

"Where children love to learn, and learn to love".

Personal Data (Please Pri	nt)			
Applicant's Name in Full				
Date of Application		Email Address:		
Date of Application		Ellidii Address.		
Current Address		City		
Province	Postal C	'ode	Telephone No.	
Trovince	i ostai C	vouc	receptione tvo.	
			()	
Permanent Address (if different than	above)	City		
Duordinos	D . 17	'ada	Tolonhone N.	
Province	Postal C	ode	Telephone No.	
Fax	E-mail a	ddross	()	
rax	E-man a	uui ess		
()				
Are you legally eligible to v	work in Canada?	Yes		No
Are you Roman Catholic?	vork iii Canada:	Yes		No
3	y physical or mental health c		affect your abili	
· ·	sition you are applying for?	Yes	J	No
	V 11 V C			
	ck the position(s) you are ap		ollowing list.	
Are you applying for a pos	ition at a specific school?	Yes		No
If yes, which school?		What position?		
If this is a general applicati	on check the position(s) you	wish to be considered	l for.	
Clerical Custodia			layground Super	visor
Special Education Assis			Library Technici	
Playground Supervisor			Other	
1 lay 81 outla bapet visor	Tanider Care/ 1 resem	501		
Education				
	Name and Location of	Date of Graduation	Degree/	Diploma
High School	School			_
Technical Institute				
- Common months		1	I	

Previous Employment (start with most recent)

Employer Name	ilene (otare with mos			
Address			Telephone No	
			()	
Still Employed	Start Date	End Date		
Job Title/Position				
Duties				
Supervisor's Name				
May we contact your supervise	or?	Reason for leaving		
	Yes 1	No		
	1651	NO		
Employer Name				
Address			Telephone No	
			()	
Still Employed	Start Date	End Date	()	
1 3				
Job Title/Position				
Duties				

Additional Skills
$\label{eq:contribution} Are there any other experience, skills or qualifications that would enhance your contribution to Island$