

Departmental Test Supervisor Application Form

Provincial Pilot Tests

Note: For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <https://get.adobe.com/reader/>. If filling in this form online, use the tab key to move from one field to the next.

Date of application: _____

Contact Information

First Name _____ Last Name _____

Mailing Address _____
address (PO Box, if applicable) city/town postal code

Preferred Email _____

Home Phone _____ Other Number _____

Language of Correspondence: English French

Are you bilingual (English/French): Yes No

Current Position: Contract Teacher Substitute Teacher Retired Teacher On Leave

Other (please specify) _____

Teaching Experience

Last School: _____

Last School Division: _____

From: _____ To: _____

Grades: Early Years Middle Years Senior Years

Programs: English Français French Immersion

Subject Specialty: Mathematics English Language Arts French Language Arts

Other (please specify) _____

Notes:

- Departmental Test Supervisors require a vehicle.
- Departmental Test Supervisors will be paid for personal time spent on test-related activities as well as travel and accommodation expenses, where applicable.

PLEASE RETURN completed form to:

Provincial Assessment Program Unit by email at assesseval@gov.mb.ca

Indicate in the subject line: **Departmental Test Supervisor—Application Form**

If email is unavailable, fax to 204-948-3356 or 204-948-2442