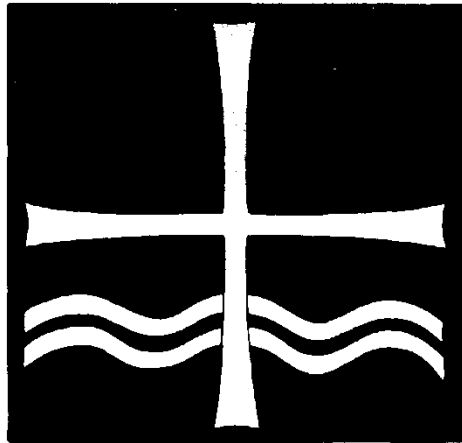


**ARCHDIOCESE OF LOUISVILLE**

**EMPLOYMENT APPLICATION**  
**FOR**  
**TEACHERS, PRINCIPALS, COUNSELORS**  
**AND SUBSTITUTE TEACHERS**



**TO BE CONSIDERED FOR EMPLOYMENT IN A CATHOLIC SCHOOL IN THE  
ARCHDIOCESE OF LOUISVILLE, YOU MUST COMPLETE THIS APPLICATION FORM  
AND SUBMIT IT, ALONG WITH OTHER MATERIALS, TO:**

OFFICE OF CATHOLIC SCHOOLS  
ATTENTION: ASSISTANT SUPERINTENDENT OF SCHOOLS  
Pastoral Center  
3940 Poplar Level Road  
Louisville, KY 40213  
(502) 585-3291

**EQUAL OPPORTUNITY EMPLOYER**  
**Catholic Schools do not discriminate against any employee in an unlawful manner.**

**FOR OFFICE OF LIFELONG FORMATION AND EDUCATION USE ONLY**

Date Received \_\_\_\_\_ Intern Teacher  N-C  FT  PT  Sub   
Date Available \_\_\_\_\_ Valid KY Certificate \_\_\_\_\_ Sent Confirm Letter   
Date Renewed \_\_\_\_\_ Certified for Grades \_\_\_\_\_ SET \_\_\_\_\_  
Date Renewed \_\_\_\_\_ Certified for Subject \_\_\_\_\_ CRC \_\_\_\_\_  
Transcript \_\_\_\_\_

**EMPLOYMENT APPLICATION**

SSN \_\_\_\_\_ Area of certification \_\_\_\_\_  
Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone)  
New Address \_\_\_\_\_  
(If applicable) (Street) (City) (State) (Zip Code) (Phone) (When Moving)  
\_\_\_\_\_  
(Highest Degree) (College/University) (Year Graduated) (Major) (Minor)  
\_\_\_\_\_  
(Next Degree) (College/University) (Year Graduated) (Major) (Minor)  
\_\_\_\_\_  
(Third Degree) (College/University) (Year Graduated) (Major) (Minor)  
\_\_\_\_\_  
(High School Attended) (City) (State) (Year Graduated)  
\_\_\_\_\_  
(Elementary School Attended) (City) (State) (Year Graduated)

**Indicate whether you have any of the following:**

\_\_\_\_\_ Valid teaching certificate from the state of Kentucky Expires: \_\_\_\_\_  
\_\_\_\_\_ Valid teaching certificate from another state Expires: \_\_\_\_\_  
\_\_\_\_\_ Valid Statement of Eligibility/COE from the state of Kentucky Expires: \_\_\_\_\_  
\_\_\_\_\_ Two years of out-of-state teaching experience Expires: \_\_\_\_\_  
Yes  No  If you are a beginning teacher, have you taken the Praxis? If so, when: \_\_\_\_\_  
Registered to take the Praxis exam on: \_\_\_\_\_

Are you a member of the Catholic faith? Yes  No   
(Membership in the Catholic faith is not a prerequisite for employment. However, the Archdiocese reserves the right to give preference in hiring to Catholics, particularly for those positions requiring the teaching of religion.)

**EDUCATIONAL SERVICE**

**List most recent experience first; include student teacher/substitute teaching experience if you have less than three**

years teaching experience. Use a separate sheet of paper if necessary.

DATES FROM - TO	POSITION	GRADE(S) OR SUBJECT(S) TAUGHT	SCHOOL SYSTEM/ SCHOOL NAME	REASON FOR LEAVING

AVAILABILITY: Date \_\_\_\_\_ Position Applied For: Full-time  Part-time  Substitute  Sub Only

Schools are located in the following counties: Hardin, Jefferson, Marion, Nelson, Oldham, and Washington. Circle any of the counties in which you would be interested in teaching.

***SUBSTITUTE INFORMATION ONLY:***

Grade Level \_\_\_\_\_ Subject \_\_\_\_\_

Experience working with children:  Yes  No

Are you available for long-term sub positions:  Yes  No

Please include information such as: Area you will travel, days of the week available and best time to contact you. (Be specific) \_\_\_\_\_

Are you certified by the Kentucky Department of Education as a substitute teacher?  Yes  No  
(If yes, please include a copy of the certificate.)

