

EDUCATION

! High School _____ City/State _____

! College/University _____ City/State _____

Major _____ Minor _____ Degree _____

! College/University _____ City/State _____

Major _____ Minor _____ Degree _____

! College/University _____ City/State _____

Major _____ Minor _____ Degree _____

! Student Teaching

School _____ City/State _____

Grades/Subjects _____ Supervisor _____

INDIANA TEACHING CERTIFICATION A current copy of your teaching license must be submitted for our files.

! Type: Professional _____ Provisional _____ Standard _____ Reciprocal _____

! Preparation Level: Elementary _____ Secondary _____

! Grade Validity: K-6 _____ K-12 _____ 1-6 _____ 5-12 _____ 7-8 _____ 7-12 _____ 9-12 _____

! Indiana License (Reference) Number _____ Rules: _____

! Subject Areas Listed _____

! Issue Date _____ Expiration Date _____

! Out-of-State License:

Issued from _____ Expiration Date _____

Have you applied for an Indiana Teaching License? Yes _____ No* _____

**Complete enclosed Certification Information and contact: Indiana Department of Education, Division of Professional Standards, Room 229-State House, Indianapolis, IN 46204. (317) 232-9010.*

EXTRA-CURRICULAR ACTIVITY QUALIFICATIONS

Please list extra-curricular activities you are qualified to supervise.

EMPLOYMENT HISTORY

*Beginning with the most recent employment, please list all previous **teaching experience**.*

▶ Employer _____ Supervisor _____
Address _____
Employment Dates: From _____ to _____ Telephone (_____)
Position/Duties _____
Reason for Leaving _____

▶ Employer _____ Supervisor _____
Address _____
Employment Dates: From _____ to _____ Telephone (_____)
Position/Duties _____
Reason for Leaving _____

▶ Employer _____ Supervisor _____
Address _____
Employment Dates: From _____ to _____ Telephone (_____)
Position/Duties _____
Reason for Leaving _____

Please list any other employment experience:

▶ Employer _____ Supervisor _____
Address _____
Employment Dates: From _____ to _____ Telephone (_____)
Position/Duties _____
Reason for Leaving _____

▶ Employer _____ Supervisor _____
Address _____
Employment Dates: From _____ to _____ Telephone (_____)
Position/Duties _____
Reason for Leaving _____

On a separate sheet, please answer the following questions:

1. Describe any aspect of your training or experience (i.e. extra-curricular activities in college, projects directed while teaching) that would be an asset.
2. How do you view your role as a teacher in a Catholic school?
3. How important are your own Christian attitudes and practices in your role as a teacher?

REFERENCES

Please list two professional and two personal references who can speak informatively of your general ability for the work you wish to do. Please send the reference forms from this packet to these people.

Professional

▶ Name _____ Position _____

School/Firm _____ Telephone (_____) _____

Address _____

▶ Name _____ Position _____

School/Firm _____ Telephone (_____) _____

Address _____

Personal

▶ Name _____ Position _____

School/Firm _____ Telephone (_____) _____

Address _____

▶ Name _____ Position _____

School/Firm _____ Telephone (_____) _____

Address _____

CERTIFICATION AND WAIVER BY APPLICANT

I hereby authorize the Catholic Diocese of Evansville to obtain from my previous and present employer(s) all data to support this application. I further agree to hold harmless the Catholic Diocese of Evansville and such employers with regard to their actions in obtaining, providing, and using such information. Any misrepresentation or omission of a fact in this application will subject me to disqualification or termination from employment.

Applicant Signature _____ Date _____