

Photo
(Optional)

DIOCESE OF LAKE CHARLES CATHOLIC SCHOOLS
TEACHER EMPLOYMENT APPLICATION
School Name *Immaculate Conception Cathedral School*

Revised 05/2004

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:

How Long? _____ Street _____ City _____ State _____ Zip _____

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?**

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

Has your driver=s license ever been suspended or revoked? 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 <small>(Include Zip Code)</small>	DATE	GRADE LEVEL	NAME OF SUPERVISOR

TEACHING EXPERIENCE

SUBJECT	GRADE	SCHOOL	COMPLETE MAILING ADDRESS <small>(Include Zip Code)</small>	DATE(S)	ANNUAL SALARY

ADMINISTRATIVE EXPERIENCE

POSITION	SCHOOL / BUSINESS	COMPLETE MAILING ADDRESS <small>(Include Zip Code)</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 (No Relatives)				
Character (No Relatives)				
<u>Education or Business</u>				
<u>Education or Business</u>				
<u>Education or Business</u>				

ANSWER THE FOLLOWING QUESTIONS BY MARKING A YES OR A NO.

ALL A 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 FOLLOWING 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 experiences that you have had that would be an asset in the position for which you are applying.

FOR OFFICE USE ONLY

PERSONNEL FILES

The following forms **MUST** be kept on all employees in their school personnel file
 The items that are checked **must be** sent to the Office of Catholic Schools with Fall Form 11

PERSONNEL FORMS	DATE SCHOOL		DATE SENT TO OCS
	REQUESTED	RECEIVED	
Application Y			
COPY of First Contract ONLY Y			
Insurance Application			
Life & Disability Insurance			
Cafeteria Plan Application			
Retirement Application			
Verification of Employment Forms			
Reference Letters			
<input type="checkbox"/> Certificate / <input type="checkbox"/> TTA Y			
Copy of each ORIGINAL OFFICIAL Transcript Y			
I-9 Form Y			
Theology Records			
Finger Printing Information Y			
Evaluation Forms			
Achievements			
Conference(s) / Disciplinary			
Termination of Employment Y			