**PROFESSIONAL REFERENCES**

List only those people who are qualified to evaluate your skills for the position sought.

NAME	POSITION	ORGANIZATION NAME	ADDRESS	PHONE

Are you currently under contract? Yes  No

If yes, name of school or system: \_\_\_\_\_

Your application will be kept on file for one year. After one year, all files are destroyed. If you wish your application to remain on file, call or write the Assistant Superintendent of Schools at the Office of Lifelong Formation and Education.

**EMPLOYMENT INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_, hereby affix my signature and release from liability any person authorized to give or

receive any information related to my job performance/employment history, including all data and information pertaining to this application for employment, related papers, or oral interview.

I, therefore, hereby grant authorization to the Office of Lifelong Formation and Education, and the administrators of the Catholic schools, to any time prior to or during my employment:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors, or co-workers.
2. Request verification of credentials from all educational institutions I have attended.
3. Request any and all materials and information pertaining to any convictions for offenses against the law, including motor vehicle records, if applicable to the duties of a job for which I am being considered.
4. Request from any and all references I have listed any and all information pertaining to my job performance/employment history as these are related to my ability to perform the duties of a job for which I am being considered.

I hereby further authorize:

1. My present and any former employers to release any and all information (written or verbal) pertaining to my employment with those employers to the Office of Lifelong Formation and Education in care of the Assistant Superintendent of Schools.
2. Any and all educational institutions I have attended to release my credentials, upon request, to the Office of Lifelong Formation and Education.
3. Local and state police and state motor vehicle departments to research their records and to release any and all information pertaining to convictions and charges pending against me.
4. Any and all persons listed by me as references to release any and all information pertaining to my job performance/employment history as these relate to my ability to perform the duties of a job for which I am being considered. I further understand that I will not be permitted to view any such references.

**I hereby certify that all information contained in this application for employment is true and accurate. I understand that submitting false information may result in the dismissal of my application or termination if hired.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Have you ever been convicted of a crime? Yes  No   
(Conviction of a crime is not an automatic bar to employment.  
Please give details. Each case will be evaluated.)

**STATE LAW REQUIRES A CRIMINAL RECORD  
CHECK AS A CONDITION OF EMPLOYMENT  
(see Employment/Volunteer Inquire Release Form)**

#### PAPERWORK REQUESTED FOR COMPLETED APPLICATION

- Copy of valid Kentucky Teaching Certificate or SOE/Confirmation of Employment Form (if applicable)
- Resume (also include if applying for substitute position)
- College Transcript - **official transcript from college or university required** (also include for substitute position)
- Three Student Teaching Evaluations or Three Final Appraisals from a prior teaching position (if applicable)

**In addition to the above, the items below are required with application to be considered for substitute teaching. All other positions will submit if hired.**

- Two letters of reference (**Reference letters must be from a supervisor or professor on official letterhead and signed**)
- Employment/Volunteer Inquire Release Form (included in this application)
- Safe Environment Training proof of attendance – session schedule available on website at [www.archlou.org](http://www.archlou.org) (under “Restoring Trust”)

### EMPLOYMENT / VOLUNTEER INQUIRY RELEASE FORM

**In conjunction with my application for employment/volunteering with you, I understand that you intend to use Selection.com to obtain Consumer Reports (hereinafter called “Reports”) about me as defined in the Fair Credit**

Reporting Act (FCRA). These "Reports" do NOT include my Credit Report but may include information concerning motor vehicle record, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment/acceptance to me. If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired/accepted, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment/appointment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION**

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Date of Birth** \_\_\_\_\_

My prospective employer understands age to be a protected characteristic, and the information requested will not be used as the basis for any employment decision.

By checking this box, I request to receive a free copy of any Report ordered on me, sent to my email address above.

This form provided by: Selection.com

**Complete SRI portion only if you are applying for a teaching position (substitutes need not complete).**

**SRI ACADEMIES  
TEACHER APPLICATION**

# SUPPLEMENT

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*Last Name*

*First*

*Middle*

DIRECTIONS: Please answer each of the questions given below as best you can. The space provided should be adequate, but if more space is needed please attach additional pages.

1. What do you want to accomplish as a teacher?

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2. How will (do) you go about finding out about students' attitudes and feelings about your class?

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3. An experienced teacher offers you the following advice: "When you are teaching be sure to command the respect of your students immediately and all will go well." How do you feel about this?

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4. How do you go about deciding what it is that should be taught in your class?

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5. A parent comes to you and complains that what you are teaching his/her child is irrelevant to the child's needs. How would you respond?

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6. What do you think will (or currently does) provide you the greatest pleasure in teaching?

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7. When you have some free time, what do you enjoy doing the most?

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8. How do you go about finding what students are good at?

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9. Would you rather try a lot of “way out” teaching strategies or would you rather try to perfect the approaches which work best for you? Explain your position.

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10. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.

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11. A student is doing poorly in your class. You talk to him/her, and he/she tells you that he/she considers you to be the poorest teacher he/she has **ever** met. What do you do?

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12. If there were absolutely no restrictions placed upon you, what would you most want to do in life?

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