

SUBSTITUTE TEACHING EMPLOYMENT APPLICATION

Dear Applicant:

Thank you for considering employment with the Louis Riel School Division.

In order to process your application, please ensure that the following documents are attached to the completed Substitute Teaching Application Form:

- Manitoba Teachers' Certificate (provide a copy). You must hold either a Permanent or Teaching Permit issued by Manitoba Education in order to teach in Manitoba.
- Criminal Record Check including Vulnerable Sector Search Winnipeg Police Service Criminal Record Checks can be obtained from a Winnipeg Police Service Centre http://www.winnipeg.ca/police/pr/info_request.stm. Provide original version, dated within the year. If you wish to keep your original document, the Board Office Receptionist will make a certified copy for your application.
- Provincial Child Abuse Registry Child Abuse Registry Checks can be obtained at the Child Protection Branch, 2nd floor, 777 Portage Avenue, Winnipeg, MB R3G 0N3. Provide original version, dated within the year. If you wish to keep your original document, the Board Office Receptionist will make a certified copy for your application.
- Federal and Provincial TD1 Form (complete with this application)
- > **Direct Deposit Form** (complete with this application)
- > Resume (provide a copy)

Please note that:

- 1. Your application will be considered for placement on the Louis Riel Substitute Teaching list only if your application is complete.
- 2. Only applicants selected will be acknowledged.
- 3. If placed on the list, you will be mailed confirmation and instructions regarding registration with the Division's automated substitute booking system.
- 4. The Louis Riel School Division Substitute Teaching List is valid for one year. Reapplication will be required annually.

Thank you for your careful attention in completing this application process.

Louis Riel School Division, Human Resources Department



2015 - 2016 SUBSTITUTE TEACHING EMPLOYMENT APPLICATION

Personal and Employment Information								
Name:								
	Last Name		First Name		Middle Name			
Address: Street Name, Box No., etc. / City, Town / Province / Postal Code								
Phone No.: Social Insurance No. (for payroll purposes):								
MB Teaching Cer	tificate No.:	PSI	P No.:			lassification:		
Are you presently	receiving TRAF?	(Teachers' R	etirement Allowance	Fund):	Yes	☐ No		
If previously employed by the Louis Riel School Division, specify location:								
Education (Post	t Secondary)							
Name of Univ	ersity/College		Degree/Diploma		Year Issued	Major	Minor	
					100000			
Substitute Infor	rmation							
Please indicate the	Grades you are qua	lified (major	, minor, specializ	ation) to tea	ch:			
☐ Kindergarten	☐ Grade 1	☐ Grade 2	☐ Grade 3	☐ Gra	ade 4 [☐ Grade 5	☐ Grade 6	
☐ Grade 7	☐ Grade 8	Grade 9 -	12					
Please indicate spe	ecific subject areas y	ou are quali	fied (major, mino	r, specializa	tion) to teac	h:		
☐ Art	☐ Computer		☐ French Immersi	on [Industrial Art	ts 🔲 Scie	ence	
☐ Aboriginal Studies	☐ English/L.	A.	☐ Geography		Library	☐ Soc	ial Studies	
Band	☐ EAL		☐ Guitar		Math	☐ Spa	nish	
Biology	☐ Esthetics		☐ Hairstyling		Music	☐ Spe	cial Ed.	
☐ Business Ed.	☐ Francais		History] Phys. Ed	☐ Stu	dent Services	
☐ Chemistry	☐ French (B	asic)	☐ Human Ecology		Physics	☐ The	atre/Drama	
☐ Choral								
Please indicate ye	our work preference	es:						
☐ All Schools	☐ English K-8	☐ English	-	ench Immersi		☐ French Imm		
Please note, our Substitute Booking System AESOP, matches substitutes to available jobs based on skill match. Therefore, please ensure that you have selected ALL grades, subjects and work preferences that you wish to have applied to your substitute teacher profile.								
Attach Resume	: Please submit a cop	by of your cui	rrent resume along	with this app	olication.			
			OFFICE USE O					
Employee No.:				RC:				
Payroll: NAV:	Sub Pl	Kar.:		AR: ERI:		Contract:		
Recommendation for H		Other		eference Checl	k:	23111401.		

