School District 70 Pacific Rim
4690 Roger Street, Port Alberni, B.C. V9Y 3Z4 Ph: (250) 723-3565 Fax (250) 723-0318

EMPLOYMENT APPLICATION
TEACHING STAFF

POSTED POSITION ☐
TEACHER ON CALL ALBERNI ☐
TEACHER ON CALL UCLUELET/TOFINO ☐

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS_____ POSTAL CODE_____

EMAIL ADDRESS _____ TELEPHONE _____

BC TEACHING CERTIFICATE ☐ YES ☐ NO

Please attach one copy of each of the following if this is your first application:
BC Teacher Regulation Branch Certificate
Teacher Qualification Services (TQS Card)
Resume

List most recent teaching experience beginning with your most recent:

Name of School	From/To	Position	Reason for Leaving

References:

Name	Title	Phone Number	Email Address

Please note that the School District may contact previous supervisors as part of the reference check process.

By signing this application, I consent to School District 70 contacting references

_____ _____
Date Signature

Teacher-On-Call Data

Preferred subject level: ☐ **Elementary** ☐ **Secondary**

Please note TTOCs may be called for any level and any subject.

Please send completed package to Trisha Wilson, Executive Assistant – HR & SS at twilson@sd70.bc.ca