



# 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

## ADMINISTRATION APPLICATION FORM

**Please Check**  
This application is for:

**Full-Time**

**Part-Time**

**Please Indicate Position Applied For:**

**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 Number

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

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## 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)

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## 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

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## 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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## 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)

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## Areas of Specialized Training – Volunteer Experience – Relevant Community Involvement

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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 your employment with the Division, 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.

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.

(Signature of Applicant)