

**Please Check**  
This application is for:

Full-Time \_\_\_\_\_  
Part-Time \_\_\_\_\_  
Substitute \_\_\_\_\_

**Please Indicate Position Applied For:**

\_\_\_\_\_ Learning Assistant  
\_\_\_\_\_ Clerical / Secretarial  
\_\_\_\_\_ Other

## Medicine Hat Catholic Board of Education

1251 – 1<sup>st</sup> Avenue SW., Medicine Hat, Alberta T1A 8B4  
(403) 527-2292 phone / (403) 529-0917 fax  
[www.mhcbe.ab.ca](http://www.mhcbe.ab.ca)

**SUPPORT STAFF**

**APPLICATION FORM**

### Information for Applicants

#### **MOTTO**

Showing the face of Christ to all.

#### **MISSION STATEMENT**

In partnership with family, Church and community, we provide Catholic Education of the highest quality to our students.

#### **VISION STATEMENT**

A Gospel-centered community committed to:

- Learning excellence
- Christian service
- Living Christ

#### **CONDITIONS OF EMPLOYMENT DOCUMENTATION**

\_\_\_\_\_ Resume  
\_\_\_\_\_ Application Form  
\_\_\_\_\_ Current Pastoral Reference

\_\_\_\_\_ Criminal Records Check  
\_\_\_\_\_ Child Welfare Information Services Check  
\_\_\_\_\_ TD1  
\_\_\_\_\_ Void Cheque  
\_\_\_\_\_ Social Insurance Number

**Note:** (EI legislation requires the social insurance card be produced to the employer within three days at the start of employment). A copy will be placed in the personnel file.

## PERSONAL INFORMATION

Date of Application \_\_\_\_\_ 20\_\_\_\_\_

Name in Full \_\_\_\_\_

Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone \_\_\_\_\_

(Home)

Telephone \_\_\_\_\_

(Work)

Telephone \_\_\_\_\_

(Cell)

(Street, City, Province, Postal Code)

Languages Spoken other than English \_\_\_\_\_

Are you a member of the Catholic Faith \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_

Name of Religious Order (if applicable) \_\_\_\_\_

## EDUCATION

School

City and Province

High School Attended \_\_\_\_\_

Highest Grade Completed in High School \_\_\_\_\_

Diploma Received \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>TECHNICAL SCHOOL COLLEGE/UNIVERSITY</u>	<u>DEGREE/ DIPLOMA CERTIFICATION</u>	<u>YEARS ATTENDED</u>	<u>MAJOR</u>	<u>MINOR</u>

## EMPLOYMENT EXPERIENCE

YEAR	POSITION HELD	EMPLOYER	CONTACT INFORMATION FOR EMPLOYER Name of Direct Supervisor and Telephone Number to contact as Reference

I Authorize the Medicine Hat Catholic Board of Education to obtain references from past and present employers.

\_\_\_\_\_  
Signature of Applicant



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## GENERAL STATEMENT OF FAITH:

As part of a commitment to Catholic education for the students of the Medicine Hat Catholic Board of Education, and as a condition of employment, an individual taking employment within the Division will:

- undertake to follow, both in and out of work, a lifestyle and deportment in harmony with Catholic teaching and principles;

The applicant further understands that a **Catholic Lifestyle** includes participation in the sacraments of the Church, living in keeping with the principles of the **Gospels** and teaching of the **Catholic Church**.

\_\_\_\_\_  
(Signature of Applicant)

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## REFERENCES:

Please indicate the name and address of your Parish Priest and submit a letter of reference.

Name \_\_\_\_\_ Address \_\_\_\_\_

Please include three references to substantiate your Education, Experience and Skill.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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## DECLARATION:

If you have been convicted of any offence against the Criminal Code or statutes or regulations it is in your duty to make the nature of this conviction known to the Division. Any statements given in this regard will be treated as strictly confidential.

I certify the statements made by me in this application are true and complete to the best of my knowledge and beliefs and are made in good faith. I understand if any of these statements are untrue this application may be rejected and that my appointment to a position may be rescinded. I further understand that I will respect the teachings and traditions of the Catholic Church.

\_\_\_\_\_  
(Signature of Applicant)

Please return the signed and completed application form, the required Conditions of Employment Documentation, A Cover Letter with Resume which will include three references to: The Office of the Superintendent of Schools, Medicine Hat Catholic Board of Education. Your application form will be retained for six months.