



Diocese of Gary

Teacher Application & Credential File Packet 1 of 2

DIOCESE OF GARY SCHOOLS
CREDENTIAL FILE FOR NEW TEACHERS

Teachers who are hired to teach at any schools in the Diocese of Gary must complete and submit to the Diocese of Gary Schools Office the items below in order to complete their certified teacher credential file.

1. Teacher Application (3 pages) on website
2. Letters of Reference (2 required) on website
3. Resume
4. Transcripts
5. Pastor / Spiritual Leader Approval Form on website
6. Verification of Experience Form- must be completed by previous employer
7. Indiana Teaching License
8. Expanded Child Protection Check Form on website
9. Drug Screen Results- signed authorization issued by Diocesan Schools Office; please call.
10. Fingerprint Scan Results information on website
11. Verification of VIRTUS training verified by hiring principal
12. Intent to Hire Form submitted by hiring principal

All forms listed above are to be submitted to the Diocese of Gary Schools Office before a teaching contract can be issued.

All documents are due in the Diocese of Gary Schools Office no later than August 15th.



APPLICATION FOR EMPLOYMENT
DIOCESE OF GARY CATHOLIC SCHOOLS
 9292 Broadway
 Merrillville, Indiana 46410-7088

www.dcgary.org

219-769-9292

PERSONAL INFORMATION

Full Name: _____
Please Print! (Last) (First) (Middle)

Current Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

1st Telephone # (_____) _____ 2nd Telephone # (_____) _____

Permanent Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Religious Preference: _____
 (Affiliation) (Church attended) (Location)

Date Available for Work: _____ Social Security #: _____ - _____ - _____

Why have you chosen to apply for a Catholic school teaching position? _____

Email address: _____

INDIANA TEACHER CERTIFICATION

Indiana Teacher License Number _____ Expiration Date _____ / _____ / _____

Subjects Certified to Teach _____

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

Semester Hours needed to receive an Indiana Teacher License? _____

Other license: please specify state and expiration date _____

Additional Information

Have you been employed by a parish/school in the Diocese of Gary in the past?

YES **NO**

If yes: Location _____ From: _____ To: _____
 Parish/School, City Month/Year Month/Year

Have you lived outside the state of Indiana in the last five years?

Are you a U.S. citizen or an alien legally eligible to work in the U.S.?

Were you ever convicted of a felony or a misdemeanor (other than a minor traffic violation)?

If yes, describe. A conviction of a crime will not automatically preclude employment.

POSITION DESIRED

_____ Pre-School / Kindergarten	<u>SUBJECTS or GRADES Preferred</u>
_____ Primary Grades (1-3)	# 1 _____
_____ Intermediate Grades (4-6)	# 2 _____
_____ Junior High (7-8)	
_____ High School (9-12)	# 3 _____

EDUCATIONAL BACKGROUND

- ◆ HIGH SCHOOL _____ City/State _____

- ◆ COLLEGE _____ City/State _____
Major _____ Minor _____ Degree _____

- ◆ COLLEGE _____ City/State _____
Major _____ Minor _____ Degree _____

- ◆ COLLEGE _____ City/State _____
Major _____ Minor _____ Degree _____

- ◆ STUDENT TEACHING School _____ City/State _____
Grades/Subjects _____ Supervisor _____

REFERENCES (*Professional*)

Please list three individuals who are familiar with your professional work including your most recent employer. If you are a beginning teacher, please include college instructors, cooperating/supervising teachers, faculty advisor.

- ◆ Name _____ Position _____
School/Firm _____ Phone No. _____
Address _____

◆ Name _____ Position _____

School/Firm _____ Phone No. _____

Address _____

◆ Name _____ Position _____

School/Firm _____ PhoneNo. _____

Address _____

I state and affirm that I am not currently obligated or bound under an employment contract or other agreement which would interfere with my ability to perform duties as an employee of The Diocese of Gary or any of its agencies. No person, partnership or corporation has a contractual right under any employment contract or other agreement to bring an action against me in the event that I accept employment with The Diocese of Gary or any of its agencies.

