

Photo
(Optional)

**DIOCESE OF LAKE CHARLES * CATHOLIC SCHOOLS
TEACHER EMPLOYMENT APPLICATION**

SCHOOL NAME: _____

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. There may occasionally be positions vacant, which require knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____
Street City State Zip How long?

TELEPHONE: _____
Home Business Other

D.O.B. _____ **PLACE:** _____ **SOCIAL SECURITY #** _____ **U.S. CITIZEN?** YES NO

RELIGION: _____ **CHURCH PARISH:** _____

OPTIONAL INFORMATION

CONDITION OF HEALTH _____ **ANY PHYSICAL DISABILITIES?** YES NO

If yes, please explain:

Any Limitations to Work?

Status Single Married Separated Divorced Widowed **Religious** Sister Brother Deacon Priest **Order:** _____

Spouse's Name _____ **Place of Employment** _____ **Occupation** _____

Any Children? YES NO **How many?** _____ **Age of Child(ren)** _____

REQUIRED INFORMATION

Do you have a valid driver's license? YES NO **Do you have transportation at your disposal?** YES NO

Do you use illegal drugs? YES NO

Have you ever been accused of, or has a civil or criminal complaint ever been filed against you, alleging sexual abuse, or neglect of a minor?
 YES NO

Have you ever been convicted of a felony? YES NO

If yes, please give details.

EDUCATIONAL BACKGROUND

NAME OF SCHOOL/UNIVERSITY CITY, STATE & ZIP CODE	DATES ATTENDED	MAJOR	MINOR	DEGREE or NUMBER OF HOURS	DATE RECEIVED

TOTAL EDUCATIONAL HOURS

OTHER QUALIFIED TEACHING FIELDS & NUMBER OF CREDITS

CERTIFICATE(S)

STATE	DATE		TYPE	CERTIFICATE NUMBER	AREAS OF CERTIFICATION AS LISTED ON CERTIFICATE
	ISSUED	EXPIRED			

Professional Organizations Membership

Hobbies, Other Interests and Skills

STUDENT TEACHING

LOCATION & COMPLETE MAILING ADDRESS (INCLUDING ZIP CODES)	DATE	GRADE LEVEL	NAME OF SUPERVISOR

TEACHING EXPERIENCE

SUBJECT	GRADE	SCHOOL	COMPLETE MAILING ADDRESS (INCLUDING ZIP CODES)	DATES	ANNUAL SALARY

ADMINISTRATIVE EXPERIENCE

POSITION	SCHOOL/BUSINESS	COMPLETE MAILING ADDRESS <small>(INCLUDE ZIP CODES)</small>	DATE(S)	ANNUAL SALARY

OTHER WORK EXPERIENCE

REFERENCES

(TWO CHARACTER REFERENCES AND THREE PROFESSIONAL REFERENCES REQUIRED)

TYPE	NAME	COMPLETE MAILING ADDRESS <small>(INCLUDE ZIP CODE)</small>			TELEPHONE NUMBER	YEARS KNOWN
Character <small>(No Relatives)</small>						
Character <small>(No Relatives)</small>						
<u>Education or Business</u>						
<u>Education or Business</u>						
<u>Education or Business</u>						

ANSWER THE FOLLOWING QUESTIONS BY MARKING YES OR NO.

ALL YES ANSWERS MUST BE EXPLAINED FOR THIS APPLICATION TO BE CONSIDERED.

1. Have you for any reason been suspended, dismissed or asked to resign a teaching position? YES NO

2. Have you ever had a teaching certificate denied, dismissed, revoked or suspended? YES NO

3. Have you ever refused or failed to fulfill an employment contract at any school? YES NO

4. Have you ever been discharged from the military for any reasons other than honorable? YES NO

5. Have you ever been found guilty for immoral conduct? YES NO

ANSWER ALL OF THE QUESTIONS. USE A SEPARATE SHEET IF NECESSARY.

1. Why do you want to work in a Catholic School?

2. Please describe any additional training, qualities or experience that you have had that would be an asset in the position for which you are applying.

3. Describe the issues facing Catholic education today.

2. From your personal and professional experience what could you bring to this Catholic School?

THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY.

I understand that the information I have provided shall be verified by contacting any person or organization that may have information concerning me. I also understand that if my responsibilities/ministry involves contact with minors, I must undergo a criminal background check. I agree to abide by the rules, policies, and Code of Professional Conduct of the Diocese of Lake Charles and the school and while the school may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the school's use or failure to use them, creates any obligation between the school and myself.

I authorize the Diocese of Lake Charles and/or the school to verify any statements made by me on this application and on any form(s) completed by me. I authorize all persons having knowledge of myself or my records to release such information to the school. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Lake Charles, the school and the officers, employees, and volunteers thereof, from any and all liability or claims that may arise from such disclosures or investigations.

I certify that the statements made by me on this application are true, complete and correct and it is further understood that should any falsification be discovered it will constitute grounds for non-acceptance or for dismissal.

Applicant's Signature

Date