

APPLICATION FOR PROFESSIONAL EMPLOYMENT

PLEASE PRINT

Date Received _____

Position(s) applied for _____

Date of Application: _____

Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
RESIDENCE(S) _____			
PAST 10 YEARS _____			
Telephone: () _____ () _____ () _____			
Present	Permanent	Work	
Social Security Number: _____			

I. GENERAL INFORMATION

I wish to be considered for: regular teaching substitute tutor administrator

Are you presently under contract? No Yes If yes,
Present position _____
where? _____

If under contract, what type: Continuing/Tenure Limited Other _____
If not under contract now, have you ever had a continuing contract in Ohio? Yes No
If yes, cite school district(s) and date(s): _____

Referral source: Advertisement/Posting Employee Friend Other _____

Have you ever been convicted of or plead guilty to a felony or misdemeanor? Yes No
If yes, please explain, providing date, court and criminal conviction: _____

Have you ever been discharged or requested to resign from a position or resign in lieu of
termination? Yes No If yes, explain: _____

Parish or church where you are registered _____
Name City State

Are you eligible for employment in the United States? Yes No

II. EDUCATIONAL AND PROFESSIONAL TRAINING (list chronologically)

Level of Education	School/University	State	Field of Study	# of Yrs. Attended	Type of Degree
Elementary School					
High School					
College/University					

Highest degree attained _____ Major(s) _____ Minor(s) _____

Semester hours of Catholic theology: _____ Semester hours of professional education: _____

III. CERTIFICATION/LICENSURE

Do you have a valid Ohio certificate/license? Yes No If yes, please attach photocopies
License/ License/

Expiration date: _____ Certificate type: _____ Certificate # _____

Areas of certification/licensure: _____

Do you have any other certificates/licenses: Yes No If yes, please list:

Type	Expiration Date

IV. STUDENT TEACHING EXPERIENCE (list chronologically and include any internships)

Name of School	School District City/County/State	Grade Level and/or Subject	Supervisor

V. TEACHING EXPERIENCE (list chronologically all teaching experience)

Name of School	School District City/County/State	Supervisor	Position Held Grades and/or Subjects Taught (Specify)	Full Time	Part Time	Substitute

VI. WORK EXPERIENCE OTHER THAN TEACHING (list chronologically and attach a sheet if necessary)

Employer	Phone	Address City/State/Zip	Kind of Work	Supervisor

VII. EXTRACURRICULAR EXPERIENCE/INCLINATION (Indicate number of years experience in activities listed below. Circle activities you are willing to coach/sponsor)

Extracurricular Activities	High School Experience	College Experience	Contract Experience	Extracurricular Activities	High School Experience	College Experience	Contract Experience
Football				Intramurals			
Basketball				Cheerleading			
Baseball				Ski Club			
Softball				Drama			
Cross Country				Yearbook			
Wrestling				Newspaper			
Golf				Class Advisor			
Tennis				Student Govt.			
Volleyball				Honor Society			
Soccer				Clubs			
Other				Other			

VIII. REFERENCES

If you are an experienced teacher, please give the name of superintendent, principals, or other supervisors who have observed your work. If you are an inexperienced teacher, please list the placement office of your college where credentials will be available upon request. Also, please list on this application form the name and school address of the supervising teachers with whom you did your student teaching.

Name of Reference	Current position	Address	City/State/Zip	Phone Number

IX. SUBJECT STRENGTHS

Identify the subject areas which you consider to be your strengths: _____

What caused you to apply for a position with our school? _____

How do you view your role as a teacher? _____

**PLEASE REQUEST AN OFFICIAL TRANSCRIPT FROM YOUR COLLEGE
TO BE SENT DIRECTLY TO THE PRINCIPAL**

PRE-EMPLOYMENT BACKGROUND CHECK/ENTRY LEVEL REQUIREMENTS

I understand that the requirements for employment in the _____ can include acceptable results from medical testing, a physical conducted by the agency contracted with the parish, a minimum competency examination, and a criminal records check. I understand that I am responsible for submitting to a criminal records investigation by BCI and the FBI prior to hire.

I understand that the parish may want to verify the statements I have made in this application. I hereby give my permission for _____ or its authorized representative, either at this time or any time during my employment with the parish, to request and review any of my medical records, employment records, court records, and police records from any local, state, or federal agency keeping such records.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus, any law enforcement agency to supply _____ School and/or its agents with any information concerning my background. I release _____ School and its agents from any and all liabilities and responsibilities, damages and claims of any kinds whatsoever arising from the investigation of my background. I understand that this application is not intended as a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall result in discharge. I understand, also, that I am required to abide by all rules and regulations of _____ School.

Applicant's Signature

Date

Return completed application to: _____