

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. _____

