

**TEACHER APPLICATION
 EQUAL OPPORTUNITY EMPLOYER**

PLEASE READ BEFORE COMPLETING THIS APPLICATION

The School/Parish/Diocese does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, sex, national origin, marital status, disability, age, or veteran status. By law, church organizations are exempt from the provisions prohibiting consideration of an individual's religious preferences in hiring or termination decisions. Additionally, in accordance with Canon Law, an individual's gender may be a determining factor for employment in the role of clergy or other pastoral positions. An individual's sex or religion cannot be a determining factor with regard to any other terms or conditions of employment. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required of the position for which you are applying.

PLEASE PRINT OR TYPE

6/96

 NAME _____
 Last First Middle

SOCIAL SECURITY NO _____/_____/_____ DRIVER'S LICENSE NO _____ STATE _____ APP. DATE: _____

 PRESENT ADDRESS _____ Telephone _____/_____
 Number and Street

 City and State Zip

 PERMANENT ADDRESS _____ Telephone _____/_____
 Number and Street

 City and State Zip

SPECIFIC EMPLOYMENT PREFERENCE:

_____ COUNSELING _____ LIBRARIAN _____ ADMINISTRATION _____ TEACHER _____ COACH

_____ MAINTENANCE _____ OFFICE _____ CAFETERIA _____ PARAPROFESSIONAL

 LIST SUBJECT AREA: 1st Preference _____ College Hours _____
 2nd Preference _____ College Hours _____

 HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH THE SCHOOL/PARISH/DIOCESE? YES NO

IF YES, GIVE DATE _____ POSITION FOR WHICH YOU APPLIED: _____

 HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO IF YES GIVE DATE _____

 HAVE YOU EVER PLEADED GUILTY, OR BEEN CONVICTED OF A CRIMINAL OFFENSE?(see *Convictions* on insert) YES NO

IF YES, GIVE DATES AND CIRCUMSTANCES _____

 ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

 ARE YOU AVAILABLE TO WORK: FULL - TIME PART - TIME SUBSTITUTE

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of Schools Attended (Beginning with Last High School Attended)	Dates of Attendance (Years)	Degree Conferred or Number of Hours	Date of Degree

Grade Point Average: Bachelor's _____ Master's _____

STUDENT TEACHING

(Fill out if this is your first year to teach.)

YEAR COMPLETED: _____ SCHOOL DISTRICT: _____
SCHOOL: _____

Subjects or Grade Level	Name and Address of Supervising Principal and Cooperating Teacher(s)	Name of College Professor(s) Who Supervised Your Teaching
	1 .	
	2 .	
	3 .	

College/University where your Placement File may be obtained: _____
Have you requested that it be sent to us? _____

TEACHING EXPERIENCE

(Do not include student teaching or substitute teaching.)

Name and Location of School District	Subjects Taught	Grades Taught	No. of Years	Reasons for Leaving

Total Number of Years Experience: _____

EMPLOYMENT OTHER THAN TEACHING

From		To		Type of Work	Location City/State	Salary	Name and Address of Employer
Month	Year	Month	Year				

TEACHER CERTIFICATION INFORMATION

Certificate: _____ State Issuing Certificate: _____

Date Issued: _____ Expiration Date: _____

Teaching Fields and Endorsements Listed on Certificate:

Elementary: (Area of Specialization)

Secondary: (Certified Teaching Fields)

Semester

Hrs.			
_____	_____	_____	/
_____	_____	_____	/
_____	_____	_____	/
_____	_____	_____	/

If you do not have a teaching certificate, when do you expect to receive it? _____

Indicate what foreign language(s) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

Give name, address, and telephone number of three character references who are not related to you and three professional references.

Character

Professional

1. Name: _____
Address: _____
Phone: (____) _____

1. Name: _____
Address: _____
Phone: (____) _____ Ext. _____

2. Name: _____
Address: _____
Phone: (____) _____

2. Name: _____
Address: _____
Phone: (____) _____ Ext. _____

3. Name: _____
Address: _____
Phone: (____) _____

3. Name: _____
Address: _____
Phone: (____) _____ Ext. _____

Describe any Specialized Training, Apprenticeship, Skills, Extra Curricular Activities, Interests and Talents.

Honors Received:

State any additional information you feel may be useful to us in considering your application:

GENERAL INFORMATION

What is your parish affiliation _____

Are you 18 years of age, or over? YES NO

Are you authorized to work in the United States? YES NO
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Are you presently under contract with any school district for the next school year? YES NO
If yes, expiration date of contract: _____

Why do you desire to leave your present position, or why did you leave your last position? (Question does not apply to those graduating this year) _____

Have you ever been asked to resign or failed to be re-employed in a teaching position? _____
If "yes", please list where and when: _____

If offered a position, would you agree to a physical examination by a physician of our selection? YES NO

Would you agree to a pre-employment and/or post-employment drug screening by a physician or clinic of our selection? YES NO Do you smoke? YES NO

List the names of relatives employed by the School/Parish/Diocese and their relationship to you:

List any questions you would like to have answered at the time of the interview:

AGREEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the School.

Signature of Applicant

Date

Please submit a copy of your complete transcript with this application. If you are hired an official transcript will be needed by the school.