



Medicine Hat Catholic Board of Education

1251 — 1st Avenue SW, Medicine Hat, AB T1A 8B4
Phone: 403-527-2292 | www.mhcbe.ab.ca | Fax: 403-529-0917

SUPPORT STAFF APPLICATION FORM

Please Check

This application is for:

Full-Time

Part-Time

Substitute

Please Indicate Competition Number:

(If applicable)

Name of Position

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 Numbers

Note: (EI legislation requires the social insurance card be produced to the employer within three days at the start of employment).

PERSONAL INFORMATION

Date of Application

Name in Full

Maiden Name

Current Address

(Street, City, Province, Postal Code)

Telephone

(Home)

Telephone

(Work)

Telephone

(Cell)

Languages Spoken other than English

Are you a member of the Catholic Faith

Name of Religious Order (if applicable)

EDUCATION

High School Attended

(Name of School)

(City and Province)

Highest Grade Completed in High School

Diploma Received

Yes

No

TECHNICAL SCHOOL
COLLEGE/UNIVERSITY

DEGREE/DIPLOMA
CERTIFICATION

YEARS
ATTENDED

MAJOR

MINOR

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

Google Docs/Drive/Gmail

Keyboarding Speed Per/Minute

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 your employment with the Division, a lifestyle and deportment in harmony with Catholic teaching and principles which include, among other things, living in harmony with the principle of the Gospel and teachings 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.

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: Human Resources, Medicine Hat Catholic Board of Education. Application forms will be retained for six months.

(Signature of Applicant)