



*School District No. 59
Peace River South*

SUBSTITUTE SUPPORT STAFF APPLICATION SUPPLEMENT

Last Name:First Name:

Mailing Address:Postal Code:

.....Telephone: (Home)

Telephone: (Other)

Birthdate _____

S.I.N. _____

Type of Certificate Held: **(PLEASE ATTACH PHOTOCOPIES)**

*****Form will not be processed if copy of Grade 12 Certificate is not attached**

Public Education (Grade 12 required)..... Highest Grade Completed:

University University Degree:

Current First Aid Oral Facilitator Certificate

Signer Certificate Braille Certificate

Typing Verified Typing Speed

GENERAL EXPECTATIONS REGARDING CONDUCT

All Substitutes are expected to conduct themselves in the same professional and ethical manner as would be expected of the regular employee. All matters of confidentiality must be respected. As employees of School District #59, substitutes are expected not to discuss students, staff members, or any educational or internal matters of a confidential nature outside of the workplace.

I have read and understood the above expectations.

Signature _____

Date _____

1. **The info you indicate in this section will be permanent. To make adjustments to this schedule, please call Human Resources Dept. at 782-8571.**

Check the days and times you are regularly UNAVAILABLE to work:

(am) Mon..... Tues..... Wed..... Thurs..... Fri.....
 (pm) Mon..... Tues..... Wed..... Thurs..... Fri.....

Please note it is the substitute's responsibility to log in any periods of unavailability in advance of any vacancy.

2. Please indicate which school you will substitute in:

Dawson Creek Area

Canalta Elem	Crescent Park Elem.	Central Middle
Ecole Frank Ross	Parkhill Elem	South Peace Sec.
Tremblay Elem	Pouce Coupe Elem	Devereaux Elem
McLeod Elem	Rolla Traditional	Tate Creek Elem
Parkland Elem	South Peace Elem	Peace View Elem
Board Office	Resource Center	Facilities Depart
Bus Garage	Electric Ed	

Chetwynd and Area

Chetwynd Sec.	Don Titus Elem	Windrem Elem
Little Prairie Elem	Moberly Lake Elem	

Tumbler Ridge

Tumbler Ridge Elem Tumbler Ridge Sec

3. Please indicate areas which you will substitute in:

Clerical(60wpm).....	Library(45wpm)	Noon Supervision
Special Ed I	Special Ed II(Multiple Needs)	Oral Facilitator(Cert)
Signer(Certificate).....	Braille(Certificate)	

.....
 Applicant Signature Date

Approved by _____ Date _____