



Lloydminster Catholic School Division
6611B-39 Street, Lloydminster, Alberta T9V 2Z4

APPLICATION FOR SUBSTITUTE EDUCATIONAL ASSISTANT

Name: _____

Present Address: _____

(POSTAL CODE)

Phone Number: _____ Email Address: _____

Cell Number: _____

Roman Catholic: Yes _____ No _____ Social Insurance # _____

NOTE:

A Criminal Record Check/Vulnerable Sector is requirement for employment and VOID Cheque or Banking Information documents must be submitted before placement on the substitute list.

Provided: _____ Forthcoming: _____

Date Available: _____

Programming: English: _____ French Immersion: _____

Present or last employer: _____

Training/Education: _____

Experience: _____

Grades Preferred: _____

Special Interests/Abilities: _____

References: _____

SIGNATURE OF APPLICANT: _____

Please attach resume.

APPROVED BY: _____ DATE APPROVED: _____