I understand that any employment or offer of employment is contingent on my meeting the employment eligibility requirement of the Immigration Reform and Control Act of 1986. I further understand that my employer may at its discretion, modify, amend or terminate present or future policies or practices relating to wages, hours, benefits, or other terms and conditions of employment.

The information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of the information I have provided in this application will result in my discharge should I be employed by The Diocese. I further authorize you and any interested party to verify any information I have provided in this application. This information may include present and former employers, educational and training institutions, verification and information checks with the Social Security Administration, criminal courts, state and county repositories of criminal records, Department of Motor Vehicles, credit bureaus, and employer mutual associations. I also authorize my present employer and any previous employers, present or previous fellow employees, educational and training institutions, and any other persons to furnish any information concerning my personal character, habits, or employment records to you and hereby release all such persons from any liability for furnishing such information. I understand that any employment or offer of employment is contingent on the results of a criminal history check.

Signed _____ Date _____

WORK EXPERIENCE

List all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant volunteer and/or part-time work experience.
Use additional sheets if necessary.

1) Organization Name: _____

Address: _____

Dates of Employment: From ____/____/____ to ____/____/____

Final Salary _____ Last Position Held: _____

Reason for leaving: _____

Description of your Work:

Name/Title of Supervisor:

2) Organization Name: _____

Address: _____

Dates of Employment: From ____/____/____ to ____/____/____

Final Salary _____ Last Position Held: _____

Reason for leaving: _____

Description of your Work:

Name/Title of Supervisor:

3) Organization Name: _____

Address: _____

Dates of Employment: From ____/____/____ to ____/____/____

Final Salary _____ Last Position Held: _____

Reason for leaving: _____

Description of your Work:

Name/Title of Supervisor:

**DIOCESE OF GARY
CATHOLIC SCHOOLS OFFICE
9292 BROADWAY MERRILLVILLE, IN 46410**

Reference Form

(Please deliver this form to individuals who are familiar with your professional work including your most recent employer. If you are a beginning teacher, please include college instructors, cooperating/supervising teachers, faculty advisor.)

May we have your evaluation of _____ who is applying for a position with the Diocese of Gary Catholic Schools. Your reply will be appreciated and treated confidentially. Please check each of the items below in one of five columns. (Items which do not apply should be omitted). **Please return this form to the above address.**

		SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
PERSONAL QUALITIES:	General Appearance					
	Health					
	Initiative					
	Self-Reliance					
	Tact					
	Voice					
PROFESSIONAL TRAITS:	Understanding of Students					
	Team Work					
	Professional Growth					
	Use of English					
	Regular Attendance					
	Punctual					
	Interest in School Activities					
	Rapport with Parents					
	Community Leadership					
CLASSROOM MANAGEMENT:	Discipline and Order					
	Personal Interest in Pupils					
	Care of Room					
	Attention to Reports					
TECHNIQUE OF TEACHING:	Daily Preparation					
	Motivation					
	Use of A-V Materials					
	Technology Integration					
	Attention to Students' Needs					

In what capacity have you known the applicant? _____

Has the applicant any physical, mental, or social peculiarities which could make him/her undesirable as a teacher? Explain:

Would you employ the applicant for a similar position?

SIGNATURE & TITLE

SCHOOL/FIRM

ADDRESS

CITY

STATE

ZIPCODE

DATE

TELEPHONE #

**Diocese of Gary Schools
9292 Broadway
Merrillville, IN 46410**

PASTOR / SPIRITUAL LEADER APPROVAL FORM

To Applicant:

This form is an important part of your application for a teaching position in a Catholic school of the Diocese of Gary since our schools are primarily concerned with offering the best possible Catholic education. **Please take this form to your pastor or appropriate spiritual leader and ask them to complete this form and return it directly to the Diocesan Schools Office.**

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE (_____) _____

Applying for a teaching position in: Elementary School _____ High School _____

To Pastor / Spiritual Leader:

Your signature indicates that this applicant is known to you and is a practicing member of your faith community. Any comments you care to make will be appreciated and respected in confidence. This form should be returned directly to the Diocesan Schools Office rather than sent through the applicant.

NAME OF PARISH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

PASTOR/SPIRITUAL LEADER NAME (please print) _____

PASTOR/SPIRITUAL LEADER SIGNATURE _____

DATE _____

REMARKS _____



Diocese of Gary

Teacher Application & Credential File Packet 2 of 2

**Diocese of Gary Pastoral Center
Schools Office
9292 Broadway
Merrillville, IN 46410
(219) 769-9292**

**VERIFICATION OF EXPERIENCE RECORD
(Please send this form to the school at which you taught)**

Dear Teacher,

The Indiana State Board of Education has ruled it is necessary for each teacher to have on file in the office of the Superintendent of Schools a certified copy of his/her teaching experience as described below. Do not include student or practice teaching, substitute teaching, college or university teaching. Begin with your first year of teaching. Place each year's teaching experience consecutively (do not group the years of experience). Send this to the certifying official (Superintendent of Schools) for their signature. You may make copies of this form if needed. Enclose a stamped envelope, addressed to the address above.

NAME OF TEACHER: (please print) _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ PHONE: (____) _____

YEAR	EMPLOYING CORPORATION	CITY & STATE	CALENDAR YEAR	GRADES/ SUBJECTS TAUGHT	FULLTIME PART-TIME	TOTAL DAYS EMPLOYED	SIGNATURE OF SUPERINTENDENT OR DESIGNATED OFFICIAL
1			-				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

EXPANDED CHILD PROTECTIVE INDEX

- Go to <https://www.in.gov/dcs/3928.htm>
- Scroll down to the area that states: “Individuals may also initiate a “CPI/CPS Check” request to obtain data related to him/herself. To create a request, click this link: “Self-CPI/CPS Check”.
- Click on that link.
- Fill in all the required information to complete the request, and then click SUBMIT.
- Please allow ten (10) working days, excluding State holidays, to receive complete results. Notification of completion is sent to all parties via e-mail from KidTraks@dcs.in.gov. For school results, please allow up to seventeen (17) Indiana State working days during the summer and seasonal peaks.
- Check your SPAM folder for email from KidTraks@dcs.in.gov for status updates and results.
- You will receive two emails. The first email gives you a passcode to enter the sight, and the second email gives you a link to the portal and to your results.
- Print out the results you receive and make a copy to submit to the Diocese of Gary Schools office.
- You can scan and email, send in the mail, or drop off to the Schools Office.
- Email results to: ehynes@dcgary.org
- Snail Mail: Schools Office c/o Emily Hynes 9292 Broadway Merrillville, IN 46410

DIOCESE OF GARY DRUG TESTING POLICY

The Diocese of Gary requires all newly hired teachers to be responsible for a negative Pre-employment drug test prior to beginning a teaching position within the Diocese of Gary Catholic Schools.

Please follow the procedure below, which gives instructions for drug screening.

Call the schools office (219-769-9292 ext. 232) to obtain an authorization form which will be sent as an email attachment to your email address provided. You can also pick a form up from the schools office at the Diocese of Gary Pastoral Center, 9292 Broadway, Merrillville, IN.

Present this form to the Working Well facility of your choice (the list is on the bottom of the form). This fee will be paid by the Diocese of Gary. Your results will be forwarded to the schools office.

DIOCESE OF GARY FINGERPRINT SCAN INSTRUCTIONS

The Department of Education is working with the Indiana State Police and its live scan fingerprint vendor, IdentGo. Applicants for employment can register online through IdentGo to schedule a fingerprint appointment at one of 63 locations around the state. Applicants can register online at www.l1enrollment.com (L-1 Identity Solutions) or call toll-free 1-877-472-6917.

The applicant is responsible for the cost of the fingerprint scan. Results will be forwarded to the schools office.