



**Check the subjects you are capable of teaching, either by training or experience, in the areas below.**

Subject	Kindergarten	Primary	Intermediate	Middle School
Art				
English				
Foreign Language				
Language Arts				
Math				
Music				
Physical Education				
Reading				
Religion				
Science				
Social Studies				
Athletic Coach _____				
Counselor				
Media Specialist/Librarian				
Special Education				
Technology/Computers				

Extracurricular activities you might be interested in sponsoring (sports, chess club, robotics etc.)

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### PROFESSIONAL INFORMATION

List teaching/administrative certificates held:

State	Type of Certificate	Date Issued	Certificate Number	Date of Expiration

Have you had attended a Safe Environment Training? Yes No If so, where and when?

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### EDUCATIONAL BACKGROUND

Date (month and year) you received your Bachelor's Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Name and location of College/University \_\_\_\_\_

List all credit hours received beyond the Bachelor's Degree. Specify whether quarter (Q) or semester (S) hours.

Years	College University	City State	Subject Area	Credit Hours
_____ to _____				
_____ to _____				
_____ to _____				
_____ to _____				
_____ to _____				

Date (month and year) you received your Master's Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Name and location of College/University \_\_\_\_\_

**U. S. MILITARY RECORD**

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Final Rank \_\_\_\_\_

What were your duties? \_\_\_\_\_

What special training did you receive? \_\_\_\_\_

List any additional special skills, technical or professional knowledge which you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give three or more references, including superintendents and principals under whom you have taught. These persons should have first knowledge of your character, personality, scholarship, and teaching ability.

Name and Position	Address	Telephone Number

**OTHER QUESTIONS**

Has anyone ever accused you of physical abuse, sexual abuse, or sexual harassment? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, give a short explanation of the complaint. Please indicate the date, nature and place of the incident leading to the accusation, and the disposition of the matter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged, arrested, or convicted of a felony or misdemeanor, regardless of the disposition of any such matter? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record or your theft? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer's name, address and telephone number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact your present employer?                      YES                      NO

2. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

5. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

6. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

7. Employed From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Of the jobs you have held, which did you like the most and why? \_\_\_\_\_  
\_\_\_\_\_

Of the jobs you have held, which did you like the least and why? \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF PHILOSOPHY OF CATHOLIC EDUCATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer each of the questions given below as best you can. The space provided should be adequate.

1. Why did you choose teaching as a profession? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Where do you need improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How would you differentiate a superior teacher from a mediocre teacher? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How do you think your peers would describe you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How will (do) you go about finding out about students' attitudes and feelings about your class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How do you meet the needs of individual children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What can your principal expect from you? Why should we hire you? What contribution can you make? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please describe your reasons for wanting to teach in a Catholic School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S DECLARATION, AUTHORIZATION AND RELEASE**

My answers on this application and on any resume' I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Diocese of Colorado Springs and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so.

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

The Diocese of Colorado Springs shall comply with appropriate federal and state laws and regulations prohibiting discrimination in employment on the grounds of race, color, national origin, protected age category, gender, marital status, military status or physical or mental disability of any individual who is otherwise qualified.