

""Rigcug'p'qvg<'

Uc'xg'ij k'l'qto 'iq'f'qwt'f'gunqr

Ego r'igvg'hqto

UCXG

GO CKN'tu'tp't'wcej o gpv'iq<Tj qpf'c'M'ey c'ev'hcy ctj Bj qrf'ur'k'k'ed'ec'''

NAME OF APPLICANT: _____

POSITION(s) APPLIED FOR (quote posting numbers): _____

SUPPORT STAFF APPLICATION FORM

Holy Spirit Roman Catholic Separate Regional Division #4

620 – 12 Street 'B' North

Lethbridge, Alberta T1H 2L7

Phone: (403) 327--)) : U . f (\$ ' £' &+!-) -)

Mission Statement

HOLY SPIRIT



CATHOLIC SCHOOLS

*We are a Catholic Faith Community
dedicated
to providing each student entrusted to our
care,
with an education rooted in the Good News of
Jesus Christ.*

*Guided by the Holy Spirit, our schools in
partnership
with home, parish and society, foster the
growth of
responsible citizens who will live, celebrate
and proclaim their faith.*

Our Catholic Faith is the foundation of all that we do.

PERSONAL DATA

Date of Application: _____

Position Applied For (*quote posting number): _____

*Maintenance positions do not have a posting number

Applicant's name (in full):		Date of Birth:
Preferred Name:	S.I.N.:	
Marital Status:	Religion:	
Email Address:		

Current Address:		City:
Province:	Postal Code:	Telephone:

Permanent Address:		City:
Province:	Postal Code:	Telephone:

Next of Kin Name:	Address:	Telephone:
-------------------	----------	------------

RELATIVES

Do you have any relatives presently working for this division? ____ YES (if yes, please complete the following) ____ NO	
Name _____	Relationship _____
Name _____	Relationship _____

EDUCATION RECORD

	NAME AND LOCATION OF SCHOOL	DATE OF GRADUATION	DEGREE	MAJOR	MINOR
High School					
College					
University					
Other areas of training and/or certification:					

WORK EXPERIENCE

TOTAL YEARS: _____

Please start with last position and work to position first held

Year From-To	Place of Employment	Job Description	Supervisor (including phone number)

LANGUAGE(S) SPOKEN OTHER THAN ENGLISH: _____

OTHER INTERESTS, ACTIVITIES OR EXPERIENCES, that would enhance your contribution to this Division:

REFERENCES:

Applicants are required to provide contact information for three references, preferably employment related. (These may include references submitted as part of the documentation process)

Name:	Position:
Address:	Phone:
Name:	Position:
Address:	Phone:
Name:	Position:
Address:	Phone:

INFORMATION FOR APPLICANTS:

A. Submitting an application for a posted support staff position:

1. Complete the application form in full. Items which do not apply should be marked N/A (Not applicable).
2. Provide copies of certificates that are applicable to the position applied for.
3. Successful applicants are required to provide the following prior to receiving a contract:
 - i) a current Criminal Records (including Vulnerable Sectors) Check;
 - ii) a current Child Intervention Check;
 - iii) a copy of your social insurance card.
4. If any additional information or an interview is required, you will be contacted.
5. Applications are only accepted for posted positions. Only applicants selected for an interview will be contacted.
6. Successful applicants are required to submit a medical statement certifying that they are in good health.

Please note: if you have been convicted of any offence against the Criminal Code or statutes or regulations relating to narcotics or other drugs it is your duty to make the nature of this conviction known to the Superintendent.

DECLARATION AND SIGNATURE:

I certify that 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; and I understand that making a false statement may disqualify me from employment, or cause my dismissal.

I hereby authorize Holy Spirit Catholic Schools to check into my background by any means deemed necessary to qualify me for employment. In addition, I authorize my former employer(s) to provide references and employment information to Holy Spirit Catholic Schools.

DATE: _____ **SIGNATURE:** _____

Please ***email*** the completed application form and supportive data to:

Rhonda Kawa at kawarh@holyspirit.ab.ca

**Mr. Brian Macauley
Deputy Superintendent of Schools**

**620 – 12 Street ‘B’ North
Lethbridge, Alberta T1H 2L7**

Phone: (403) 327-9555 Fax: (403) 327-9595



Staff Information Collection and Disclosure

The *Freedom of Information and Protection of Privacy Act* requires the consent of an individual for collection, use and disclosure of their personal information.

As part of the normal operation of the school, staff lists are used to facilitate contact between staff. It is considered important that such information continue to be provided.

Also, the school jurisdiction compiles lists for long service awards, announcing appointments to positions within the school system, congratulates employees for successes, on retirement, etc., in information bulletins like "*Here in Spirit*" and also provides staff lists to the universities and the Alberta Teachers' Association (to complete the staff telephone directory).

Accordingly, we are asking all school staff (professional, support and caretaking) to complete the following information, and to indicate your consent to its use by signing below. You may omit any information that you do not wish used.

- Name _____
- Home Address _____

- Home Telephone No. _____
- Name of Spouse _____
- Emergency Contact
(Name/Address/Phone #) _____

- Previous experience &
or work assignments _____

- Major area of study
and/or related training _____

I hereby **consent** to the use of personal information provided above for the purpose of staff lists within my assigned school(s), and for compilation of lists and making announcements as indicated above.

Signature

Date

I **do not** wish my personal information included for the purpose of staff lists within my assigned school(s), nor for the compilation of lists and making announcements as indicated above.

Signature

Date