OFFICE OF CATHOLIC SCHOOLS DIOCESE OF PALM BEACH



Administrator Application

		App	licant	Information			
Full Name:						Date:	
	Last		Fir	st	M.I.		
	Maiden Name		Re	ligious Name if Different			
	Full Name of Religious Community (if applicable)	and Initial					
Address:	Street Address					Apartment/Unit #	ŧ
	City				State	ZIP Code	
Phone:				Email			
Work Address:							
	Street Address						
	City				State	ZIP Code	
Religion:		Churcl Name and	h Atten d Addr				
Pastor:				<u></u>			
Date Available:		Social Se	ecurity	No.:			
Position App	olied for:						
Desired Sal							
Do you have the Diocese	e a location preference within ?	YES	NO	If yes, where?			
Are you a ci	tizen of the United States?	YES	NO	If no, are you autho	orized to w	YES ork in the U.S.? □	NO
Have you ev	ver worked for this company?	YES	NO	If yes, when?			

		Educati	on/Profes	ssiona	ıl Traiı	ning			
Elementary:			Address:						
From:		Did you		YES	NO	Date:			
High School:			Address:						
From:	To:	Did you	graduate?	YES	NO	Diploma:			
College:			Address:						
From:	To:	Did you	graduate?	YES	NO	Degree:			
Other:			Address:						
From:		Did you		YES	NO	Degree:			
Certification:	Cont		State/Tyր						
Subject:	Cert. No.:			Date Issue			Expiration	ı:	
Certification:			State/Typ	oe:					
Subject:	Cert. No.:			Date lssue			Expiration	1:	
Religious Educati	on Courses:								
		Area	I	nstitutio	on		No. of Hours	Date	
		Area	I	nstitutio	on		No. of Hours	Date	
		Area	I	nstitutio	on		No. of Hours	Date	
Other Educational within the last 5 years	-				ships, (grants, sum	nmer programs	participated in	
Program/Area		Sponsor/Institution		Date			Cert. of Completion/Hrs. of Credit		
Program/Area		Sponsor/Institution		Date			Cert. of Completion/Hrs. of Credit		
Program/Area		Sponsor/Institu	tion		Date		Cert. of Comple	etion/Hrs. of Credit	

	Educational W			
Teaching ar	nd Administrative Experience: List all educationa	al employr	nent below, s	starting with your most recent position.
School:				Phone:
Address:				Supervisor:
Job Title:				
Responsibil	ities:			
From:	To:	Reason	for Leaving:	
May we con	stact your previous supervisor for a reference?	YES	NO	
School:				Phone:
Address:				Supervisor:
Job Title:				
Responsibil	ities:			
From:	To:	Reason	for Leaving:	
•	stact your previous supervisor for a reference?	YES	NO	
School:				Phone:
Address:				Supervisor:
Job Title:				
Responsibil	ities:			
From:	To:	Reason	for Leaving:	
May we con	ntact your previous supervisor for a reference?	YES	NO	

Elementary	High School	College		
Total Years of	Full-Time Adminis	strator Experienc	e.	
Elementary	High School	College	.	
Elementary	HIGH SCHOOL	College		
List all non edu	ucation experienc		her Work Experience	nce for a position in education. Lis
the most recer	•	e during the pas	live years, whether it has pertine	nice for a position in education. Lis
Company:				Phone:
Address:				Supervisor:
Job Title:				
Job Tille:				
Responsibilitie	es:			
From:		To:	Reason for Leaving:	
			YES NO	
May we contact	ct your previous s	upervisor for a re	ference?	
Company:				Phone:
Address:				Supervisor:
Job Title:				
Responsibilitie	es:			
From:		To:	Reason for Leaving:	
_			YES NO	
May we contact	ct your previous s	upervisor for a re		
			Military Service	
Branch:				To:
Rank at Discha	arge:		i ype of Discharge:	
If other than ho	onorable, explain:			

Total Years of Full-Time Teaching Experience:

	References			
Ple	ase list three professional references.			
Full Name:		Relationship:		
Cor	mpany:	Phone:		
Add	dress:			
Full	Name:	Relationship:		
Cor	mpany:	Phone:		
Add	dress:			
Full	Name:	Relationship:		
Cor	mpany:	Phone:		
Add	dress:			
	Personal Information			
1.	Have you ever for any reason been suspended, dismissed, or asked	to resign an		
	educational position?		No	Yes
2.	Have you ever had a teaching certificate denied, suspended, or revoked by	any state, or		
	is there any action pending against a certificate or application from another	state?	No	Yes
3. Have you ever failed or refused to fulfill an employment contract with any school?		:hool?	No	Yes
4.	Have you ever been found guilty of immoral conduct or dismissed from	any teaching		
	position for immoral or unprofessional conduct or for unfitness for service?		No	Yes
5.	Have you ever been convicted, found guilty, or entered a plea of nolo co	ontendere (no		
	contest) to a crime, other than a traffic violation?		No	Yes
6.	Is there anything that will prevent you from performing the essential full	nctions of the		
	position for which you are applying with or without reasonable accommodat	ion?	No	Yes

Explain any "yes" answers on an attached statement.

Documents submitted with this application become the property of the Office of Catholic Schools and will not be returned.

STATEMENT: The Diocese of Palm Beach is an Equal Opportunity Employer and does not discriminate against applicants or employees by reason of race, color, sex, or national origin.

STATEMENT: I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the Office of Catholic Schools to make any investigation of my background deemed necessary and to share all the information contained herein with any pastor or principal in the Diocesan school system who might be interested in considering me for a teaching position in said system.

I understand and agree that the Office of Catholic Schools or the schools of the Diocese of Palm Beach shall have the right at any time after my termination to furnish information to others regarding my employment.

DATE	SIGNATURE

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. When your application has been found acceptable by the Office of Catholic Schools, a brief resume of your application information and credentials will be circulated to all school principals in the Diocese. Upon their request, your application and credentials will be made available to the principals who will contact you directly if they have an opening in your field of preparation and/or experience.

MAIL TO THE OFFICE OF CATHOLIC SCHOOLS, P. O. BOX 109650, PALM BEACH GARDENS, FL 33410-9650:

- 1. Application
- 2. Official copy of all college transcripts
- 3. Three current references will be requested by Office of Catholic Schools, based on information given
- Letter from the Pastor of your Catholic parish verifying that you are a registered Catholic in good standing with the church

this application

APPLICATION, TRANSCRIPTS AND REFERENCES ARE REQUIRED TO ACTIVATE YOUR FILE.

Note: Applications are maintained on file for one year.