References: (required to	process application)		
Please identify three referen	nces, two of which who are qua	alified to comment on your teaching ability.	
Name	Position/Employer	Email	Daytime Phone
IMPORTANT NOTES REGAI	RDING YOUR APPLICATION		
	cations will be processed. To be the completed Substitute Teaching	considered for employment, the following required do	ocumentation
Manitoba 1	Feachers' Certificate (provide a	copy). You must hold either a Permanent or Teachir	ng Permit issued
	a Education in order to teach in M	/anitoba. provide original, dated within the year. Child Abuse i	Pagistry Chacks
can be obta	ained at the Child Protection Bran	ch, 2 nd floor, 777 Portage Avenue, Winnipeg, MB R3	3G 0N3,or see
	ww.gov.mb.ca/fs/childfam/, to cor	mplete a self-check on line. le Sector Search – please provide original or police-c	certified conv
		cks can be obtained from any Winnipeg Police Service	
	winnipeg.ca/police/AboutTheServ winnipeg.ca/police/pr/info_reques	vice/districts.stm or using the online process at	
o Ple	ease present original Child Abuse	Registry and Criminal Record Checks to the Louis	Riel School
	vision Board Office Reception des d Provincial TD1 Form - attache	sk. A certified copy will be made for your file with the	e Division.
	osit Form - attached – to be com		
	orovide a copy		oda Dial Cabard
vvnen all of the abov Division Substitute T		oplication will be considered for placement on the Lo	JIS RIEI SCNOOI
 Only selected application 	ants will be acknowledged.		
 If placed on the List, Substitute Booking S 	you will be mailed confirmation a	nd instructions regarding registration with the LRSD	automated
		st is valid for one year. Re-application will be require	ed annually.
SIGNATURE OF APPLICA	ANT		
I have read the important note	es regarding my application.		
		rue, correct, and complete, to the best of my knowle	
		t in rejection of this application, and, if employed, ma	
clear report from the Provincia		on is conditional upon the results of a Criminal Reco	ra Crieck and a
Laive concept to the Lavie Pi	al Sahaal Division (LDSD) to ingu	vira about investigate and obtain agains of any reco	rda that ralata ta
		rire about, investigate, and obtain copies of any reco Pereby release Louis Riel School Division and affiliate	
		ul information about me, from any and all liability who	atsoever resulting
from any such inquiry, investi	gation, or communication.		
		otected by the Protection of Privacy provisions of the	
	Privacy Act. The information collect to create the employment reco	lected is necessary to determine the applicant's com rds.	peterice and
			 .
		n this Form only to complete the recruitment and hirir ot be shared with other organizations and will remain	

Date

Signature of Applicant

LOUIS RIEL SCHOOL DIVISION

TRAF	

DIRECT DEPOSIT INFORMATION

This is a compulsory service. No pay will be issued without a bank account number. Please complete information below and return to the Payroll Office.

A. EMPLOYEE IDENTIFICATION (Please print)

Given Name And Initial	Family Name

B. DIRECT DEPOSIT ROUTING NUMBER

In addition to entering the branch number, institution number and account number into which the employee's pay will be deposited, a voided personalized cheque \underline{OR} deposit slip must be attached to the schedule \underline{OR} the information confirmed by the financial institution.

The required information may be found on the bottom left corner of your personalized deposit slip or cheque as shown below.

- 1 cheque number (not required)
- 2 5 digit branch number (enter in box 50)
- 3-3 digit institution number (enter in box 51)
- 4 account number (enter in box 52)

50	Branch No. 51 Inst. No. 52 Account Number																	
Name(s) of account holder(s)					Financial institution name, address, postal code													
								Sigi	nature	of fi	nanc	ial ins	stituti	ion of	fficer			
								Tele	<u>ephon</u>	<u>e nu</u>	<u>mber</u>	of fin	<u>ianci</u>	al ins	<u>stituti</u>	<u>on</u>		
									Date:		Yea	<u>r</u>		Mor	<u>nth</u>		<u>Day</u>	<u>/</u>

C. EMPLOYEE'S SIGNATURE

I hereby state that all the information shown above is correct.	
Signature of employee	Date

2015 Personal Tax Credits Return

Protected B when completed

TD1

Read the back before completing this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Complete this form based on the best estimate of your circumstances.

The section 2 includes the proposal to eliminate the Child amount for 2015 and subsequent taxation years in conjunction with the enhancements to the universal child care benefit (UCCB).

	• ,	T	12:				
Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number			
Address including postal code			For non-residents only — Country of permanent residence	Social insurance number			
	than one		mount. If you will have more than one employer me time" on the next page. If you are a non-resid				
or later, that resides with both pa	rents throue "Amount	ughout the year. If the child of	not both), may claim \$2,093 for each infirm child be does not reside with both parents throughout the on line 8 may also claim the family caregiver amou	year, the			
or less, enter \$7,033. If your net i	ncome for	the year will be between \$3	your net income for the year from all sources will 5,466 and \$82,353 and you want to calculate a p n , and complete the appropriate section.				
	Age Secur		ents from a pension plan or fund (excluding Cana Supplement payments), enter \$2,000 or your estir				
5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.							
6. Disability amount – If you will <i>Certificate</i> , enter \$7,899.	claim the	disability amount on your inc	come tax return by using Form T2201, <i>Disability</i>	Tax Credit			
whose net income for the year wi	II be less the me for the	nan \$11,327 (\$13,420 if he o year. If his or her net income	ur spouse or common-law partner who lives with or she is infirm) enter the difference between this e for the year will be \$11,327 or more (\$13,420 o	amount			
who lives with you, and whose ne the caregiver amount for childs	et income for en under	or the year will be less than age 18 for this dependant)	common-law partner and you support a depende \$11,327 (\$13,420 if he or she is infirm and you on, enter the difference between this amount and he 27 or more (\$13,420 or more if he or she is infirm	cannot claim is or her			
 9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,735 or less, and who is either your or your spouse's or common-law partner's: parent or grandparent (aged 65 or older), enter \$4,608 (\$6,701 if he or she is infirm); or 							
 relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,701. If the dependant's net income for the year will be between \$15,735 and \$20,343 (\$15,735 and \$22,436 if he or she is infirm) and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section. 							
10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,720 or less, enter \$6,700. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,720 and \$13,420 and you want to calculate a partial claim, get Form TD1-WS and complete the appropriate section.							
11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, or disability amount on his or her income tax return, enter the unused amount.							
income tax return, enter the unus	ed amount	t. If your or your spouse's or	ot use all of his or her disability amount on his or common-law partner's dependent child or grandor or her income tax return, enter the unused amou	child will not			
13. TOTAL CLAIM AMOUNT – A Your employer or payer will use t			f your tax deductions.				
				Continue on the next page			

