

Sakastew School Employment Application

(Please print and fax to (204) 553-2481 Attention: Gordon Colomb)

Date _____

Name _____

Address _____

City _____

Country _____

Postal Code _____

Phone _____

Fax _____

E-mail _____

Education and Training

Teaching Certificate: Type _____ Certificate _____

Province/State _____

Bachelor's Degree _____ Date _____

University _____

Other Degree(s) _____ Date _____

University _____

Total Years of Teacher Education _____

Grade Level(s) you prefer to teach _____

Ability and Interest in Art: _____ Music _____ Computers _____ Sports _____

Computer Proficiency: None _____ Novice _____ General _____ Trainer _____

Previous Teaching Experience

Elementary _____ Years

_____ Location

Jr. High _____ Years

_____ Location

Sr. High _____ Years

_____ Location

TOTAL _____ YEARS

Last Principal Name & Phone Number

(Signature)