THE DIOCESE OF COLORADO SPRINGS

228 North Cascade Avenue
Colorado Springs, Colorado 80903
(719) 866-6448

APPLICATION FOR EMPLOYMENT: PRESCHOOL

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Applications will not be processed unless completed in full and accompanied by all of the following documentation.

Group Leader
1. Photocopies of any certification.
2. Official college transcripts.
3. Resume'.
4. Three letters of recommendation related to your teaching skills.

Substitute
1. Official college transcripts.
2. Resume'.
3. Three letters of recommendation.

Assistant Group Leader
1. Resume'.
2. Three letters of recommendation.

PERSONAL INFORMATION

PLEASE PRINT

Name_____ Date_____
LAST FIRST MIDDLE INITIAL

Address_____
STREET CITY STATE ZIP CODE

Social Security Number_____ Telephone Number_____

Religious Preference_____ Parish Affiliation_____

Previously employed by any Diocese? NO YES If yes, when?_____

Where?_____

When can you start?_____ How were you referred to us?_____

POSITION DESIRED

Circle One: FULL TIME PART TIME EITHER

YES_____I would like to substitute.

Designate in order of preference (1, 2, 3, etc.) the type of position desired:

Preference	Grade/Subject	Specific Skills and Qualifications
	Early Childhood Director	
	Group Leader	
	Assistant Group Leader	
	Computer Teacher	
	Music Teacher	
	Physical Education Teacher	
	Other:	

Service, past or present, given in local parish, e.g., Religious Education, Teacher, chair member, Eucharistic Minister, etc._____

_____

PROFESSIONAL INFORMATION

List teaching/administrative qualifications:

State	Type of Qualification	Date Issued	Certificate Number	Date of Expiration

EDUCATIONAL BACKGROUND

Date (month and year) you received your Bachelor's/Associates 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, principals or directors 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. Please do not type.

1. Why do 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 director 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.

FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION

Disclosure. In order to evaluate your volunteer/employment application or, if you are hired, to assist management with any employment-related decision, The Diocese of Colorado Springs may obtain consumer reports, investigative consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency and may bear upon your credit history, character, reputation, personal characteristics, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual employment/volunteer relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in "A Summary of Your Rights under the Fair Credit Reporting Act" which has been provided to you.

Please complete both pages of this form and keep one copy for your records.

Authorization

I voluntarily authorize the Diocese of Colorado Springs to obtain consumer reports, and criminal history records checks about me in order to make informed decisions regarding my proposed or actual employment/volunteer relationship with the Diocese of Colorado Springs. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in "A Summary of Your Rights under the Fair Credit Reporting Act" which I have received and reviewed.

_____
Printed name (include middle name)

_____
Social Security Number

_____
Street Address

_____ Gender: F or M
Date of Birth

_____
City State Zip

_____
Driver's Lic. # State

_____
Maiden Name / Alias within past 10 years

_____
Other Aliases

_____
Date

_____
Parish/School/Affiliate

_____
Signature

If you have resided in Colorado less than 10 years, you must complete the form on the reverse side.

If you have resided in Colorado less than 10 years, please list addresses for the last ten years:

Street Address/Post Office Box

City State Zip Code

From (What date?) To (What date?)

Street Address/Post Office Box

City State Zip Code

From (What date?) To (What date?)

Street Address/Post Office Box

City State Zip Code

From (What date?) To (What date?)

Street Address/Post Office Box

City State Zip Code

From (What date?) To (What date?)

Street Address/Post Office Box

City State Zip Code

From (What date?) To (What date?)

Printed name: _____

Please list every state in which you have lived during your adult life:_____

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Printed name (including middle name)	Social Security Number
Street Address	Gender: F or M Date of Birth
City State Zip	Driver's Lic. # State
Maiden Name / Alias within past 10 years	Other Aliases
Date	Parish/School/Affiliate
Signature	

Applicant's Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAB are credit bureaus that gather and sell information about you-such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the *FCRA, 14 U.S.C. 1681-1681u et seq.,* at the Federal Trade Commission's web site (http://www ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn these rights.

• **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CD A that provided the consumer report.

• **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

•**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually, within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRAs--to which it has provided the data of any error.) The CRA must give you a written report of the investigation, and a copy of the report, if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is altered or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

• **Inaccurate information must be corrected or deleted**. A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated or cannot be verified**. If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies Its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

• **You can dispute inaccurate information items with the source of the information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

•**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

•**Access to your file is limited**. A CRA may provide information about you only to people with a need recognized by the FCRA-usually to consider an application with a creditor, insurer, employer, landlord, or other business.

• **Your consent is required for reports that are provided to employers, or that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

•**You can choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address excluded from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAB, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection--FCRA Washington, DC 20580 * 202-326-xxxx
National banks, federal branches/agencies of foreign banks (word"National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Consumer & Community Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051