

Welcome to the Horizon School Division

Thank you for your interest in becoming a **Casual Support** for The Horizon School Division. Please refer to the check list below to ensure you submit the required documents for your application to be processed. Should you have any questions feel free to reach out to **human.services@horizon.ab.ca**

- Your resume
- This Application Package - **completed**
- Original** (as per policy) Criminal Record Check to include the Vulnerable Sector Check*
- TD1AB Tax Form–Provincial (included in this package)
- TD1 Tax Form–Federal (included in this package)
- Void cheque for Direct Deposit Payment form (from your bank)
- Technology Use Agreement - signed (included in this package)
- Confidentiality Agreement (included in this package)
- Support Staff Self Declaration (included in this package)
- Child Intervention Check - fillable form (included in this application) - follow directions carefully

*Please take the Criminal Record Check to include the Vulnerable Sector Check form (found in this package) with you to your local Police Detachment when requesting a Police Security Check.

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As an employee of Horizon School Division I acknowledge that Horizon School Division has the right to recover overpayment of salary, wages, or other remuneration made to an employee, regardless of the cause, and/or amount, both on a regular basis and at the termination of the employment relationship. In the event of an overpayment of three or more working days, the Payroll Department shall notify the Employee that an overpayment has been made and discuss repayment options. If an Employee terminates before the recovery is complete, the remainder of the monies owing shall be recovered from the final pay.

I also acknowledge that Principals have the option to remove a casual support staff from the school's casual support list following verbal notification to the employee.

Print Name: \_\_\_\_\_

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

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

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All documentation is to be returned to the attention of the Human Services Department at:

Horizon School Division
6302 – 56 Street Taber,
AB T1G 1Z9

For Your Information: As a Casual Support staff you are eligible to join the Alberta School Employee Benefit Plan (ASEBP). To obtain further information and/or apply for benefits please go to www.asebp.ab.ca.

Office use only:

- Application complete & processed
- New account creation form submitted
- Health & Safety Training set up

Documents outstanding:

- New Hire info email sent
- Policy JFCH - signed & returned

CASUAL SUPPORT STAFF APPLICATION

The Horizon School Division

Date

Name: _____

Address: _____ **Phone:** _____

E-mail: _____

Birth date: _____ **S.I.N.:** _____

Security Checks Attached: Yes: _____ **No:** _____

What is the highest level of education you have completed ? _____

Check all areas you are willing to work in: Pre K____ Elementary____ Junior High____ Senior High ____

Assistant ____ School Library Support ____ Secretary____ Food Service Worker____

Pre-K Early Learning Educator ____ Sign Language Interpreter____ Classroom Supervisor____

Choose the schools you would like to be available to:

Schools	Location	Colony Schools	Location
_____ Ace Place (45)	Taber	_____ Armada (34)	Lomond
_____ Barnwell (01)	Barnwell	_____ Bluegrass (43)	Warner
_____ Central (07)	Taber	_____ Cameron Farms (05)	Turin
_____ Chamberlain (02)	Grassy Lake	_____ Copperfield(28)	Taber
_____ D.A. Ferguson (14)	Taber	_____ Delco (44)	Wrentham
_____ Dr. Hamman (08)	Taber	_____ Elmspring (38)	Warner
_____ Enchant (03)	Enchant	_____ Enchant (19)	Enchant
_____ Erle Rivers (33)	Milk River	_____ Evergreen (15)	Taber
_____ Hays (04)	Hays	_____ Fairlane (39)	Skiff
_____ Horizon M.A.P. (47)	Vauxhall	_____ Gold Spring (80)	Warner
_____ L.T. Westlake (09)	Taber	_____ Hillridge (20)	Barnwell
_____ Lomond (30)	Lomond	_____ Kingsland (16)	Warner
_____ Milk River Elem. (35)	Milk River	_____ Lomond (31)	Lomond
_____ Taber Christian (10)	Taber	_____ Midland (13)	Taber
_____ Taber Christian High (81)	Taber	_____ Miltow (40)	Warner
_____ Vauxhall High (11)	Vauxhall	_____ Oaklane (21)	Taber
_____ Vauxhall Elem.(12)	Vauxhall	_____ Prairiehome(37)	Skiff
_____ W. R. Myers (06)	Taber	_____ River Road (41)	Milk River
_____ Warner (36)	Warner	_____ Sunnysite (42)	Warner

horizon⁺ school division



Position and Responsibilities – Casual Assistants

The casual assistant will work under the direct supervision of a certified classroom teacher.

