EDMONTON PUBLIC SCHOOLS
metro continuing education

English Language Institute Employment Application
2016 / 2017

PERSONAL INFORMATION

Legal name: _____
Legal Family Name *Legal First Name* *Legal Middle Name*

Address: _____
Apartment/Unit *Street Address* *Quadrant (NW, NE, SW, SE)*

_____
City *Province* *Postal Code*

Home Phone: _____ Alternate Phone: _____

Email Address: _____ EPSB Employee ID#: _____

Alberta Ed Certificate #: _____ ☐ Permanent ☐ Interim – Expires _____

Current Place of Employment: _____

Best time and method to contact you: _____

POSITION

(If you are not currently teaching with Edmonton Public Schools please include a current resume with references.)

I am interested in instructing:

- ☐ LINC (full-time day)
- ☐ LINC (part-time evening)
- ☐ ESL (Intensive English)
- ☐ Adult Further Education

BACKGROUND

(Please indicate preferred course(s), experience with each course and when you last taught it)

_____
_____
_____
_____
_____
_____
_____

Your application can be submitted by fax: 780.428.1112 Attn: Jane Crowell-Bour or by email: Jane.Crowell-Bour@epsb.ca.
Please note that all employment applications will be kept on file for one year. Only successful candidates will be contacted.