Canadä

Complete this form only if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2015, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 on the front page, and do not complete lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only complete if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2015?

Yes (Complete the previous page.)

No (Enter "0" on line 13, and do not complete lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,327, you also have to complete a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,327), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2015, you may be able to claim the child amount on Form TD1SK, 2015 Saskatchewan Personal Tax Credits Return. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2015, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling
 that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed intermediate zone can claim 50% of the total of the above amounts.

For more information, go to www.cra.gc.ca/northernresidents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$			

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)*—, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Privacy Act. personal information bank numbers CRA PPU 005 and CRA PPU 047

Certification	
I certify that the information given on this form is correct and complete.	
Signature It is a serious offence to make a false return.	DateYYYY/MM/DD



2015 Manitoba Personal Tax Credits Return

Read the back before completing this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions. Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number				
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number				
1. Basic personal amount – Every person employed If you will have more than one employer or payer at the same time?" on the next page.							
2. Age amount – If you will be 65 or older on Decementer \$3,728. If your net income for the year will be b Form TD1MB-WS, Worksheet for the 2015 Manitoba	etween \$27,749 and \$52,602	2 and you want to calculate a partial claim	less, ,, get				
3. Pension income amount – If you will receive regularly Plan, Quebec Pension Plan, Old Age Security, or Gulannual pension income, whichever is less.	ular pension payments from a aranteed Income Supplemen	a pension plan or fund (excluding Canada it payments), enter \$1,000, or your estima	Pension ated				
4. Tuition and education amounts (full time and p institution certified by Employment and Social Develor complete this section. If you are enrolled full time, or total of the tuition fees you will pay, plus \$400 for each mental or physical disability, enter the total of the tuition	pment Canada, and you will if you have a mental or physich th month that you will be enro	pay more than \$100 per institution in tuitical disability and are enrolled part time, e olled. If you are enrolled part time and do	on fees, Inter the not have a				
5. Disability amount – If you will claim the disability Credit Certificate, enter \$6,180.	amount on your income tax re	eturn by using Form T2201, Disability Tax	κ				
6. Spouse or common-law partner amount – If you whose net income for the year will be less than \$9,13 If his or her net income for the year will be \$9,134 or	34, enter the difference betwe	en \$9,134 and his or her estimated net in	u and icome.				
7. Amount for an eligible dependant – If you do no who lives with you and whose net income for the yea estimated net income. If his or her net income for the	r will be less than \$9,134, en	ter the difference between \$9,134 and his	relative s or her				
8. Caregiver amount – If you are taking care of a de less, and who is either your or your spouse's or comr • parent or grandparent (aged 65 or older); or • relative (aged 18 or older) who is dependent on y lf the dependant's net income for the year will be beto	non-law partner's: you because of an infirmity, e	nter \$3.605.					
Form TD1MB-WS and complete the appropriate sect		, , , , , , , , , , , , , , , , , , ,	1				
9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$5,115 or less, enter \$3,605. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$5,115 and \$8,720 and you want to calculate a partial claim, get Form TD1MB-WS and complete the appropriate section.							
10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.							
11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.							
12. Manitoba Family Tax Benefit – Get Form TD1M	IB-WS and complete the appr	ropriate section.					
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to deterr	mine the amount of your prov	incial tax deductions.					
			Continue on the next page ➤				



Completing Form TD1MB

Complete this form only if you are an employee working in Manitoba or a pensioner residing in Manitoba and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration:
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not complete Form TD1MB, your employer or payer will deduct taxes after allowing the basic personal amount only.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1MB for 2015, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1MB, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

	Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your em	nployer or
	payer will not deduct tax from your earnings.	

Additional tax to be deducted

If you wish to have more tax deducted, complete "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)*—, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to www.cra.gc.ca/forms or call 1-800-959-5525.

Privacy Act, personal information bank numbers CRA PPU 005 and CRA PPU 047

— Certification ————————————————————————————————————		
I certify that the information given on this form is correct and complete.		
, ,		
	5.	
Signature	Date	
It is a serious offence to make a false return.		