General Expectations

The behaviors checked below should be considered expectations of casual assistant's work with Horizon School Division

- Maintain confidentiality at all times.
- Arrive early, check in at office to pick up sub notes/files.
- Be on time for all classes. Be in the classroom when the bell rings.
- Introduce self to the teacher(s)
- Maintain a positive attitude and be enthusiastic, flexible, and willing to learn.
- Be an independent worker, supportive of the teacher and student, and take initiative.
- Maintain a balance between being supportive and encouraging independence. It is not always necessary to sit next to the student(s) with special needs. Consult with the classroom teacher.
- Keep notes about the activities of the day and hand them in to the classroom support teacher at the end of the day.
- Especially at secondary levels, take notes as students do. At the end of the day give all notes and handouts to the classroom support teacher.
- Help students without special needs when time allows. Get involved with the class as a whole. Circulate.
- Cooperate with the teaching and support staff.
- Encourage and foster success in students.
- Contribute to the resolution of problems and concerns.
- Comply with the rules, policies and procedures of the school and school division.
- Take responsibility for your decisions and actions.
- _____
- _____

You are encouraged to visit schools and let them know you are interested and on the casual support list.

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2025, see "More than one employer or payer at the same time" on page 2 22,323

2. Age amount – If you will be 65 or older on December 31, 2025, and your net income from all sources will be \$46,308 or less, enter \$6,221. You may enter a partial amount if your net income for the year will be between \$46,308 and \$87,782. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2025 Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), **enter whichever is less:** \$1,719 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$17,219.

5. Spouse or common-law partner amount – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

6. Amount for an eligible dependant – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1

7. Caregiver amount – Enter \$12,922 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$20,545 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$20,545 and \$33,467. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

8. Amount for infirm dependants age 18 or older – Enter \$12,922 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,536 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,536 and \$21,458. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

11. TOTAL CLAIM AMOUNT – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Filling out Form TD1AB

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

Total income is less than the total claim amount

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



2025 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)	Employee number
Address			Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$16,129. However, if your net income from all sources will be greater than \$177,882 and you enter \$16,129, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,687 for each infirm child born in 2008 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2025, and your net income for the year from **all** sources will be \$45,522 or less, enter \$9,028. You may enter a partial amount if your net income for the year will be between \$45,522 and \$105,709. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,138.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,798 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,798 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,816) whose net income for the year will be \$20,197 or less, enter \$8,601. You may enter a partial amount if their net income for the year will be between \$20,197 and \$28,798. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2025?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$16,129. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2025:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

Technology Use Agreement: Horizon School Division (Staff)

Purpose

This Technology Use Agreement aims to ensure that staff in Horizon School Division use school technology resources responsibly, safely, and in a manner that enhances educational opportunities.

Scope

This agreement applies to all technology resources provided by Horizon School Division, including computers, tablets, internet access, software, networks, infrastructure, and related services.

General Guidelines

1. Respect and Responsibility

- o Use technology resources with respect and consideration for self and others.
- o Take responsibility for your actions when using school technology.

2. Acceptable Use

- o Technology is to be used primarily for educational purposes, including classwork, research, and communication related to school activities.
- o Personal use should be limited and should not interfere with educational activities.

3. Unacceptable Use

- o Do not use technology to access or distribute inappropriate content, including but not limited to offensive, obscene, or illegal material.
- o Avoid activities that disrupt or compromise the functionality and security of the school's technology resources, such as hacking, spreading malware, or unauthorized access.

4. Privacy and Security

- o Do not share your login credentials with others or use someone else's credentials.
- o Report any security risks or incidents immediately to the appropriate school authority.
- o Respect the privacy of others; do not access or alter their files without permission.

5. Digital Citizenship

- o Communicate respectfully and responsibly in all digital interactions.
- o Protect personal information and be cautious of online interactions.

6. Earnings and T4 Statements

- As an employee of Horizon School Division, I recognize and agree to the electronic distribution of earnings and T4 statements.

Technology Use Agreement: Horizon School Division (Staff) – cont.

Consequences for Violations of this agreement may result in:

- Loss of access to technology resources.
- Disciplinary actions as outlined in the Horizon School Division policy (Employee Code of Conduct, Welcoming, Caring, Respectful, and Safe Learning Env.) the Education Act, The Alberta Teaching Quality Standard, etc.
- Legal action if warranted.

Acknowledgment:

By signing this agreement, you acknowledge that you understand and agree to abide by these guidelines and the consequences for violations.

Staff Name (print): _____

Signature: _____

Date: _____

Confidentiality Agreement – Employee

Purpose

Horizon School Division requires all employees to handle any, and all, confidential information regarding the Board, staff, students, parents/legal guardians, professionals, individuals as well as information regarding confidential materials, partnerships and acquisitions, gained through the course of his/her regular employment duties, in a confidential and appropriate manner.

Employees agree that if confidential information is not effectively protected, the operations and reputation of Horizon School Division may be threatened, and may suffer irreparably.

Employees of Horizon School Division are required to keep all confidential information and relevant knowledge regarding the Division, confidential both during and after their term of employment. These practices have been adopted as they have been deemed essential to the protection of Horizon School Division.

Confidential information will only be publicly disclosed by an authorized official Horizon School Division spokesperson.

Confidentiality Agreement

In working for Horizon School Division, employees shall not divulge, disclose, provide, or disseminate confidential information to unauthorized persons or agencies, except when required to by law, or upon written authorization from the Horizon School Division.

Furthermore, Confidential Information shall not be used for any purpose, other than its reasonable use in the normal performance of employment duties for Horizon School Division.

Reasonable efforts will be made to limit access to confidential information to only those who need to know the information.

When confidential information is stored in a shared, limited access, storage area, employees will not access records not related to their role.

Employees that are neither authorized, official spokespersons nor permanently and/or temporary designated spokespersons cannot, under any circumstances (including on a "no-names" or "off the record" basis), disclose Confidential Information.

Acknowledgment and Agreement / Statement of Confidentiality

I acknowledge that I have read and understand the Confidentiality Agreement of Horizon School Division. I agree to adhere to this agreement in its entirety.

I agree to maintain confidentiality of the information gained through the course of my employment regarding Horizon School Division, our Board, staff, students, parents/legal guardians, professionals, individuals, confidential materials, partnerships and acquisitions.

I understand that if I violate the rules set forth in the Agreement, I may face legal action and/or disciplinary action up to and including termination of employment.

Name: _____
(please print name)

Signature: _____

Date: _____

Witness: _____



Horizon School Division

SUPPORT STAFF AND/OR VOLUNTEER

CONFIDENTIAL SELF-DECLARATION of a CRIMINAL RECORD and/or VULNERABLE SECTOR CHECK

(Please refer to the information sheet that accompanies this self-declaration.)

Last Name: _____ First Name: _____

Address: _____

Phone (H): _____ Phone (C): _____ E-mail: _____

I am: ___ Support Staff _____ Volunteer

Please check [x] off the following statements that apply:

NOTE: In Canada, any statute includes, but is not limited to, the Criminal Code and the Controlled Drugs and Substance Act.

	YES	NO
I have had an adult conviction (found guilty of any statute, whether in Canada or in any other country).	[]	[]
If yes: Where? _____ When: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding, details and length of sentence, probation, community service if any, and whether the requirements of the sentence have been fulfilled or are still in place: _____		

	YES	NO
Was the conviction an indictable offence under the Criminal code of Canada?	[]	[]

	YES	NO
I have outstanding charges (currently under investigation or charged with any offense under any statute, whether in Canada or in another country).	[]	[]
If yes: Where? _____ When: _____		
Nature of offense(s): _____		

Nature of allegation/complaint, details and finding of the investigation, result stemming from finding: _____		

	YES	NO
Vulnerable Sector Checks provide the following information: criminal convictions, summary convictions for five years, outstanding entries such as charges and warrants, judicial orders, peace bonds, probation, and prohibition orders. Would your Vulnerable Sector Check contain any such information?	[]	[]
If yes: When: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding, details and length of sentence, probation, community service if any, and whether the requirements of the sentence have been fulfilled or are still in place: _____		

POLICY GAB – Police Information Checks, Cont’d.

I certify that the information provided on this form is TRUE and COMPLETE and that NO relevant information has been withheld. I declare that all documentation that may be submitted by me has not been changed or altered in any way.

I understand that any false or misleading information in this self-declaration or willful omission, or submission of altered, tampered, or forged documentation may result in rejection of my application or withdraw of any offer of employment, volunteering, or, where I have already commenced employment or volunteering with the division, termination of my employment or volunteering.

I understand that the information on this form will be shared with the Superintendent, Human Services department, applicable school principal/site supervisor, and others on a need-to-know basis.

I further understand that the Horizon School Division reserves the right to reject my application or withdraw any offer of employment or volunteering made or, where I have already commenced employment or volunteering with the division, terminate my employment or volunteering if I fail to submit this self-declaration form within a two month period or provide any information in this self-declaration which, in the reasonable opinion of the division, renders me unsuitable for employment or volunteering in the position I wish to be or am employed or volunteer in.

Signature: _____ Date: _____

The presence of a record of charges or conviction does not necessarily exclude you from employment or volunteering with the Horizon School Division. Each case will be reviewed on an individual basis, to determine its relevance to the requirements of the teaching profession, support, or volunteer position.

