



MEDICINE HAT PUBLIC SCHOOL DIVISION

601 - 1 Ave., SW
Medicine Hat, Alberta, T1A 4Y7

Date: _____

General Application

Name _____

Address _____

City _____

Prov./State _____

Country _____

Postal Code _____

Phone _____

Email _____

Education and Training

Alberta High School Diploma/Equivalent [] Yes [] No

Other Education [] Yes [] No

Training/Education beyond High School _____

Experience/Ability in working with young children _____

Special Abilities (Music, Art, Drama, Design, etc.) _____

Computer Proficiency: [] None [] Basic [] Intermediate [] Advanced

All Applicants will be subject to:

- A signed Oath of Confidentiality

References: (Names of three people who can provide information as to your capabilities in working with young people and adults. Two references should be supervisors of the last two places where you were employed.)

Reference Name (print) _____ Position _____ Daytime Phone _____ Evening Phone _____

Reference Name (print) _____ Position _____ Daytime Phone _____ Evening Phone _____

Reference Name (print) _____ Position _____ Daytime Phone _____ Evening Phone _____

Reference Name (print) _____ Position _____ Daytime Phone _____ Evening Phone _____

Education and/or other Employment (Begin with current/most recent)

School District/Employer: _____

Address: _____

Supervisors Name: _____

Phone: _____

Dates of Experience: _____ to _____

Position: _____

Duties and Responsibilities:

School District/Employer: _____

Address: _____

Supervisors Name: _____

Phone: _____

Dates of Experience: _____ to _____

Position: _____

Duties and Responsibilities:

School District/Employer: _____

Address: _____

Supervisors Name: _____

Phone: _____

Dates of Experience: _____ to _____

Position: _____

Duties and Responsibilities:

School District/Employer: _____

Address: _____

Supervisors Name: _____

Phone: _____

Dates of Experience: _____ to _____

Position: _____

Duties and Responsibilities:

School District/Employer: _____

Address: _____

Supervisors Name: _____

Phone: _____

Dates of Experience: _____ to _____

Position: _____

Duties and Responsibilities:

I authorize Medicine Hat School District No. 76 to contact any past employers even if they are not listed as references.

yes **no**

I have submitted a current *Police Information Check (including Vulnerable Sector Search)* and *Alberta Government Intervention Record Check*.

yes **no**

***Note: The Medicine Hat Police Services, 884-2nd Street., SE, Medicine Hat provides the Police Information Check, also available online. Alberta Government Intervention Record Check is obtained through South Region Child & Family Service Division, 101, 346 3 Street SE.**

If you have not submitted a Police Information Check (including Vulnerable Sector Search) and the Alberta Government Intervention Check, I understand that employment is conditional on a clear Criminal Record Check and Intervention Check.

Have you ever been suspended, terminated from, been disciplined or received a letter of discipline, or resigned from employment when charges against you were pending or an investigation into your behavior was pending?

yes **no**

Agreement

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background.

Signature

Date

Please send all completed applications to:

Human Resources Department
Medicine Hat Public School Division
601-1Ave., SW,
Medicine Hat, AB T1A 4Y7
Phone: (403) 528-6734
Email: **hr@sd76.ab.ca**

For more information the District Internet address is <http://www.mhpsd.ca>