



Parish/School in the Diocese of Toledo

Teacher-Minister Application for Employment

The Parish/School is an equal opportunity employer.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Pastor/School Principal.

First Name		MI	Last Name				
Have you worked or earned a degree under another name?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Other names in which records might be recorded?			
Street Address		Apt #		City/State/Zip			
Email Address		Primary Telephone Number			Cell/Other Telephone Number		
Today's Date		Date Available For Work		Name of Parish/School			
Position(s) Applied For				Desired Salary or Hourly Rate of Pay			
Type of Employment Desired							
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Substitute, if full time position is not available		<input type="checkbox"/> Substitute Only	<input type="checkbox"/> Permanent Substitute
Have you ever been employed within the Diocese of Toledo?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes , please complete the following information (attach an additional sheet of paper if necessary):							
Name of Parish/School:			Position(s) Held:			Dates Employed (Month/Year)	
Name of Parish/School:			Position(s) Held:			Dates Employed (Month/Year)	
Are you legally eligible for employment in this country?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by the law.						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about "essential functions" in order to respond.	
If they have been explained to you, are you able to meet the "attendance" requirements of the position?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attendance requirements haven't been explained to me.	
Position(s) Desired (Please Check All That Apply)							
<input type="checkbox"/> Pre-K	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Other:	

Check the subjects you are capable of teaching, either by training or experience, in the areas below. Check the licensed box if you are currently licensed to teach this subject.

<input type="checkbox"/> Visual Art <input type="checkbox"/> Licensed	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> Licensed	<input type="checkbox"/> English <input type="checkbox"/> Licensed	<input type="checkbox"/> Language Arts <input type="checkbox"/> Licensed
<input type="checkbox"/> Religion	<input type="checkbox"/> Media Specialist/Librarian <input type="checkbox"/> Licensed	<input type="checkbox"/> Music <input type="checkbox"/> Licensed	<input type="checkbox"/> PE/Health <input type="checkbox"/> Licensed
<input type="checkbox"/> Reading <input type="checkbox"/> Licensed	<input type="checkbox"/> Special Education <input type="checkbox"/> Licensed	<input type="checkbox"/> Counselor <input type="checkbox"/> Licensed	<input type="checkbox"/> Social Studies <input type="checkbox"/> Licensed
<input type="checkbox"/> Math <input type="checkbox"/> Licensed Concentration:	<input type="checkbox"/> Science <input type="checkbox"/> Licensed Concentration:	<input type="checkbox"/> Other: <input type="checkbox"/> Licensed Concentration:	

Are you bilingual? (If yes, please check all languages in which you are fluent) Yes No

Spanish French Latin German Other:

Teacher Licensure

Do you possess a current, valid, teaching license? Yes No

License/Certification: Non-Tax Resident Educator Professional Permanent

Certification Number: **State of Certification:** **Expiration Date:**

Levels: Pre-K P-3 K-8 4-9

1-8 K-12 7-12 Other:

Catechist Recognition
(certification to teach Religion in the Diocese of Toledo)

Completed CSO/NTMO <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed Basic <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed Advanced <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher Minister Certification <input type="checkbox"/> Yes <input type="checkbox"/> No
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Continuing education beyond advanced And/or hours towards another level
Hours: _____ Level: _____

Theological/Catechetical Education
(please list any catechetical or theological courses you have taken since high school)

Name of Institution	Address	Course Name

Catholic In Good Standing

Catholic In Good Standing: If the position requires (see position description) that the applicant be a Catholic in good standing, please furnish the name, title and address of an individual (e.g., a pastor) who can verify your standing in the Catholic Church.

Name	Title
Address	Primary Telephone Number

Educational Background
(Please list chronologically)

High School		Address		Years Completed
Degree's Obtained	<input type="checkbox"/> Diploma	<input type="checkbox"/> G.E.D.	<input type="checkbox"/> Other:	
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major:		Minor:		G.P.A.
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major:		Minor:		G.P.A.
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major:		Minor:		G.P.A.
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major:		Minor:		G.P.A.

Employment History
(Please list teaching and non-teaching employment history in chronological order)

Employer Name		Address		
Primary Telephone Number	Employment Dates (Month/Year)	<input type="checkbox"/> Hourly	\$	per hour
		<input type="checkbox"/> Salary	\$	annually
Principal/Supervisor		Grades Taught (if applicable)	Subjects Taught/Title of Position	
Reason For Leaving (Attach additional pages if necessary):				
Employer Name		Address		
Primary Telephone Number	Employment Dates (Month/Year)	<input type="checkbox"/> Hourly	\$	per hour
		<input type="checkbox"/> Salary	\$	annually
Principal/Supervisor		Grades Taught (if applicable)	Subjects Taught/Title of Position	
Reason For Leaving (Attach additional pages if necessary):				

Employer Name		Address			
Primary Telephone Number	Employment Dates (Month/Year)	<input type="checkbox"/> Hourly	\$		per hour
		<input type="checkbox"/> Salary	\$		annually
Principal/Supervisor		Grades Taught (if applicable)		Subjects Taught/Title of Position	
Reason For Leaving (Attach additional pages if necessary):					
Employer Name		Address			
Primary Telephone Number	Employment Dates (Month/Year)	<input type="checkbox"/> Hourly	\$		per hour
		<input type="checkbox"/> Salary	\$		annually
Principal/Supervisor		Grades Taught (if applicable)		Subjects Taught/Title of Position	
Reason For Leaving (Attach additional pages if necessary):					
Personal Data (Attach an additional sheet of paper if necessary)					
Have you ever had a teaching license denied, suspended or revoked? If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed or refused to fulfill an employment contract with any school? If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been suspended, discharged or requested to resign from any position? If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account in each individual circumstance.					
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime, other than a minor traffic offense? If yes, please provide date(s) and details:					<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Has a criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints or allegations reported to management or supervisors at places of employment)? If Yes, explain. Provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify, by name and title, the person(s) who investigated the complaint.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Do you presently serve, or have served, as a volunteer for any organization, entity or group in which you had substantial contact with children or vulnerable populations (such as elderly, mentally or emotionally disabled, etc.)? If yes, please provide the name and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action for reasons relating to allegations of sexual misconduct or child abuse by you? If yes, explain. Provide date(s), nature and place of the occurrence(s) or allegation(s) and the disposition of the matters. Provide name, address, and phone number of employer/supervisor at the time.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Why have you chosen to apply for a teaching position in a Catholic School?

Professional References- List the names and telephone numbers of three business/work references who are not related to you, and have first-hand knowledge of your professional ability to succeed in your position of interest.

Name	Title	Primary Telephone Number
Work Relationship To You	Email	Number of Years Known
Name	Title	Primary Telephone Number
Work Relationship To You	Email	Number of Years Known
Name	Title	Primary Telephone Number
Work Relationship to You	Email	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify that accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Diocesan Superintendent.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this employer does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting, eliminating or excluding an applicant from consideration for employment because of any protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

Please Enclose:

1. A copy of your current teaching license.
2. An official transcript of your college credits/degree.
3. A copy of your Religious Education certificate and/or Teacher/Minister certificate from the Diocese of Toledo, if applicable, or a comparable recognition from another diocese.
4. A copy of the Ohio (BCI) and Federal (FBI) background reports done by the Ohio Bureau of Identification and Investigation. If you have not had a background check done within the last twelve months, contact CSO to make an appointment for this to be done. The cost will be \$50.00, cash or check.
5. Please mail your application, along with all required documents to:

You may also email your application, along with all required documents to:

