

SUBSTITUTE SCHOOL CUSTODIAN APPLICATION FORM
TURTLE MOUNTAIN SCHOOL DIVISION

DATE

LAST NAME

FIRST NAME

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS (statement of earnings will be sent to the email address provided)

SOCIAL INSURANCE NUMBER

DATE OF BIRTH

I WOULD BE AVAILABLE TO SUBSTITUTE IN THE FOLLOWING SCHOOL(S):

Please check preference(s):

- Boissevain Killarney Minto

ADDITIONAL INFORMATION: (Education, work experience, etc.)

Turtle Mountain School Division uses the direct deposit method for paying employees; therefore, please remit a void cheque to which account you would like your sub fees deposited.

Return application and void cheque to:

TURTLE MOUNTAIN SCHOOL DIVISION
BOX 280
KILLARNEY, MANITOBA R0K 1G0
TELEPHONE: (204) 523-7531

SIGNATURE