

Please Check
This application is for:

Full-Time _____

Part-Time _____

Please Indicate Position Applied For:

Name of Position

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

ADMINISTRATION

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

ADDITIONAL CERTIFICATION / TRAINING

Please Describe:

CERTIFICATE PROGRAM OR TRAINING PROGRAM COMPLETED (Please list name of Program) and where obtained.

PROGRAM NAME

WHERE OBTAINED

TECHNICAL SKILLS (Please list computer skills)

_____ Microsoft Office

_____ Microsoft Excel

_____ Internet Experience

_____ Microsoft Word

_____ Microsoft Access

_____ e-mail

_____ Keyboarding Speed Per/Minute

_____ Other Technical Skills (Please Describe) _____

_____ Other Technical Skills (Please Describe) _____

_____ Other Technical Skills (Please Describe) _____

Areas of Specialized Training – Volunteer Experience – Relevant Community Involvement

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)

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 _____

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.