

Cyber Tech Training Centre

TEACHER'S APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Last:		First:		Middle Initial:
Address:			P.O. Box:	Home Phone:
Email:			Cell Phone:	Work Phone:
NIB Number:	Do You Currently Pay NIB YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, State Institution or Company That Pays Your NIB Contributions		
Are You A Bahamian Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	If Not, State Country Of Origin:	If NOT a Bahamian Citizen, Do You Have A Valid Work Permit? YES <input type="checkbox"/> NO <input type="checkbox"/> No.		
Have You Ever Been Dismissed From A Teaching Position Or Asked To Resign? If Yes Give Reason. YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have You Ever Been Accused Of Sexual Misconduct? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have You Ever Been Charged With Sexual Misconduct? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have You Ever Been Refused Renewal Of A Teaching Contract? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have You Ever Been Convicted Of Any Other Crime? If Yes Give Details. YES <input type="checkbox"/> NO <input type="checkbox"/>		

TEACHING QUALIFICATIONS:

Teaching Qualification (Degree Level):	Attained From (Academic Institution):	Year Attained:
Other Tertiary Level Qualification:	Attained From (Academic Institution):	Year Attained:
If Applying For Part Time, Where Do You Currently Teach:	Subject(S) Taught:	Grade(s):
Subject You Are Applying For To Teach At CTTC:		Part Time Or Full Time:
Are You Able To Teach Weekdays? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are You Able To Teach Weeknights? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are You Able To Teach Weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>

TEACHING INFORMATION:

Subjects Qualified To Teach	Grade Level	Subjects You Can Substitute For	Grade Level

I certify that all information given in this application form is true and correct. I understand that any false statement or untrue information will be cause for rejection or immediate termination of my services.

Applicant's Signature: _____ Print Name: _____ Date: _____