

Please Check
This application is for:

Full-Time _____
Part-Time _____
Substitute _____

Medicine Hat Catholic Board of Education

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

TEACHER 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

_____ Valid Alberta Teaching Certificate	_____ Criminal Records Check
_____ Teacher Qualification Service	_____ Child Welfare Information Services Check
_____ Resume	_____ TD1
_____ Application Form	_____ Void Cheque
_____ Current Pastoral reference	_____ 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.

TEACHER RESPONSIBILITIES in The Medicine Hat Catholic Board of Education

_____ In addition to responsibilities described in Section 12 of the School Act the following responsibilities are requisite:
_____ To model a faithful, Catholic life for the students of the Division
_____ To respect and teach the doctrines of the Catholic Church and the mandates of the local Bishop

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

Secondary _____

Post Secondary _____

<u>UNIVERSITY / COLLEGE</u>	<u>DEGREE (S)</u>	<u>YEARS ATTENDED</u>	<u>MAJOR</u>	<u>MINOR</u>

Alberta Teaching Certificate Number _____

Outside of Alberta Teaching Certificate _____

(Indicate Province and Certificate Number)

Indicate Areas of Special Training or Experience:

_____ Special Ed _____ Music _____ Computer Studies _____ Second Languages

_____ Counselling _____ Drama _____ Business _____ Other

_____ Religious Ed _____ Art _____ Ind. Arts

Please Describe:

PROFESSIONAL TEACHING EXPERIENCE

SCHOOL	GRADES TAUGHT POSITION HELD	MONTH / YEAR (FROM / TO)	TEACHER/PRINCIPAL INFORMATION FOR REFERENCE (IF AVAILABLE)

OTHER EMPLOYMENT

YEAR	POSITION HELD	EMPLOYER	CONTACT INFORMATION FOR EMPLOYER (IF AVAILABLE)

RELEVANT COMMUNITY INVOLVEMENT / VOLUNTEER EXPERIENCE

Preferred Teaching Position:

Indicate Your Grade Preference:

Elementary (Grades 1 – 3) _____

Upper Elementary (Grades 4 – 6) _____

Junior High (Grades 7 – 9) _____

Senior High (Grades 10 – 12) _____

Indicate Subject Preference in relation to Grade Preference:

Additional Information or Comments relevant to Interests, Experiences, Preferences:

GENERAL STATEMENT OF FAITH:

As part of the teaching ministry to the students of the Medicine Hat Catholic Board of Education, and as a condition of employment, a teacher taking employment within the Division will:

- represent that he/she is professionally competent to teach the Catholic religion and is willing to do so;
- undertake to follow, both in and out of school, a lifestyle and deportment in harmony with Catholic teaching and principles;
- agree to take further instruction or training from time to time to update and maintain competence in teaching the Catholic religion;

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)

REFERENCES:

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

Name _____ Address _____

Please include two additional references to substantiate your Education, Experience and Skill

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

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.

DECLARATION:

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.