

APPLICATION FOR TEACHING POSITION

Lethbridge School District No. 51

PERSONAL DATA

Application Date:				
Name:				
Surname	Given Name & Middle Initial			
Current Address:Street Address or P.O. Box				
	Ž	ovince Postal Code		
Home Phone:()	Business Phone: ()			
Alternate Phone:()	Email Address: ()			
TEACHING PREFERENCES				
Application is for 1. Full-time	2. Part-time 3.	Substitute		
Rank in order of Teaching Preference K Elementary 1-3		<u> </u>		
Programs: Please number in order of preference (1 training and experience):	1-5), the subject areas in which yo	u prefer to teach (Based upon		
1. Language Arts 7. French	23. Music (Choral)	32. German		
2. Physics 8. French Immer	rsion 24. Music (Instrumen	tal) 33. Counselling		
3. Mathematics 9. General Scien	ce 28. Physical Education	on 34. Library		
4. Chemistry 20. Art	29. Special Education	35. Computers		
5. Social Studies 21. Drama	31. English as a Seco	nd Language		
6. Biology 36. Other Langua	ges (Please specify)			
25. Career and Technology Studies (Practical A	rts – Please specify)			
37. Other Areas (Please specify)				
Co-curricular: The goals of education of Alberta Learning and Lethbridge School District No. 51 outline the importance of providing students with a broad education. It is therefore important that schools offer a co-curricular (extra-curricular) program in addition to the curricular program. Please number in order of preference (1-3), areas in which you would be prepared to work.				
1. Basketball 4. Speech and Debt 7.	☐Intramurals 10. ☐ Music (Ch	oral) 12. Yearbook		
2. Football 5. Wrestling 8.	☐ Drama 11. ☐ Newspaper	rs 13. Cheerleaders		
3. Volleyball 6. Track and Field 9. [Music (Instrumental)			
14. Other (Please specify)	15. Outdoor Education 16	5. Student Council		

EDUCATION RECORD

High School and	Location:					
High School and Location: UNIVERSITY EDUCATION						
Dates Attended From To	Name of Instit		Major	Minor	Degree Obtained	Year of Graduation
		•				
TEACHING I	EXPERIENCE					
	DENT TEACHING, START WIT	TH MOST RECENT				
	ATION OF SCHOOL DISTRICT			OM	ТО	
		(indicate if special pro	ogram)			
TOTAL VEARS OF	F TEACHING EXPERIENCE:					
	TEMENTING EXITERIENCE.					
ADMINISTRAT	IVE EXPERIENCE					
Duin ain al (Vas	ons) Assistant Drin	nainal (Vaana	П) an auton au	t Haad (Vaa	
Principal (Yea		_		_	nt Head (Yea	
Central Office (Please specify(Years)						
Other(Please	specify	(Years	_)		(Ye	ars)
EMPLOYMENT	STATUS					
Aravonr	presently under contract with a	mother School Roard?			Yes	□No
Are you presently under contract with another School Board? Yes No Specify when you would be available for employment:						
Specify w	vnen you would be available fo	or employment:				

CERTIFICATION IF YOU HOLD AN ALBERTA TEACHING CERTIFICATE COMPLETE THE FOLLOWING SECTION Check Type of Certificate: Professional Other (Please specify) Permanent Cert. No. _____ Interim Cert. No. ____ Expiry Date:_____ Check one: 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:
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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:				
 A medical certificate of sound health at the expense of the applicant Proof of previous teaching experience from a previous employer(s) Statement of qualifications from Teacher Qualification Service Positive Police Information check; including vulnerable sector check at applicants own expense 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 th 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 – 15th Street South
Lethbridge, Alberta T1J 2Z5
Telephone: (403) 380-5297

FAX: (403) 320-5706 E-Mail: stacey.wichers@lethsd.ab.ca



TECHNOLOGY SKILL CHECKLIST: TEACHERS

PROGRAM/SKILL AREA	Familiar	Unfamiliar	Briefly Describe Your Experience
General Applications/Programs:			
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			
General Instructional Applications/Programs:			
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, related to your subject area specialization in addition to any o			to include any specific program or applications
Please describe your familiarity and/or experience with the Into 12.	terim <u>Progr</u>	am of Studies.	, Information and Communication Technology, K