



East Central Alberta Catholic Separate Schools Regional Division #16
1018-1st Avenue Wainwright, AB T9W 1G9
780-842-3992

Support Staff Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: _____ Cell Phone _____

Date Available: _____ Social Insurance No.: _____ Email Address _____

Position Applied for and Competition No. : _____

Are you a citizen of Canada? YES NO If no, are you authorized to work in the Canada? YES NO
☐ ☐ ☐ ☐

Have you ever worked for this Division? YES NO If yes, when? _____
☐ ☐

Have you been charged under the Criminal Code? YES NO
☐ ☐

If yes, explain: _____

Do you have an Intervention Services Record indicating that you might have caused a child to need intervention? YES NO
☐ ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

References

Please list three work-related references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (start with most recent)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Declaration and Signature of Applicant

As I affix my signature below, I declare the following:

The information I provided in this application is correct and without material omissions of any kind. I understand that failure to accurately and fully complete my application in its entirety may disqualify me from consideration from employment or may be cause for dismissal if information provided is found to be untrue and misleading.

I authorize East Central Alberta Catholic SSRD #16 to check into my background by any means deemed necessary to qualify me for employment. I also authorize my former employer(s) to provide references and employment information to East Central Alberta Catholic SSRD #16. In addition, I authorize the aforementioned School Division to disclose this information and this constitutes my consent to this release, including my consent pursuant to the Freedom of Information and Protection of Privacy Act.

I understand that confidential reference reports provided to the East Central Alberta Catholic SSRD #16 in connection with my application for employment will not be made available to me.

Printed name and
Signature: _____ Date: _____