



**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:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Present Address (Street and Number) \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Permanent Address (Street and Number) \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SPECIFIC EMPLOYMENT PREFERENCE:**

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Counseling     | <input type="checkbox"/> Teacher     | <input type="checkbox"/> Office           |
| <input type="checkbox"/> Librarian      | <input type="checkbox"/> Coach       | <input type="checkbox"/> Cafeteria        |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Maintenance | <input type="checkbox"/> 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 Hours

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:**

- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

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

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Honors Received \_\_\_\_\_

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

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**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.)

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Have you ever been asked to resign or failed to be re-employed in a teaching position?  Yes  No

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

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

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

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**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 \_\_\_\_\_

**By checking this box  and typing your name above, you have agreed that this is your electronic signature.**

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