Northeastern Catholic District School Board

101 Spruce Street North TIMMINS ON P4N 6M9 *Telephone:* (705) 268-7443 *Fax:* (705) 267-3590

PERSONAL DATA - TEACHER

	EMPLOYEE NO.:	
NAME:		
ADDRESS:		
DATE OF BIRTH: YEAR MONTH DAY	S.I.N.:	
DATE HIRED:	SCHOOL:	
YEAR EXP.:	QECO EVALUATION:	
ONTARIO TEACHER CERT.:	QUALIFIED: NON-QUALIFIED:	
STARTING SALARY:	PERCENT EMPLOYED:	
BANK:	ACCOUNT NUMBER:	
CRIMINAL BACKGROUND CHECK DATE:		
SIGNATURE:	DATE:	
APPROVED BY:	DATE:	
NOTE: ATTACH A VOID CHEQUE AND TDI FOI	RM TO THIS SHEET	
DO YOU WISH TO ENROL IN THE FOLLOWING BENEFITS:	YES	NO
DEPENDANT LIFE INSURANCE:		
EXTENDED HEALTH CARE:		
DENTAL:		
LIFE INSURANCE AND LONG TERM DISABILITY ARE COMP	ULSORY.	

IN ACCORDANCE WITH THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989, THE INFORMATION WILL BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS COLLECTED.