



Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC VoN 2P0
mberry@sd85.bc.ca
250 949 6618 ex 2231

TEACHER EMPLOYEE INFORMATION

Name: _____

Mailing Address:

Box # _____ Town: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____

Personal Email: _____ Gender: _____

SIN: _____ DOB: (m/d/yr) _____

Emergency Contact:

Name: _____ Phone # _____

Spouse's Name: _____ DOB: (m/d/yr) _____

Signature of applicant: _____

Date: _____