Photo (Optional)

## DIOCESE OF LAKE CHARLES CATHOLIC SCHOOLS TEACHER EMPLOYMENT APPLICATION

Revised 05/2015

School Name Immaculate Conception Cathedral School

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 ( (				
D.O.B. / / PLACE: SOCIAL SECURITY # U.S. CITIZEN?   YES   NO				
RELIGION CHURCH PARISH				
EMAIL ADDRESS:				
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				
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?   NO				
Have you ever been convicted of a felony? ☐ YES ☐ NO If yes, please give details:				

EDUCATIONAL BACKGROUND									
EDUCATIONAL BACKGROUND									
NAME OF SCHOOL / UNIVERSITY CITY, STATE & ZIP CODE					DATES ATTENDED	MAJOR	MINOR	DEGREE or NUMBER OF HOURS	DATE RECEIVED
Total Educ	ational Hours	, C	Other Qualif	ied T	eaching Fields &	Number of Credit	ts		
					CERTIF	ICATE(S)			
STATE   DATE   C				ERTIFICATE NUMBER	AREAS OF CERTIFICATION AS LISTED ON CERTIFICATE			RTIFICATE	
Professional Organizations Membership									
Hobbies, Other Interests and Skills									
	STUDENT TEACHING								

STUDENT TEACHING						
LOCATION & COMPLETE MAILING ADDRESS (Include Zip Code)	DATE	GRADE LEVEL	NAME OF SUPERVISOR			

	TEACHING EXPERIENCE							
SUBJECT	GRADE	SCHOOL	COMPLETE MAILING ADDRESS (Include Zip Code)	DATE(S)	ANNUAL SALARY			

ADMINISTRATIVE EXPERIENCE							
POSITION	SCHOOL / BUSINESS	COMPLETE MAILING ADDRESS (Include Zip Code)	DATE(S)	ANNUAL SALARY			
	OTHER WORK EXPERIENCE						

REFERENCES (Two character references and three professional references required)						
TYPE	NAME	COMPLETE MAILING ADDRESS (Include Zip Code)	TELEPHONE NUMBER	YEARS KNOWN		
Character (No Relatives)						
Character (No Relatives)						
Education or Business						
Education or Business						
Education or Business						

## ANSWER THE FOLLOWING QUESTIONS BY MARKING YES OR NO ALL YES ANSWERS MUST BE EXPLAINED FOR THIS APPLICATION TO BE CONSIDERED.

<u>1.</u>	Have you for any reason been suspended, dismissed or asked to resign a teaching position?	□ YES □ NO
<u>2.</u>	Have you ever had a teaching certificate denied, dismissed, revoked or suspended?	_ <u>  YES                                   </u>
<u>3.</u>	Have you ever refused or failed to fulfill an employment contract at any school?	□ YES □ NO
<u>4.</u>	Have you ever been discharged from the military for any reasons other than honorable?	_ <u>□ YES □ NO</u>
<u>5.</u>	Have you ever been found guilty for immoral conduct?	<u> </u>
<u>ANS\</u>	WER ALL OF THE FOLLOWING QUESTIONS. USE A SEPARATE SHEET IF NECES  Why do want to work in a Catholic School?	SARY.
2.	Please describe any additional training, qualities or experiences that you have had that would be a position for which you are applying.	an asset in the

3.	Describe the issues facing Catholic education today.	
<u>4.</u>	From your personal and professional experience what could you bring	to this Catholic School?
THE FO	DLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND S	HOULD BE READ CAREFULLY.
understand Code of P neither the I author authorize a person or thereof, fro I certify	stand that the information I have provided shall be verified by contacting any person or or of that if my responsibilities/ministry involves contact with minors, I must undergo a criminal by the conduct of the Diocese of Lake Charles and the school and while the school may existence of the procedures and practices, nor the school's use or failure to use them, creatize the Diocese of Lake Charles and/or the school to verify any statements made by me or all persons having knowledge of myself or my records to release such information to the school organization that provides information. I also agree to hold harmless the Diocese of Lake Charles and all liability or claims that may arise from such disclosures or investigations. If that the statements made by me on this application are true, complete and correct and it is futte grounds for non-acceptance or for dismissal.	packground check. I agree to abide by the rules, policies, and ay have in effect certain personnel procedures and practices, ates any obligation between the school and myself.  I this application and on any other form(s) completed by me. I ol. I hereby release and agree to hold harmless from liability any narles, the school and the officers, employees, and volunteers
	Applicant's Signature	 Date