

PRESCHOOL TEACHING APPLICATION



Catholic Schools Office
400 East Monroe Street
Phoenix, AZ 85004
www.diocesephoenix.org

Date: _____

Please type or print, fill out completely and accurately, and submit with a \$15 fee to the above address.

Date:	Position Desired:
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Full-Time:	Part-Time:	Substitute Only:	Substitute if Full-Time is not available:
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Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Pager: _____

How long at above address? _____ If the above address is not your permanent address or you have lived there less than five years, please provide the following information.

Previous/Permanent Address: _____

City: _____ State: _____ Zip: _____

Please list any other former name (s) or alias you may be using, or have used in the past:

- Do you have a valid Arizona Teaching Certificate? Yes No Type of Certificate _____
- Certificate Number: _____ Exp. Date: Subject area (s) of Cert.: _____
- Certification in another state: _____
- Fingerprint Clearance Card? _____ Current Resume _____

It is the policy of the Diocese of Phoenix Catholic Schools pursuant to the Federal and State laws dealing with equal opportunity in employment not to discriminate in hiring on the basis of age, race, gender, disability or national origin.

**THIS APPLICATION WILL BE KEPT ON FILE FOR TWO SCHOOL YEARS OR UNTIL HIRED
(WHICHEVER COMES FIRST.)**

FOR OFFICE USE ONLY	DATE RECEIVED _____
Certificate _____ Type _____ Expiration _____	
Transcripts _____ Recommendation _____ Fee _____	
Fingerprint Card _____ Resume _____ Screening Interview _____ Immunization _____	

EDUCATIONAL PREPARATION (Schools attended)

NAME OF SCHOOL	LOCATION	DATES	YEAR OF GRADUATION/DEGREE
Elementary:			
High School:			*
Undergraduate:			*
Graduate:			*

*Enclose documentation/transcripts

Highest degree earned: _____ Graduate semester hours earned after highest degree: _____

Undergraduate : Major: _____ Minor: _____ Other hours: _____

Overall Grade Point Average: _____ Graduate degree (s) in: _____

ACTIVITIES AND HONORS _____

List any high school or college activities engaged in and any honors received (professional activities, interest, organizations, extent of participation): _____

List any community activities, organizations or clubs: _____

REFERENCES—Give four references, who have firsthand knowledge of your character, interpersonal skills, scholarship and teaching ability.

Name	Address	Title/Position	Telephone	Yrs. Known

Are you legally eligible for employment in the United States? _____
 (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Religious Affiliation: _____

Practicing Catholic? Yes: _____ No: _____ Parish: _____

List parish involvement/activities: _____

Describe ministerial experiences of stewardship and service in the parish and beyond: _____

If Catholic, are you interested/willing to teach religion? Yes: _____ No: _____

Religious Education Certificate now held: _____

If non-Catholic, are you willing to support Catholic teaching and philosophy? Yes: _____ No: _____

WORK EXPERIENCE

Employer & Supervisor Name	City, State, Telephone	Nature of Work	Dates
	Phone ()		
	Phone ()		
	Phone ()		
	Phone ()		

On a separate sheet, please address the following:

1. Why do you want to be a preschool teacher?
2. Explain why you wish to teach in a Catholic school.
3. What do you think are the challenges for persons working in preschool education?

IMMUNIZATION RECORD INFORMATION

Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the Diocese with proof of immunization for Rubella or Rubeola unless the employee falls within the exemption categories listed below.

All persons born after January 1, 1957 must provide documentation of Rubella (German measles) immunity.

Exceptions to immunization requirement:

- _____ 1. Statement signed by licensed physician or state/local health officer affirming that immunization is medically inappropriate. (Documentation must be attached)
- _____ 2. Employee provides statement indicating that religious reasons preclude compliance. (Must be attached.)

CURRENTLY EMPLOYED?

If employed, when can you begin work? _____

If you are presently employed, may we contact your employer to check your work record? YES NO

If no, please explain: _____

Name: _____ Phone: _____

Present Position: _____

Reason for leaving present position: _____

Present (or most recent) administrative supervisor (s): _____

CONVICTION STATEMENT

“Yes” answers to the following five questions will not necessarily result in denial of employment. The Diocese will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the Diocese in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegations of drug or alcohol impairment)? You must answer “Yes” even if the matter was later dismissed, deferred, vacated, or expunged. If you answer “Yes” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case (s).
_____ Yes _____ No. Explanation: _____

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “Yes” even if the matter resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “Yes” you must provide the date of termination of employment, the name, address, and telephone number of the employer (s) and a statement of the alleged reasons for termination.
_____ Yes _____ No. Explanation: _____

3. Have you ever had any license or certificate of any kind revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “Yes” you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.
_____ Yes _____ No. Explanation: _____

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body or by your current or any previous employer? If you answer “Yes” you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.
_____ Yes _____ No. Explanation: _____

5. Have you ever been convicted of a dangerous crime against children as defined in ARS 13.604.01? _____ Yes _____ No. If so, provide details, including date of conviction, court where convicted, sentence imposed, and present status of conviction.

Use this space for any additional comments or information: _____

By signing this application, I authorize you to request information concerning my education, training, experience, qualifications, and job performance from any former and/or current employer of mine, and I specifically waive any right I have under ARS 23-1361.B or otherwise to receive or examine a copy of any written communication regarding employment furnished by any former or current employer of mine.

READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION

Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or if any false information is furnished, the Diocese will reject my application; (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution; and (3) if I am employed by the Diocese, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I understand, at the time of hire, I will be responsible for costs incurred to complete fingerprinting and background investigation.

Signature: _____ Date: _____

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Phoenix, AZ 85004
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REFERENCE REQUEST

Applicant, please send this request with the appropriate information to your references.

Applicant's Name: _____ (Please print clearly)

Position applying for: _____

Signed: _____ Date: _____

Dear: _____

I have applied for a teaching position in the Diocese of Phoenix, Catholic schools. Would you give your candid appraisal of my qualifications for this important position? Your reply will be kept confidential. I am grateful to you for your cooperation. Kindly return the completed reference in the enclosed envelope to:

Catholic Schools Office
Personnel
Diocese of Phoenix
400 East Monroe Street
Phoenix, AZ 85004-2336

1. In what capacity have you known the applicant?
2. For how long? From _____ to: _____
3. What evidence or example can you give of this applicant's:

(a) COMMITMENT TO CATHOLIC EDUCATION:

(b) CATHOLIC LIFESTYLE:

(c) CATHOLIC ROLE MODEL FOR CHILDREN:

(d) PERSONAL RESPONSIBILITY: (punctuality, attendance, going “above and beyond the call of duty”, etc.)

(e) LEADERSHIP QUALITIES: (ability to work with and through others to meet or exceed a goal, complete a project, etc.)

(f) INTERPERSONAL RELATIONSHIPS: (ability to work with and through others, deal with conflict and uncertainty, make others “look good”)

(g) GIVE 3 (THREE) STRENGTHS OF APPLICANT:

(h) AREAS OF GROWTH:

(i) OVERALL RECOMMENDATION:

(j) OTHER COMMENTS: (attach additional pages if needed.)

IN SUMMARY: *(Please check the appropriate.)*

I recommend this candidate _____ with enthusiasm _____ with reservations.

_____ I do not recommend this candidate.

If you had a position available, would you hire this applicant? _____

Why/Why not? _____

Signature: _____ Date _____

Print or Type: Name _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Day Phone # () _____ Evening Phone # () _____

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