



Vancouver Island North  
School District No. 85

DATE: \_\_\_\_\_

***TEMPORARY/NON CERTIFIED TEACHERS EMPLOYEE  
INFORMATION:***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ GENDER \_\_\_\_\_

SIN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACT & PHONE # \_\_\_\_\_

FIRST DAY WORKED: \_\_\_\_\_

FIRST AID CERTIFICATE:

TYPE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

POSITION HIRED FOR: \_\_\_\_\_

*For Manager/Administrator:*

Criminal Record Search Completed \_\_\_\_\_

Resume Attached \_\_\_\_\_

Reference Checks done \_\_\_\_\_

Direct Deposit Form completed \_\_\_\_\_

Signature of Manager or Administrator: \_\_\_\_\_

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