



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 Parish/School, City From: Month/Year To: Month/Year

Have you lived outside the state of Indiana in the last five years? YES NO

Are you a U.S. citizen or an alien legally eligible to work in the U.S.?. YES NO

Were you ever convicted of a felony or a misdemeanor (other than a minor traffic violation)? YES NO

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

POSITION DESIRED

Pre-School / Kindergarten

Primary Grades (1-3)

Intermediate Grades (4-6)

Junior High (7-8)

High School (9-12)

SUBJECTS or GRADES Preferred

# 1

# 2

# 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 \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
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: \_\_\_\_\_

4) Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Salary \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of your Work: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_