

Full Name
Contact Information

EDUCATIONAL BACKGROUND

- Month/Year** **Name of Most Recent Qualification**
University Name, City, Province
- Major in XXX
- Month/Year** **Name of Previous Qualification**
University Name, City, Province
- Major in XXX
- Month/Year** **Name of Secondary School Diploma**
Secondary School Name, City, Province

TEACHING EXPERIENCE

- Month/Year – Month/Year** **Name of School**
Name of School Board, City, Province
- Teaching position held
 - Grades and subjects taught
 - Description of what you were responsible for doing, such as creating and delivering lesson plans using the Name of Province Curriculum, differentiating instruction to engage students of all different learning styles, holding parent-teacher interviews, doing both formative and summative assessments of students' work
 - Description of any extra-curricular activities, etc... involved in at the school
- Month/Year – Month/Year** **Name of School**
Name of School Board, City, Province
- Length of practicum placement
 - Grades and subjects taught
 - Description of what you were responsible for doing during your placement, such as creating and delivering lesson plans using the Name of Province Curriculum, differentiating instruction to engage students of all different learning styles
 - Description of any assistance provided with extra-curricular activities, etc... at the school

TEACHING-RELATED EXPERIENCE

- Month/Year – Month/Year** **Name of Employer**
City, Province
- Your position held
 - Description of what you were responsible for doing while in this position
- Month/Year – Month/Year** **Name of Employer**
City, Province
- Your position held
 - Description of what you did while in this position

VOLUNTEER EXPERIENCE

Month/Year – Month/Year **Name of Organization**
City, Province

- Your volunteer role
- Description of what you did while volunteering

Month/Year – Month/Year **Name of Organization**
City, Province

- Your volunteer role
- Description of what you did while volunteering

AWARDS

Month/Year **Name of Award**
Name of Organization, City, Province

Month/Year **Name of Award**
Name of Organization, City, Province

ADDITIONAL SKILLS AND QUALIFICATIONS

Additional Skills List of skills you have

Month/Year **Name of Additional Qualification Course**
University Name, City, Province

Month/Year **Name of Professional Development Course**
Name of Course Provider, City, Province

REFERENCES

Full Name of Referee **Job Title**
Name of School Board or Organization, City, Province
Work Phone Number:
Professional E-mail Address:

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