



MEDICINE HAT PUBLIC SCHOOL DIVISION

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

Date: \_\_\_\_\_

Application for Teaching Position

Name \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_

Prov./State \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Education and Training

Teaching Certificate: Type \_\_\_\_\_ Certificate No. \_\_\_\_\_ Prov./State \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_ Date \_\_\_\_\_ University \_\_\_\_\_

Other Degree \_\_\_\_\_ Date \_\_\_\_\_ University \_\_\_\_\_

Total Years of Teacher Education \_\_\_\_\_

Grade Level(s) you prefer to teach \_\_\_\_\_ If Applicable: Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Subjects you prefer to teach \_\_\_\_\_

Ability to teach Second Language (please specify) \_\_\_\_\_

Ability in Extra-Curricular activities, Music, Sports, etc. \_\_\_\_\_

Computer Proficiency: [ ] Basic [ ] Intermediate [ ] Advance

Previous Teaching Experience and/or Practicum Experience (Student Teacher)

(School District, Division, or Country, Including Address)

Elementary \_\_\_\_\_ Years \_\_\_\_\_

Jr. High \_\_\_\_\_ Years \_\_\_\_\_

Sr. High \_\_\_\_\_ Years \_\_\_\_\_

Total \_\_\_\_\_ Years \_\_\_\_\_

References: (2 references should be the Principal/Supervisor of the of the last 2 teaching or Practicum placements where you were last employed)

Reference Name (print) \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name (print) \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name (print) \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name (print) \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**Education and/or other Employment** (Begin with current/most recent) *\*Teachers may include paid or volunteer activities other than classroom teaching and new teachers should include student teaching and other field experiences.*

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, 884-2<sup>nd</sup> 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.

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**SIGNATURE**

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**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 Fax: (403) 529-5339  
Email: [hr@sd76.ab.ca](mailto:hr@sd76.ab.ca)

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