

Please Note: **SAVE** this form to your desktop  
**COMPLETE** the saved form  
**SAVE** again  
**EMAIL** as an attachment to Jane Meaker at [meakerj@holyspirit.ab.ca](mailto:meakerj@holyspirit.ab.ca)

NAME OF APPLICANT: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

## CASUAL SUPPORT STAFF APPLICATION FORM

### *Holy Spirit Roman Catholic Separate Regional Division #4*

620 – 12 Street 'B' North  
Lethbridge, Alberta T1H 2L7  
Phone: (403) 327-9555 Fax: (403) 327-9595



#### **Mission Statement**

*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:** \_\_\_\_\_

<b>Applicant's name (in full):</b>	
Preferred Name:	Date of Birth:
Marital Status:	Religion:
Email Address:	

<b>Current Address:</b>		City:
Province:	Postal Code:	Telephone:

<b>Permanent Mailing Address:</b> (if different from above)		City:
Province:	Postal Code:	Telephone:

<b>Next of Kin</b> Name:	Address:	Telephone:
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**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**

Please start with last position and work to position first held

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

**TRAINING OR CERTIFICATION IN:** Check those that apply

- Supporting Individuals in Valued Attachments (SIVA)
- Hanen Learning Language & Loving It
- Sign Language

- First Aid
- WHMIS
- Other \_\_\_\_\_

Languages 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)

<b>Name:</b>	<b>Position:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Position:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Position:</b>
<b>Email:</b>	<b>Phone:</b>

**CHECKLIST FOR APPLICANTS:**

- A. Submitting an application for a casual support staff position:
    1. Complete the application form in full. Items which do not apply should be marked N/A (Not applicable).
    2. Include cover letter, resume (optional) and documentation supporting the education requirements for position.
    3. Successful applicants are required to provide the following prior to receiving a contract:
      - i) a current Police Information (including Vulnerable Sectors) Check;
      - ii) a current Intervention Record Check;
      - iii) a copy of your social insurance card or a form issued by Service Canada with both your name and social insurance number on it.
    4. If any additional information or an interview is required, you will be contacted.
- \*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:** \_\_\_\_\_

The information in this application package, including the inserts, is being collected in accordance with the Alberta Freedom of Information and Protection of Privacy Act (FOIP). The information will be used to determine the suitability and eligibility of applicants for placement purposes within the Division.

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

**Jane Meaker at [meakerj@holyspirit.ab.ca](mailto:meakerj@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**



## INFORMATION REQUIRED FOR CASUAL APPLICANTS ONLY

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### **PREFERRED LOCATION(S):**

Please check which schools you prefer:

All Schools	St. Joseph, Coaldale
City of Lethbridge Schools	St. Catherine, Picture Butte
St. Patrick, Taber	St. Mary, Taber
St. Michael's, Pincher Creek	St. Michael's, Bow Island

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### **AVAILABILITY:**

What days/times are you available?

All Days	Mornings only	Afternoons only
Monday	Tuesday	Wednesday
Thursday	Friday	

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to: Jane Meaker at **[meakerj@holyspirit.ab.ca](mailto:meakerj@holyspirit.ab.ca)**