

Photo  
(Optional)

## DIOCESE OF LAKE CHARLES † CATHOLIC SCHOOLS

### SCHOOL ADMINISTRATOR EMPLOYMENT APPLICATION

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. There may occasionally be positions vacant, which require knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.*

### PERSONAL INFORMATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip How Long?

**TELEPHONE** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**PLACE:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_ **U.S. CITIZEN?**  YES  NO

**RELIGION** \_\_\_\_\_ **CHURCH PARISH** \_\_\_\_\_

### OPTIONAL INFORMATION

**CONDITION OF HEALTH** **Any Physical Disabilities?**  YES  NO

If yes, please explain:

**Any Limitations to Work?**

**STATUS**  Single  Married  Separated  Divorced  Widowed **RELIGIOUS:**  Sister  Brother  Deacon  Priest **ORDER**

**SPOUSE'S NAME** **Place of Employment** **Occupation**

**Any Children?**  Yes  No **How Many?** **Age of Child(ren)**

### REQUIRED INFORMATION

**Do you have a valid driver's license?**  YES  NO **Do you have transportation at your disposal?**  YES  NO

**Has your driver's license ever been suspended or revoked?**  YES  NO

**Do you use illegal Drugs?**  YES  NO

Have you ever been accused of, or has a civil or criminal complaint ever been filed against you, alleging sexual abuse, or neglect of a minor?  YES  NO

Have you ever been convicted of a felony?  YES  NO

If yes, please give details:

**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL / UNIVERSITY CITY, STATE & ZIP CODE	DATES ATTENDED	MAJOR	MINOR	DEGREE or NUMBER OF HOURS	DATE RECEIVED

Total Educational Hours

Other Qualified Teaching Fields & Number of Credits

**CERTIFICATE(S)**

STATE	DATE		TYPE	CERTIFICATE NUMBER	AREAS OF CERTIFICATION AS LISTED ON CERTIFICATE
	ISSUED	EXPIRED			

Professional Organizations Membership

Hobbies, Other Interests and Skills

<b>STUDENT TEACHING (if applicable)</b>			
<b>LOCATION &amp; COMPLETE MAILING ADDRESS</b> <small>(Include Zip Code)</small>	<b>DATE</b>	<b>GRADE LEVEL</b>	<b>NAME OF SUPERVISOR</b>

<b>TEACHING EXPERIENCE</b>					
<b>SUBJECT</b>	<b>GRADE</b>	<b>SCHOOL</b>	<b>COMPLETE MAILING ADDRESS</b> <small>(Include Zip Code)</small>	<b>DATE(S)</b>	<b>ANNUAL SALARY</b>

<b>ADMINISTRATIVE EXPERIENCE</b>				
<b>POSITION</b>	<b>SCHOOL / BUSINESS</b>	<b>COMPLETE MAILING ADDRESS</b> <small>(Include Zip Code)</small>	<b>DATE(S)</b>	<b>ANNUAL SALARY</b>

OTHER WORK EXPERIENCE				

REFERENCES				
(Two character references and three professional references required)				
TYPE	NAME	COMPLETE MAILING ADDRESS <small>(Include Zip Code)</small>	TELEPHONE NUMBER	YEARS KNOWN
Character (No Relatives)				
Character (No Relatives)				
<u>Education or Business</u>				
<u>Education or Business</u>				
<u>Education or Business</u>				

**ANSWER THE FOLLOWING QUESTIONS BY MARKING YES OR NO.**

**ALL YES ANSWERS MUST BE EXPLAINED FOR THIS APPLICATION TO BE CONSIDERED.**

1. Have you for any reason been suspended, dismissed or asked to resign a teaching position?  YES  NO

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

2. Have you ever had a teaching certificate denied, dismissed, revoked or suspended?  YES  NO

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

3. Have you ever refused or failed to fulfill an employment contract at any school?  YES  NO

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

4. Have you ever been discharged from the military for any reasons other than honorable?  YES  NO

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

5. Have you ever been found guilty for immoral conduct?  YES  NO

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

***THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY.***

I understand that the information I have provided shall be verified by contacting any person or organization that may have information concerning me. I also understand that if my responsibilities/ministry involves contact with minors, I must undergo a criminal background check. I agree to abide by the rules, policies, and Code of Professional Conduct of the Diocese of Lake Charles and the school and while the school may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the school=s use or failure to use them, creates any obligation between the school and myself.

I authorize the Diocese of Lake Charles and/or the school to verify any statements made by me on this application and on any other form(s) completed by me. I authorize all persons having knowledge of myself or my records to release such information to the school. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Lake Charles, the school and the officers, employees, and volunteers thereof, from any and all liability or claims that may arise from such disclosures or investigations.

I certify that the statements made by me on this application are true, complete and correct and it is further understood that should any falsification be discovered it will constitute grounds for non-acceptance or for dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date