

Cape Breton-Victoria Regional School Board

APPLICATION PROCEDURE FOR SUBSTITUTE TEACHING

- Complete the substitute application form, ensuring to sign and date it where indicated.
- Attach a photocopy of your valid Nova Scotia teaching license.
- Attach an original (or copy of original) course transcripts from all universities attended (downloaded copies from the internet will **not** be accepted).
- Include two written references from individuals who have observed the quality of your teaching pre-service (i.e. teacher, principal, university supervisor/advisor).
- Complete Direct Deposit form (attach a void cheque).
- Complete the Child Abuse Registry Search Form A (copy enclosed) and send it to the address listed on the bottom left corner. (Please note that the form must be filled out and signed with **blue ink**.) You will need to attach a photocopy of your driver's license or health card. Once you receive a letter from the Dept of Community Services stating that your name does not appear on the register, we will require a copy of the letter **before** processing your application for substitute teaching.
- Have a Criminal Records Check done, including the section for persons working with "children" and "vulnerable" persons, by the local police department or RCMP. A criminal records check that is older than one year will **not** be accepted. Please note that you will have to pick this form up, they **do not** mail it to our office. We will require a copy of this completed form **before** processing your application for substitute teaching.
- All potential substitute teachers with the Cape Breton Victoria Regional School board are required to read/view and adhere to the Conflict of Interest Policy, the Sexual Harassment Policy, and the Reporting Seriously Disruptive Behaviour Modules. The Policies can be found here (http://www.cbv.ns.ca/welcome/modules/mastop_publish/?tac=Policies). You must watch the training videos for Severely Disruptive Behaviour which can be found here (<http://dvl.ednet.ns.ca/reporting-severely-disruptive-behaviour-information-package>). Once you have read these policies and watched the training videos, please sign the included form and return with your application.
- Please read the **Employee Confidentiality Agreement** document that is included, and sign where indicated and return with your application.

Once all documentation is received and approved by the Human Resources Department, you will be contacted by HR and given a **personnel number**. You will also be given a **staff email account**. You will need this email account in order to receive information about Aesop, as well as set up your Teacher Vacancy Account on the Board's website.

- After** you have been contacted by the HR Department and given your staff email address, you can then create an account on our **Teacher Vacancy List**. Go to www.cbv.ns.ca, and at the home page, select the **Human Resources** tab. On the right hand side, you will see NSTU heading in green color. Under this heading, you will see **Teacher Vacancy List (Substitutes)**, click on this. This will bring you to where you set up a **New Account**. Fill out the required information, making sure to enter your **staff email address** and your **teaching license number** (professional number). Once you have filled out the required fields, hit **Submit**. You will then be given the message "Success; A confirmation email has been forwarded to your staff email. You must click on the link contained in the email to activate your account. To proceed further you must activate your account." Once you activate your account, you can then enter the remaining information needed. To do this, you need to login and select **Modify your user account**. Pay particular attention to the "**Education**" tab. Ensure that you enter both majors and minors, as this information is used in setting up your skill set in Aesop. When you have completed your vacancy account, please send a confirmation email to j-macsween@staff.ednet.ns.ca so your information can be uploaded to Aesop.

Once you have been activated, we will email your **Aesop login information**, including your **ID** and **PIN** number, to your staff email account. You will then be able to personalize your Aesop account by selecting your preferred schools and managing your call times and availability.

PLEASE NOTE:

During periods of heavy work volume, processing times may be delayed three to four weeks.

275 George Street, Sydney, NS
Phone: 564-8293



CAPE BRETON-VICTORIA
Regional School Board

B1P 1J7

www.cbv.ns.ca

APPLICATION FOR SUBSTITUTE TEACHING

It is the policy of the Board to provide equal opportunity in employment for all qualified persons and to prohibit discrimination in employment because of race, color, sex, age, national origin, religion, physical handicap or marital status. The Cape Breton-Victoria Regional School Board strives to achieve a workforce which reflects the qualified pool and the racial and ethnic diversity in the area served by the Board.

*We invite women, Aboriginal peoples, persons with disabilities and members of visible minorities to specify on their application that they belong to one of these groups targeted by our Employment Equity Policy.

Identification: _____

Section A: Personal

Name: _____

Last

First

Middle Initial

Home Address: _____

Street

City

Postal Code

Telephone: _____

Home

Work

Alternate

Staff Email: _____

SIN: _____ Birth Date (mm/dd/yy) _____ Language: English ___ French ___ Other ___

Do you have any physical or mental conditions which may limit your ability to perform the duties associated with the job for which you are applying? Yes ___ No ___

If Yes, describe condition(s) and/or specific work limitations: _____

Section B: Certification

Nova Scotia Teacher's Certificate held _____ Year Issued _____

License (*Attach Copy*): BTC ___ ITC ___ ATC1 ___ ATC2 ___ ACT3 ___ Other ___

BTC Expiry Date: _____ Professional Number: _____

Endorsement on License: ___ Yes ___ No

If Yes: Elementary _____ Secondary _____ Subject Area (s) _____

Note: Successful applicants will be required to produce evidence that they possess a valid Nova Scotia Teacher's Certificate before employment can be confirmed.

Section C: Contracts

Have you ever had a permanent contract? Yes _____ No _____

If yes, with which Board? _____

List years of service on permanent contract: _____

Section D: Academic Qualifications

Please list below the subject/teaching area(s) in which you have completed a degree, diploma, or special training. List the most recent first please.

