



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

TEACHER APPLICATION FORM

Please Check

This application is for:

Full-Time

Part-Time

Substitute

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
Teacher Qualification Service
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).

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

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

Secondary

(Name of School/College/University)

(City and Province)

Post-Secondary

(Name of School/College/University)

(City and Province)

UNIVERSITY/COLLEGE

DEGREE (S)

YEARS ATTENDED

MAJOR

MINOR

Alberta Teaching Certificate Number

Out of Province Teaching Certificate

(indicate Province and Certificate Number)

Indicate Areas of Special Training or Experience:

Special Ed

Counselling

Religious Ed

Music

Drama

Art

Computer Studies

Business

Industrial Arts

Second Languages _____

(ie: French/French Immersion)

Other

Please describe:

Technical Skills (Please list computer skills)

Microsoft Office

Microsoft Word

Keyboarding (Speed Per/Minute)

Microsoft Excel

Microsoft Access

Internet Experience

Email

Google Docs/Drive/Gmail

Other Technical Skills (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)
------	---------------	----------	--

Areas of Specialized Training – Volunteer Experience – Relevant Community Involvement

Preferred Teaching Position:

(Indicate Grade Preference)

(Indicate Subject Preference in relation to Grade Preference)

Elementary (Grades 1 – 3)

Upper Elementary (Grades 4 – 6)

Junior High (Grades 7 – 9)

Senior High (Grades 10 – 12)

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

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

Signature of Applicant

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 form will be retained for six months.

Signature of Applicant