



JOINT STAFFING COMMITTEE

VOLUNTARY MOBILITY APPLICATION



Teacher's Name _____ School _____

Total # of years teaching experience with HPEDSB _____

Total # of years teaching in current school _____

Please indicate your new school of choice in order of priority:

First Choice _____ Second Choice _____ Third Choice _____

Please List current qualifications:

Please list subjects/courses taught in present school:

Please list subject/course preferences:

Would you consider teaching subjects other than those indicated in order to acquire a move? YES NO

Did you apply for Voluntary Mobility last year? YES NO

Please provide any other details of your requested Mobility which would assist the Joint Staffing Committee in this staffing process:

Email address: _____ Home Phone Number _____

Signature _____ Date _____

Return your completed Application Form to District 29 Office: FAX 962-4618

VOLUNTARY MOBILITY CHAIR: Anne Robertson, Centre Hastings Secondary School 473-4251

This information is CONFIDENTIAL to the members of the Joint Staffing Committee