Deg./Dip./Etc.	Year	Institution	Major Areas

Section E: Teaching Experience (Most recent first)

Dates: From-To	School Board	Position Held	Grades Taught

Section F: Non-Teaching Experience (Most recent first)

Please include In-services

Dates: From-To	Organization	Address	Position	Supervisor

Section G: Professional & Character References

Name	Present Position	Address (City, Prov.)	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section H: Geographic Area

(Indicate below the area(s) in which you are willing to travel.)

- (A) All areas under CBVRSB
- (B) All areas except North of Smokey
- (C) North of Smokey only

Section I: Declaration

Criminal Records Check Completed: Yes No Date: _____

Child Abuse Register Search Completed: Yes No Date: _____

Successful candidates for all positions must provide the Cape Breton-Victoria Regional School Board with a valid police check, as well as a letter from the Child Abuse Register. Any expenses involved in these searches are the responsibility of the applicant.

All applications are to be forwarded to:

**Human Resources
Cape Breton-Victoria Regional School Board
275 George Street, Sydney, N.S. B1P 1J7
Fax: 564-0123**

By my signature on this application, I:

- A) Authorize the verification of the above information and any other necessary inquiries, including the Child Abuse Registry, which may be necessary to determine my suitability for employment.
- B) Affirm that the above information is true.

Applicant's signature: _____

Date: _____

PLEASE COMPLETE THE FOLLOWING AUTHORIZATION
AND RETURN WITH APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

I HEREBY AUTHORIZE THE CAPE BRETON-VICTORIA REGIONAL SCHOOL BOARD, THROUGH THE BANK OF MONTREAL, TO DEPOSIT MY PAY IN THE FOLLOWING ACCOUNT AT THE FINANCIAL INSTITUTION OF MY CHOICE:

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

BRANCH NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: (PLEASE CHECK ONE)

CHEQUING

PLEASE ATTACH VOID CHEQUE

SAVINGS

EMPLOYEE SIGNATURE

JOB CLASSIFICATION

EMPLOYEE NUMBER (if already received)

NSTU – PROFESSIONAL NUMBER
(Teaching License Number)



CAPE BRETON-VICTORIA

Regional School Board

275 George Street, Sydney, NS B1P 1J7 Tel: (902) 564-8293
Fax: (902) 563-4546 (Educational) Fax: (902)562-6814 (Finance) Fax: (902) 564-0123 (Human Resources)
Website: www.cbv.ns.ca

This is to verify that I have:

- Read the Conflict of Interest Policy: HR301
- Read the Respectful Learning and Working Environment Policy: HR309
- Read the Sexual Misconduct Between Staff and Students Policy: HR311
- Viewed the Reporting Seriously Disruptive Behavior Module 1, 2, 3
- Agree to adhere by the above mentioned policies

Signature: _____

Date: _____

Signature of Witness: _____

1 Will you have contact with children under age 16?

Yes Complete this form. No Do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 16. **Search results are for Nova Scotia only.**

2 Give your personal information (please print)

Last name: _____ First name: _____
Middle names: _____ Last name at birth: _____
All other last names during your lifetime: _____
Commonly used names, nicknames, aliases: _____
Date of birth (dd/mm/yyyy): _____ Gender: Male Female Transgender
Health card number: _____ Drivers license master number: _____
Current mailing address: _____
_____ Postal Code: _____
Phone numbers: Home _____ Cell _____
How long have you lived in Nova Scotia? _____ years _____ months

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license or Health card
If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register. I **certify** that the information given on this form is correct.

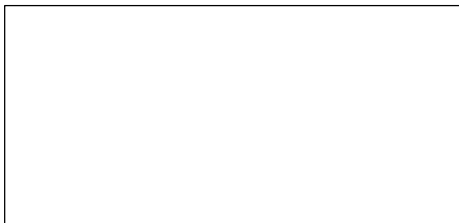
Signature: _____ Date: _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

<p>For staff use only</p> <p><input type="checkbox"/> As of this date, _____ the name of the above HAS NOT been entered in the Child Abuse Register.</p> <p><input type="checkbox"/> Consent withdrawn by applicant</p> <p>Authorized signature: _____</p> <p>Certified by the Department of Community Services Child Abuse Register (stamp)</p>	
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Appendix A



CAPE BRETON-VICTORIA *Regional School Board*

Confidentiality Agreement

I undertake and agree at all times to treat as confidential all information acquired through my employment (including any student placement, whether paid or unpaid) with the Cape Breton Victoria Regional School Board (the "Board"), and not to disclose same except as authorized in the course of my employment or by law.

I acknowledge that such information is not to be altered, copied, interfered with or destroyed, except upon authorization and in accordance with the policy of the Board. I will not discuss such information with any party, nor will I participate in or permit the release, publication or disclosure of such information, nor will I copy, distribute, or disseminate such information, except as authorized in the course of my employment or by law.

I undertake and acknowledge that I will access information in any and all files and electronic applications and databases only as required in the course of my duties, and will maintain the confidentiality of all such information.

Confidential documents and information include, but are not limited to the following: decisions or data not intended for release, employee information, payee information, applicant information, student information, or any other personal information, and includes information which may be obtained verbally, in writing, or electronically.

I understand that violation of this agreement may result in discipline up to and including discharge or termination of my employment with the Cape Breton Victoria Regional School Board.

I acknowledge and agree that the requirement to maintain confidentiality will continue in full force and effect both during and after my employment with the Board. I agree that upon termination or resignation of my employment, I will return to the Board all documents, software, data and other media that belong to the Board that I may have taken possession of during my employment with the Board.

Employee's Signature

Date

Employee's Name (Please Print)

WITNESS SIGNATURE:

cc. Personnel file