Persons with a yes to any of the questions on page 1 are required to provide additional information and submit an original criminal record check.

If you are a volunteer, complete and return this form to your principal or designate.

If you are an employee, complete and return this form to:

Human Services
Horizon School Division
6302 56 street, Taber, AB T1G 1Z9
CONFIDENTIAL

Criminal Record Check to include The Vulnerable Sector Check

Employment

Date: _____

Applicant Name: _____
(Print)

The above individual has applied for employment with Horizon School Division.

A requirement of employment includes a clear Criminal Record Check to include the Vulnerable Sector Check, as the prospective employee **may** be working with school aged children.

Any costs incurred for this security check will be the responsibility of the prospective employee.

Regards,

The Human Services Department for
The Horizon School Division
Ph: 403-223-3547 ext. 10123 or 10162

Completion of a Child Intervention Check from Child and Family Services is required as part of your employment.

Please use the following directions when submitting an email request for a Child Intervention Check:

1. The fillable form attached is to be completed and emailed by the prospective employee - **printed copies will not be accepted.**
2. **As a separate attachment** (in the same email) it is required that you provide a coloured copy (black and white will not be accepted) of 2 pieces of government issued ID
3. **Email both attachments to** CS.IRCSouth@gov.ab.ca
4. You will receive an automated response from Child and Family Services when they receive your request – forward that response email to human.services@horizon.ab.ca
5. When you receive the completed Child Intervention Check forward the email and password to human.services@horizon.ab.ca

February 7, 2024

Intervention Record Check

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. We will not release this information for any other purpose. We will not release this information to anyone but you. You will need to provide a photo or scanned copy of your identification for verification purpose only. The copy of your identification will be deleted once the check is completed. If you have any questions about the collection of this information, you may ask the staff member who completed this form for you.

Alberta Children's Services Ministry cannot ensure that the information on this form is reliable for screening an applicant for employment. The Ministry assumes no liability arising from using this information. Anyone using the information does so at their own risk and must consider all the information provided on the back of this form.

1 Personal Information				
My name is: <i>legal name of person requesting a record check (surname)</i> <i>first name</i> <i>middle name</i>				
My address is: <i>(mailing address)</i> <i>city</i> <i>province</i>				
Postal Code	Phone (Residence)	Phone (Work)	Gender	Birthdate (<i>mm-dd-yyyy</i>)
Email Address				
All other names I have used are: <i>other (surname and maiden names used)</i> <i>first name</i>				
Names, birthdates of all my children/children for whom I have acted as a parent (not foster children). <i>(if now an adult, provide full name when a child)</i>				
Child's Surname	Child's First Name	Child's Middle Name	Child's Gender	Birthdate (<i>mm-dd-yyyy</i>)
By clicking this box I, _____, state that the information in this form is true to the best of my knowledge as of today.				Date (<i>mm-dd-yyyy</i>)
2 Request for an Intervention Record Check				
I am applying to work directly with children for the following organization(s), and I want to know about any record of my being involved with Intervention Services in Alberta which indicates that I might have caused a child to need intervention.				
Organization	Type of Position	Organization	Type of Position	
I am applying for a residential facility licence or to work in a Child and Youth Facility as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I reside with someone who is applying to provide care to a child who is in the care or custody of a Director as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I am planning to become a _____ to a child. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the past five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I had a previous Intervention Record Check completed _____ Date (<i>mm-dd-yyyy</i>)				
I, _____, hereby consent to having an Intervention Record Check completed in Alberta and any other province, territory, jurisdiction or country that I have listed above.				Date (<i>mm-dd-yyyy</i>)

Intervention Record Check

3	or O c e s e Only		
Using the names and birthdates you supplied:			
<p>As of today, I can find no Intervention Services record in Alberta indicating that you might have caused a child to need intervention.</p> <p>As of today, I can find no Intervention Services record in Alberta or any other province, territory, jurisdiction or country listed above indicating that you might have caused a child to need intervention.</p> <p>There is an Intervention Services record in Alberta indicating that you might have caused a child to need intervention.</p> <p>There is an Intervention Services record in _____ , indicating that you might have caused a child to need intervention. Below is a summary of your involvement up to today.</p>			
4	Summary of Involvement		
Enter Summary of Involvement			
Name of Person who completed Intervention Record Check			
Name of Worksite			
Worksite Address			
City	Province	Postal Code	Office Phone Number
The photo or scanned copy of the identification of the applicant has been deleted.			
By clicking this box I, _____ , state that the results of record check in this form is true to the best of my knowledge.			
Date (mm-dd-yyyy)		Signature	