



BUFFALO TRAIL PUBLIC SCHOOLS
 1041 – 10A Street
 Wainwright, AB T9W 2R4
 T: 780.842.6144 F: 780.842.3255
 Email: hrteachers@btps.ca
www.btps.ca

NEW EMPLOYEE FORM FOR TEACHERS AND SUBSTITUTE TEACHERS

Position		SCHOOL/SITE	
Surname		First	Middle
Have you been employed by Buffalo Trail Public Schools in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enter the surname you used in the space to the right.			
Birth Date	yyyy/mm/dd	Start Date:	yyyy/mm/dd
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Insurance Number	
Citizenship	Canadian <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Other <input type="checkbox"/> If other please specify
Telephone:	Cell	Email	
Address	Mailing Address	City/Town	Prov. Postal Code
Alberta Health and Wellness Number			

BUFFALO TRAIL PUBLIC SCHOOLS PAYS EMPLOYEES BY DIRECT DEPOSIT ONLY. A VOID PERSONAL CHEQUE IS REQUIRED. PLEASE STAPLE IT TO THE FORM. IF YOU CHANGE YOUR BANK ACCOUNT, YOU MUST NOTIFY US IMMEDIATELY.

STAPLE VOID CHEQUE HERE

I confirm that Buffalo Trail Public Schools is to deposit my pay into the bank account as identified on the attached blank void cheque. I understand that it is my responsibility to advise Buffalo Trail Public Schools Payroll Department of any changes in the banking information provided fourteen (14) days prior to a direct deposit being made.

SIGNATURE

DATE

FOR SALARY CALCULATION (GRID PLACEMENT)

Years of University as per Teacher Qualification Statement:

(A copy of TQS is required as per Page 3)

Years of Contract Teaching Experience (as Per Page 2)

VERIFICATION OF TEACHING EXPERIENCE

List the positions in chronological order. A Verification of Teaching Experience Form from each employing Board is required within 45 days of the start date of the contract. A copy of the appropriate form is attached.

Substitute teaching with other Boards only counts towards permanent certification and for certification, it must be experience earned in Alberta.

A. CONTRACT TEACHING

NAME OF BOARD:								
<u>Period of Employment</u> Indicate commencement and termination date							<u>Nature of Employment</u> Indicate full-time or Part-time F.T.E.	Number of complete full-time school years OR number of days if part-time or full-time for a partial year
yyyy	mm	dd	to	yyyy	mm	dd		
NAME OF BOARD:								
NAME OF BOARD:								
NAME OF BOARD:								

Please enter total years on Page 1

B. SUBSTITUTE TEACHING (FOR PERMANENT CERTIFICATION ONLY)

NAME OF BOARD:	yyyy	mm	dd	to	yyyy	mm	dd	No. of Days

ALBERTA TEACHING CERTIFICATE (Please check one)

☐ I have a valid Alberta Teaching Certificate # _____ and have attached a copy.

Name of Alberta Teacher _____ Permanent ☐ Interim ☐ Expiry Date: _____
Certificate Held

☐ I have applied for an Alberta Teaching Certificate and have received confirmation that my application has been received. A copy of the confirmation is attached.

☐ I will apply immediately for an Alberta Teaching Certificate and will notify your office when I have received confirmation that my application has been received.

Contact: Teacher Certification, ALBERTA EDUCATION at 1-780-427-2045 or
<https://www.alberta.ca/teacher-certification.aspx>

CRIMINAL RECORDS CHECK

Buffalo Trail Public Schools Regional Division requires that you provide us with a current criminal record check, with vulnerable sector check that will show if you have any convictions for any offense under the criminal code, or the food and drug act, or the narcotic control act, or any legislation dealing with the protection of children. This document is available through any RCMP or city police detachment and must be submitted PRIOR TO YOUR START DATE. In the event your criminal record check is unsatisfactory, your employment status will be reviewed and if necessary, your contract will be terminated.

I have obtained a criminal records check and have attached it to my signed contract.

TEACHER QUALIFICATION STATEMENT (check one)

NOTE: (REQUIRED WITHIN 45 DAYS)

Contact: Alberta Teachers Association @ www.teachers.ab.ca or phone 1-800-232-7208

☐ I have attached a copy of my Teacher Qualification Statement

☐ I have applied for a copy of my Teacher Qualification Statement and have received confirmation that my application has been received. A copy of my letter of confirmation is attached.

☐ I will apply immediately for a copy of my Teacher Qualification Statement and will submit a copy of my letter of confirmation as soon as I receive it.

Years of University as per Teacher Qualification Statement (TQS)

Contact: Alberta Teachers Association @ www.teachers.ab.ca or phone 1-800-232-7208

EDUCATION

Route			
Major		Minor	

University Attended	Grad Year	Degree

Years of University	
	Please enter on Page 1

EMERGENCY CONTACT INFORMATION

Contact Name:	Relationship:
Telephone:	
Alternate Contact:	Relationship:
Telephone:	

In the event that I move, mail may be forwarded to the following permanent address:(ie parent or family member's address)

Address				
	Mailing Address	City/Town	Prov.	Postal Code

IF YOU HAVE ANY QUESTIONS REGARDING YOUR EMPLOYMENT
WITH BUFFALO TRAIL PUBLIC SCHOOLS, WE WOULD BE HAPPY
TO ASSIST YOU. PLEASE CONTACT US BY EMAIL AT
hrteachers@btps.ca