Diocese of Owensboro

Teacher Application

IMPORTANT NOTICE: If you need assistance in completing this application, please contact the Human Resources Department of the Diocese of Owensboro. Applicants should be extremely careful as they complete this application.

GENERAL INSTRUCTIONS: This application form is to be filled out completely, in order to be considered for possible employment. If an item does not apply, respond by using "NA". For all sections, if more space is needed for your response, please attach additional sheets.

NOTE: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

The Diocese of Owensboro and its hiring entities recruit, hire and promote on the basis of merit, competence and qualifications without discrimination with regard to race, national origin, ancestry, citizenship, color, sex, age, and disability, marital, veteran or other protected status.

Personal Information

Date of Application (MM/DD/YYYY)	Legal Name: (Last, First, MI)	Other Names Used:
Current Address: (Street, City, State, Zip Code)		
Social Security Number:	**Religion:**	**Parish/Church:**
Primary Phone Number:	**Secondary Phone Number:**	**Email Address:**

Application Information

Select one:

New Applicant ☐

Previously Employed within the Diocese of Owensboro at: _____

Currently Employed within the Diocese of Owensboro at: _____

I have filled out an application before on: _____

School Applying For:	**Position Applying For:**

Type:
    Full-Time ⃝   Part-Time ⃝   Other:

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

Grade Level	Subject or Specialty	Full-Time, Part-Time, or Substitute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have the following preference as to school or location in which to teach:

Have you been convicted of a crime in the last 7 years?	**If yes, was it a:**
Yes ⃝ No ⃝	Felony ⃝ Misdemeanor ⃝

Please list any convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you from employment.

Have you ever been dismissed, or asked to resign, by an employer (if yes, please explain and give the date and location)?

School Name:	Phone:
Address (Street, City, State, Zip Code):	Date Employed: From_____to_____.
Job Title:	Fax Number:
Subject(s):	Reason for Leaving:
Grade(s):	
Starting Salary:	
Ending Salary:	
School Name:	Phone:
Address (Street, City, State, Zip Code):	Date Employed: From_____to_____.
Job Title:	Fax Number:
Subject(s):	Reason for Leaving:
Grade(s):	
Starting Salary:	
Ending Salary:	

Other Work Experience

Employer Name:	Date Employed: From_____to_____.
Address: (Street, City, State, Zip Code)	Hourly Rate or Annual Salary: Starting:_____ Final: _____
Job Title: _____	Phone Number: _____
Supervisor: _____	Reason for Leaving:
Job Duties:	
Employer Name:	Date Employed: From_____to_____.
Address: (Street, City, State, Zip Code)	Hourly Rate or Annual Salary: Starting:_____ Final: _____
Job Title: _____	Phone Number: _____
Supervisor: _____	Reason for Leaving:
Job Duties:	

Employer Name:	Date Employed: From_____to_____.
Address: (Street, City, State, Zip Code)	Hourly Rate or Annual Salary: Starting:_____ Final: _____
Job Title: _____	Phone Number: _____
Supervisor: _____	Reason for Leaving:
Job Duties:	

Employer Name:	Date Employed: From_____to_____.
Address: (Street, City, State, Zip Code)	Hourly Rate or Annual Salary: Starting:_____ Final: _____
Job Title: _____	Phone Number: _____
Supervisor: _____	Reason for Leaving:
Job Duties:	

Education and Skills

School	Name & Location of School	Field of Study	Did you Graduate?	Degree or Diploma
High			Yes: ○ No: ○	
College			Yes: ○ No: ○	
Graduate School			Yes: ○ No: ○	
Other			Yes: ○ No: ○	

Practice Teaching

Name & Location of School	Grade	Subject

Certifications

State/Agency	Type	Area	Certificate #	Issue Date	Exp. Date

Miscellaneous

List major workshops, seminars, internships, grants, or summer programs in which you have participated in the last five years which are normally part of a degreed program (do not include conventions, single meetings, etc.).

Program/Place	Sponsor	Date	Field

Please list all of your teacher association and other professional association memberships:

References

Give at least three current professional references, including your present employers, who have first-hand knowledge of your character, personality and work ability. Please do not include family members or friends as references.

Name	Title/Business	Phone #	Email Address	# Years Acquainted

Certification and Waiver by Applicant

I understand that this application is not a contract of employment. I understand that federal law requires all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that certain positions may require the knowledge of or the practice of the Catholic Faith. If this is a requirement, I will be told prior to employment.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including termination.

I understand (and authorize) that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interview. I authorize all individuals, schools, licensure boards, agencies, and companies named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that any employment or offer of employment is dependent on the results of a background check.

I understand that filling out this form does not indicate there is a position open and does not obligate the Diocese of Owensboro to hire me.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

_____   _____
Applicant Signature   **Date**