SUBSTITUTE SECRETARY EMPLOYMENT FORM

TURTLE MOUNTAIN SCHOOL DIVISION

			DATE
LAST NAME			FIRST NAME
Address			TELEPHONE NUMBER
EMAIL ADDRESS Notice of direct dep	posit will be sent to the email a	.ddress provid	ed.
SOCIAL INSURANCE NUMBER			Date of Birth
** Applicants w	ho are new to the Divisio	n must sub	mit a resume with three references.
I am available to	o substitute in the followi	ng locations	:
☐ Boissevain	☐ Killarney		☐ Division Board Office
I am not availal	ole on the following dates	s/days:	_
☐ Yes ☐ No	I consent to electronic pay statements available via secure online access. Turtle Mountain School Division will supply me with a user ID, password and instructions.		
Yes No I consent to receive my T4 electronically from a secure online site and will pring when it is available. I understand the copy I print is a legal, acceptable for and can be used for filing my personal income tax return.			
			ct deposit method for paying employees; ount you would like your sub fees deposited.
	ent form and void cheque to:		
Turtle Mountain School Division 435 Williams Avenue Box 280 Killarney, MB R0K 1G0 Telephone: (204) 523-7531			Applicant's Signature