



# Border Land School Division

120 – 9<sup>th</sup> Street NW  
Altona, MB R0G 0B1  
Phone: 204-324-6491  
FAX: 204-324-1664  
blsd@blsd.ca

## Substitute Teachers Application Form

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### Personal Information

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ S.I.N. \_\_\_\_\_

Bank Name (for Direct Deposit) \_\_\_\_\_

Bank Account Number (provide a sample cheque) \_\_\_\_\_

Are you a retired teacher:    yes       no ; If Yes, state date Retirement is effective: \_\_\_\_\_

Are you receiving a pension: \_\_\_\_\_

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### Professional Information

Classification \_\_\_\_\_

Years Experience \_\_\_\_\_

(credited by Man. Teachers Certification)

Teaching Experience in BLSLSD: \_\_\_\_\_

Teaching Experience elsewhere: \_\_\_\_\_

Degrees held:

Name of University: \_\_\_\_\_

Certificate Number (attach copy): \_\_\_\_\_ P.S.P #: \_\_\_\_\_

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### Preferred Position

Grade Level: \_\_\_\_\_

Areas of Special Interest or qualification: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### Reminder: The following forms must accompany application:

- 1- Criminal Check
- 2- Child Abuse Check
- 3- Sample cheque,
- 4- copy of Teaching Certificate, S.I.N., Driver's License