

ARCHDIOCESE OF LOUISVILLE

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHERS



For a complete substitute teacher application, please submit the following documents:

1. A completed employment application
2. A resume
3. A copy of a valid Kentucky Teaching Certificate or Substitute Teaching Certificate, if applicable
4. Official college transcripts (must have at least 60 hours of college credit)
5. Two letters of reference- It is preferred that reference letters come from a supervisor or professor and on official letterhead and signed. Other sources may include a pastor, volunteer coordinator, or someone who can speak to the applicant's experience teaching and/or working with children.
6. Employment/Volunteer Inquiry Release Form
7. Safe Environment Training proof of attendance or intended date of attendance – session schedule available on website at www.archlou.org/safe

Please mail all application documents to:

Pastoral Center
Office of Catholic Schools
Attn: Assistant Superintendent of Schools
3940 Poplar Level Road
Louisville, KY 40213

For questions regarding the application process, please call (502) 585-3291 or email Lori Weiter, lweiter@archlou.org.

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



ARCHDIOCESE OF LOUISVILLE
Catholic Schools

Archdiocese of Louisville

Office of Catholic Schools
Substitute Teacher Application



For Office Use Only:

Date Received: _____ Date Available: _____
KY Cert _____ for Grades/Subject _____
SET: _____ MM/YYYY Added
CRC: _____ to Sub List: _____
Sent Confirm Letter: _____
OCS Meeting Date: _____
HR Meeting Date: _____

A. Applicant Information

Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street) (City) (State) (Zip)

Email Address: _____ Phone Number: _____

(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)

B. Certification Information: Indicate whether you have any of the following: *(Not Applicable: _____)*

_____ Valid teaching certificate from the state of KY Expires: _____

_____ Valid teaching certificate from another state Expires: _____

_____ Valid emergency substitute teaching certificate from the state of KY Expires: _____

Area of certification: _____

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.)

C. Professional References

List only those people who are qualified to evaluate your skills for serving as a substitute teacher.

NAME	POSITION	ORGANIZATION NAME	EMAIL ADDRESS

Availability Date: _____

Are you currently under contract? Yes No

If yes, name of school or system: _____

Schools are located in the following seven counties- please select all in which you would be interested in substitute teaching:

- Hardin Jefferson Marion Nelson
Oldham Shelby Washington

Preferred Grade Level(s): _____ Preferred Subject(s): _____

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.

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 Catholic Schools, 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 Catholic Schools 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 Catholic Schools.
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 Inquiry Release Form)



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