



Kahnawake Education Center

PO Box 1000  
Kahnawake QC J0L 1B0  
Tel: 450 632-8770  
Fax: 450 632-8042

**APPLICATION FOR TEACHING**

**Personal Information**

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Given Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Maiden Name (if applicable): \_\_\_\_\_ Working Language: \_\_\_\_\_  
Address: \_\_\_\_\_  
Civic #/PO Box Street Apt. City Province Postal Code

**Languages** - Please indicate either - **Fluent, Excellent, Good or Poor**

Kanien'keha (Mohawk) Spoken: \_\_\_\_\_ Written: \_\_\_\_\_  
English Spoken: \_\_\_\_\_ Written: \_\_\_\_\_  
French Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

**Education** - Important - please append copies of qualifications (diploma or transcripts)

	Institution	Certificate/Diploma/Degree	Years
Secondary			
CEGEP/College			
University			
Technical Training			

**Legal Offences**

The KEC wishes to ensure the safety of its students. Are you willing to provide a police reference check? YES NO

**Assignment Preferred** (according to brevet)

Kateri School ( Elementary ) Level (s) \_\_\_\_\_  
Karonhianonhnha Tsi Ionterihwaiensthakhwa ( Mohawk Immersion Elementary ) Level (s) \_\_\_\_\_  
Kahnawake Survival School ( Secondary/High School ) Level (s) \_\_\_\_\_

**Work Experience**

**Teaching**

Institution	Location	Dates

**Business or Industrial**

Name	Location	Dates

**References**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel: \_\_\_\_\_

**I authorize the Kahnawake Education Center to verify my work record and performance with previous employers.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward to: Human Resources Department  
Kahnawake Education Center  
PO Box 1000, Kahnawake QC J0L 1B0

**Please append copies of curriculum vitae, diploma or transcripts and any other pertinent information.**