

THE DIOCESE OF COLORADO SPRINGS

228 North Cascade Avenue Colorado Springs, Colorado 80903 (719) 636-2345

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'.
2. Resume'.
3. Three letters of recommendation.
4. Three letters of recommendation related to your teaching skills.

PERSONAL INFORMATION PLEASE PRINT							
Name	FIRST			MIDDLE INIT	ΓIAL	Date	
Address	STREET			C	ITY	STATE	ZIP CODE
Social Security Nu	mber			Telepho	ne Numb	er	
Religious Preference	ce			Parish A	Affiliation		
Previously employe	ed by any Diocese?	NO	YES	If yes, w	hen?		
Where?							
When can you star	rt?		How	were you i	referred to	o us?	
		RELIGI	OUS INF	ORMATION			
It is not a requirement administration. How	nt to be Catholic to be a to vever, we like to assess on				for those nt, regardl	who teach Reli ess of denomin	gion or serve in nation.
Religious Affiliation	n:		_	Practicin	ng Catholi	ic? Yes N	lo
Parish where registered:		Pastor/N	Minister			Phone	
Please send a sign contributing members	ed statement from your per of the Church.	Parish/	Church	attesting	that you	are a register	red, active,
Check any activitie Choir Religious Ed. C Knights of Colu Hospitality Other faith mir	es in which you current Classes	ly partic doration Council r lltar/Ros Jsher	cipate: n nember sary Soo	ciety _ _	Lector Extrao Altar S Churc	ordinary Minis Server h fundraising	ster of Communion activities
Did you attend Ca	tholic schools? Yes N	Го	Grade I	ævels: K-5	5 6-8 9-1	12 College To	otal # of Years
As an educator, ho	ow would your faith imp			0			
		ושחפו	TIAN .	ESIRED			
		LA9	TIUNI	14111141			
Circle One:	FULL TIME	PART	TIME	E	EITHER		

I would like to substitute.

Preference	Grade/Subject	S	pecific Skills and Q	ualification	S
	Early Childhood Director				
	Group Leader				
	Assistant Group Leader				
	Computer Teacher				
	Music Teacher				
	Physical Education Teacher				
	Other:				
	PROFESS	IONAL INFORMATI	O N		
ist teachin	ng/administrative qualifications:				
	5/ administrative quantitation				
State	Type of Qualification	Date Issued	Certificate Number		ate of iration
	Type of Qualification				
	Type of Qualification				
	Type of Qualification				
	Type of Qualification				
	Qualification	Issued	Number		
	Qualification		Number		
State	Qualification	Issued IONAL BACKGROUN	Number	Exp	iration
State	Qualification	Issued IONAL BACKGROUN or's/Associates Degree	Number	Exp	iration
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Name and location of College/University					
U. S. MILITARY RECORD					
Service Branch	Date Entered	Date F DischargedR	inal ank		
What were your duties?					
What special training d	lid you receive?				
List any additional spe	cial skills, technical o	or professional knowledge which you may have	e:		
			_		
REFERENCES					
Give three or more references, including superintendents, principals or directors under whom you have taught. These persons should have first-hand knowledge of your character, personality, scholarship, and teaching ability.					
Name and	Position	Address	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		То		
	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				
	Address		Your Department		
	City & State				
	Supervisor's Name and Title				
	Work Performed				
	Reason for Leaving				
4.	Employed From		To		
	Company Name				
	Address				
	City & State				
	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
	_	
	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_	
	Company Name	Your Title
	Address	Your Department
	City & State	Supervisor's Phone Number
	Supervisor's Name and Title	
	Work Performed	
	Reason for Leaving	
Of th	as jobs you have held which did you like th	ne most and why?
<u></u>	ie jobs you have heid, which did you like th	e most and whyr
Of th	ne jobs you have held, which did you like th	ne least and why?
	STATEMENT OF PHIL	OSOPHY OF CATHOLIC EDUCATION

Pleas Pleas	se answer each of the questions given below as best you can. The space provided should be adequate. se 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 a any false or incomplete information in connection with my interviews, will be cause for the rejection of my application or the Diocese of Colorado Springs and its agents to verify any authorize and direct individuals, schools, employers, and law information concerning my background, and hereby release and	y application, whether on this or other documents or in the termination of my employment at any time. I authorize y information related to my application or resume. I also y enforcement or government officials to freely provide any
Date	Print Name
	Signature
discrimination in employment on the grounds of race, status, military status or physical or	opropriate federal and state laws and regulations prohibiting color, national origin, protected age category, gender, marital r mental disability of any individual who is vise qualified.