VOID Cheque or Banking Information documents must be ate list.
Major:	
	nmersion):
Grades Preferred:	
Are you a Superannuated (Retired) Teacher?	
Date: Signatur Please attach resume.	re of Applicant:
APPROVED BY:	DATE APPROVED: