Administrative Form 420 420-1

SUBSTIT	TUTE SUPPORT STAFF	APPLICA	TION		
Contact Informat	ion				
Legal Name:	First	Middle		Surname	
Full Mailing Address: Box/Street		Town		Postal Code	
Preferred phone number:		□ Cell □ Home	Secondary phone number:		□ Cell □ Home
Email Address:					
Education					T
High School Gra	de Completed:			Year:	
Post-secondary Degree/Diploma/Certificate:					Year:
	I am willing to wor	k at:		I am willing to work with	r
✓	School (Grades taught)	Location	✓	Grade(s)	
	All Schools	Falher		All Grades	
	Ecole Routhier (K-6)			<u>K</u>	
G.P. Vanier (7-12) H.P. Elementary (K-6)		Donnelly High Prairie		<u>1</u> 	
	Prairie River (7-9)	High Prairi		3	
	E.W. Pratt (10-12)	High Prairi		4	
	Prairie View Outreach (7-12)	High Prairi		5	
	Joussard (K-6)	Joussard		6	
	Kinuso (K-12)	Kinuso		7	
	C.J. Schurter (K-3)	Slave Lake	Э	8	
	E.G. Wahlstrom (4-6)	Slave Lake	е	9	
	Roland Michener (7-12)	Slave Lake		10	
	Lakeside Outreach (7-12)	Slave Lake	-	11 12	
L	1			12	
Required Documents Should the following documents not be included with your application it will not be processed:					
☐ Current Resume					
☐ 3 Professional References (include current email address and phone number)					
☐ Current Criminal Records Check (CRC)					
Request CRC that includes Vulnerable Sector Check					
Must be less than 6 months old					
Must be an original (no photocopies-original will be returned to applicant)					
	3 (1 1			,	
Applicant Signature:				Date:	
Please return this form and all attachments to The High Prairie School Division					
Box 870, High Prairie, AB T0G 1E0					
Inquiries: Please email HR@hpsd.ca or Call 780-523-3337					
The High Prairie School Division appreciates all applications, but only the candidates chosen will be contacted.					
Approval Signature:				Date:	
Approval digilature.				Date.	