



## EDUCATION RECORD

High School and Location:					
<b>UNIVERSITY EDUCATION</b>					
Dates Attended From            To	Name of Institution	Major	Minor	Degree Obtained	Year of Graduation

## TEACHING EXPERIENCE

<b>EXCLUDING STUDENT TEACHING, START WITH MOST RECENT</b>			
<b>NAME AND LOCATION OF SCHOOL DISTRICT</b>	<b>SUBJECT AND GRADE TAUGHT</b> (indicate if special program)	<b>FROM</b>	<b>TO</b>
<b>TOTAL YEARS OF TEACHING EXPERIENCE:</b> _____			

## ADMINISTRATIVE EXPERIENCE

<input type="checkbox"/> Principal (Years. ___)	<input type="checkbox"/> Assistant Principal (Years. _____)	<input type="checkbox"/> Department Head (Years. ___)
<input type="checkbox"/> Central Office (Please specify _____(Years. ___) _____(Years. ___)		
<input type="checkbox"/> Other(Please specify _____(Years. ___) _____(Years. ___)		

## EMPLOYMENT STATUS

Are you presently under contract with another School Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify when you would be available for employment: _____		

## CERTIFICATION

**IF YOU HOLD AN ALBERTA TEACHING CERTIFICATE COMPLETE THE FOLLOWING SECTION**

Check Type of Certificate:  Professional  Other (Please specify) \_\_\_\_\_

Check one:  Permanent Cert. No. \_\_\_\_\_  Interim Cert. No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Early Childhood Diploma No. \_\_\_\_\_ Journey Certificate No. \_\_\_\_\_ Trade: \_\_\_\_\_

**It is the responsibility of each applicant to provide Lethbridge School District No. 51 with documentation verifying Alberta Education teacher certification.**

**ALBERTA TEACHER QUALIFICATIONS EVALUATION (PLEASE CHECK ONE):**

- I have provided a statement of qualifications from Teacher Qualification Service.
- I will contact the Teacher Qualification Service, Alberta Teachers' Association, 11010-142 Street, Edmonton, Alberta T5N 2R1 for an official evaluation.

## TEACHING REFERENCES

Please give three professional references. In the case of a student application, references should be provided from supervising teachers and may include references from Faculty of Education personnel.

NAME AND POSITION	COMPLETE MAILING ADDRESS	TELEPHONE NO.

I hereby authorize Lethbridge School District No. 51 to conduct a personal investigation in connection with my application for employment. I further understand that confidential reference reports obtained in connection with my application will not be made available to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT'S DECLARATION

I hereby declare that all the information I have provided in support of this application for employment is complete and true in every respect. I understand that any failure to complete and truthfully answer the questions asked of me will constitute sufficient grounds for my dismissal.

Signature: \_\_\_\_\_

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

## **IMPORTANT**

**YOUR APPLICATION REQUIRES THE FOLLOWING SUPPORTIVE DATA BEFORE IT WILL BE CONSIDERED.**

- 1. Complete post-secondary transcripts
- 2. Student teaching reports (for new teachers) or recent professional evaluations(s)
- 3. Resume
- 4. Valid Alberta Teaching Authority

**NEW APPOINTEES TO THE STAFF WILL BE REQUIRED TO SUBMIT:**

- 1. A medical certificate of sound health at the expense of the applicant
- 2. Proof of previous teaching experience from a previous employer(s)
- 3. Statement of qualifications from Teacher Qualification Service
- 4. Positive Police Information check; including vulnerable sector check at applicants own expense
- 5. Valid Social Insurance documentation in the legal name as it appears on the police information check

**NOTE:** This application will be kept on file for one year only. Please contact Human Resources if you wish this file to remain active past this time.

The information on this application form is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the Alberta School Act and Lethbridge School District No. 51 policy. It will be used to determine whether an applicant is qualified for appointment to a position or positions in the Lethbridge School District No. 51 and to manage the School District's Human Resources program. If you have any questions about the collection of this information, contact the Office of the Director of Human Resources, 433-15<sup>th</sup> Street South, Lethbridge, Alberta T1J 2Z5, phone 380-5297.

**PLEASE RETURN COMPLETED APPLICATION FORM AND SUPPORTIVE DATA TO:**

Human Resources  
Lethbridge School District No. 51  
433 – 15<sup>th</sup> Street South  
Lethbridge, Alberta T1J 2Z5  
Telephone: (403) 380-5297  
FAX: (403) 320-5706  
E-Mail: [stacey.wichers@lethsd.ab.ca](mailto:stacey.wichers@lethsd.ab.ca)



## TECHNOLOGY SKILL CHECKLIST: TEACHERS

PROGRAM/SKILL AREA	Familiar	Unfamiliar	Briefly Describe Your Experience
<b>General Applications/Programs:</b>			
Windows			
Office			
- Word			
- Excel			
- Access			
- Power Point			
- Other Productivity Software (identify)			
E-Mail for Communication			
General Skills such as file management, loading software, inserting graphics into a document, uploading and downloading files, etc.			
Working in a networked electronic environment			
<b>General Instructional Applications/Programs:</b>			
Use of Electronic Encyclopedias			
Use of Multimedia Programs – Hyper Studio			
- Power Point			
- Other			
Use of the Internet			
- General			
- Telus 2Learn			
- Educational Site			
Developing and Using Websites or Home Pages for Instructional Purposes			
Claris Works 5.0			
Use of Database Programs			
Use of Spreadsheet Programs			
Use of Peripherals, ie. Scanners			
Digital Cameras			
Proxima Projector			
Other Projection Tools			
Graphing Tools			
Scientific Calculators			
Others (identify)			

Other programs with which you are comfortable and familiar, please identify: (Be sure to include any specific program or applications related to your subject area specialization in addition to any other general programs).

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Please describe your familiarity and/or experience with the Interim Program of Studies, Information and Communication Technology, K to 12.

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