

Our Lady of Mt. Carmel School Professional Employment Application

Section 1. Personal Data

General Instructions: Answer to item marked with * is optional. Otherwise you are requested to fill in all the blanks. If an item does not apply, use NA. For all sections, if added space is needed, please attach additional sheets.

Check Title: ___ Ms. ___ Sister Check all that apply: ___ Full Time ___ Elementary Teacher
 ___ Mr. ___ Brother ___ Part Time ___ Secondary Teacher
 ___ Dr. ___ Priest ___ Substitute Teacher
 ___ Mrs. ___ Administration

_____ - _____ - _____
 Last Name First Middle Social Security Number

_____ _____
 Full name of religious community and initials (if applicable) City and State

_____ _____
 Home Address: Number, Street, City, State, Zip Home Phone

_____ _____
 Work Address: School/Firm, Number, Street, City, State, Zip Work Phone

Religion* _____ _____
 Religion is a bona fide requirement and information solicited meets requirements of Federal Law. Cell Phone

_____ _____
 Email

Section 2. Educational Background

Type of School	Name of School	City and State	Dates Attended	Degree Earned	Date Degree Conferred
High School					
College					
University					
Other					

Practice Teaching:

School	Address, City, State, Zip	Date(s)	Grade/Subject
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Certification(s):

State/Agency	Type	Area	Certification No.	Date Issued	Expiration
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State/Agency	Type	Area	Certification No.	Date Issued	Expiration
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List major workshops, seminars, internships, grants, summer programs, in which you have participated in the last three years and which are not normally part of a degree program. (Do not include conventions, single meetings, etc.)

Program-Place	Sponsor	Date(s)	Field
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Program-Place	Sponsor	Date(s)	Field
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Program-Place	Sponsor	Date(s)	Field
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Please list all of your teacher association and other professional association memberships:

Section 3. Present Educational Assignment and Extra-Curricular Involvement

School where presently employed	Position(s) held
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Street and Number	City, State, Zip	Grade(s) taught
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Subject taught, if departmentalized	Total number of students taught this year.	Hours spent teaching weekly
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If your present teaching situation is unique (e.g. team teaching) please explain:

Please circle any of these extra-curricular activities in which you are engaged as part of your present assignment or as an extension of it:

Technology Sports Dramatics Music Forensics School paper/yearbook Community Programs Other

Please specify and give details of your participation:

Enter Below any religious education or other formally organized out-of-school religious education programs, for either children or adults, in which you assist:

Name of Parish or School	City, State, Zip
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Grade level	Hours per week	Number of students
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Section 4. Previous Experience

Positions in Educational Institutions: List all prior education employment below, putting most recent first.

City and State	School	Your Title	Grade or Subject	From Month and Year	From Month and Year

Section 5. New Applicant Data

List all positions for which you are qualified to hold and for which you wish to be considered, in order of preference.

Grade Level	Subject and Specialty	Indicate Full-time, Part-time, or substitute

References: Please list three persons able to give information about your qualifications for the position for which you are applying.

Name	Address (include phone number)	Official Position

How soon will you be available? _____

How long will you be available? _____

If under contract, when are you required to sign next year's contract? _____

Reasons for leaving your present (or most recent) employment: _____

If you have placement papers on file with a placement bureau or college placement office, give its full name and address here:

Section 6. Criminal Records Check/ Authorization

If you want to be considered for a position relating to a Catholic School or to student (e.g., religious education, youth ministry) or a pre-school which provides access to children, please answer the following: Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse?

Yes No If yes, please attach an explanation

Are you over the age 18 and legally eligible to work in the U.S.? Yes No

Have you even been convicted of a felony? Yes No

If yes, explain: _____

Applicants are advised that certain positions will require submission to review of criminal records by the State Police and the Central Registry of Child Protective Services. By making this application, the applicant consents to such a check.

I hereby certify (and consent to verification with appropriate individuals or organizations) what all entries made on pages one through four (1 – 4) of this application above and any attachments related thereto are true and complete. I understand that any falsification of information (by omission or commission) may, at any time, without notice, at the discretion of the Diocese of Lafayette-in-Indiana, cause termination of my application, or, if already employed by the Diocese, my employment.

Signature of Applicant

Date

Please attach a statement addressing the following:

1. What is your vision of Catholic School Education?
2. What do you feel are the greater gifts you offer to teaching?
3. Why do you want to be considered for employment in a Catholic School?

Please include a resume and transcript, and return this completed form to:

Sister Maria Benedicta Mantia, O.P.
14596 Oak Ridge Road
Carmel, IN 46032

olmcprincipal@olmc1.org

This application will be kept active for 90 days.

Adapted from a form by the NCEA, 1077 30th St., NW, Washington, DC 20007, March 1995