



Diocese of Springfield – Catholic Schools

Post Office Box 1730, 65 Elliot Street, Springfield, Massachusetts 01102-1730

413-452-0830

Personnel Application Form

_____ Date

Name _____
Last First Middle other names by which you have been known

Present address _____
Number & Street City State Zip Code Apt #

Telephone _____ At present address until

Permanent address _____
(if different) Number & Street City State Zip Code Apt #

Telephone (Home) _____ Telephone (Cell) _____ Social Security Number _____
(Optional)

E-mail Address _____

Are you eligible for employment in the United States? Yes No

Religion _____ Home Parish _____ Name _____ City _____

POSITION(S) DESIRED:

- TEACHER OF GRADES:** Preschool - 3 4 - 6 7 - 8 9 - 12
- Guidance / Social Work Teacher Aide Nurse Substitute
- Full Time Part Time

SUPPORT STAFF Applying for the position of: _____

Educational Certificate(s) or Professional License Held

State	Level	Subject Area	Certificate Number	Expiration Date

AVAILABLE FOR EMPLOYMENT IN THE FOLLOWING SCHOOL(S):

- | | | |
|--|--|--|
| <input type="checkbox"/> Adams – St. Stanislaus Kostka | <input type="checkbox"/> Holyoke – Blessed Sacrament | <input type="checkbox"/> South Hadley – Academy of the Little Flower |
| <input type="checkbox"/> Agawam – In the Beginning Preschool | <input type="checkbox"/> Holyoke – Mater Dolorosa | <input type="checkbox"/> Springfield – St. Michael's Academy |
| <input type="checkbox"/> Chicopee – St. Joan of Arc | <input type="checkbox"/> Lee – St. Mary's | <input type="checkbox"/> West Springfield – St. Thomas the Apostle |
| <input type="checkbox"/> Chicopee – St. Stanislaus | <input type="checkbox"/> Longmeadow – St. Mary's Academy | <input type="checkbox"/> Westfield – St. Mary's Parish Elementary |
| <input type="checkbox"/> Dalton – St. Agnes Academy | <input type="checkbox"/> Ludlow – St. John the Baptist | <input type="checkbox"/> Westfield – St. Mary's High School |

To complete this application submit copies of all college transcripts, educational certifications, professional licenses, parish reference form, 3 letters of reference, and resume.

PRIOR TO EMPLOYMENT START DATE: C.O.R.I. Request Form and Adam Walsh / Child Protective Service Background Record Request Form must be completed through the Office of Safe Environment and Victim Assistance. Fingerprint-based background record check must be completed through the Massachusetts SAFIS Program (completed through Identigo).

Educational and Professional Training

	Name of Institution	Location		Dates Attended		Graduation Date	Degree
		City	State	From	To		
Elementary							XXXXXXXX
Secondary							XXXXXXXX
							XXXXXXXX
College/University (Undergraduate)							
College/University (Graduate)							

Teaching Experience

List in chronological order all teaching experience (including student teaching). Place a check mark (✓) in the left margin to indicate student teaching.

Name of School	Location		Inclusive Dates		Grade/Subject Taught	Salary	Reason for Leaving
	City	State	From	To			

Volunteer/Work Experience Other Than Teaching

List in chronological order all job experience other than teaching, whether full or part time.

Name and Address of Employer	Kind of Work	Inclusive Dates		Salary	Reason for Leaving
		From	To		

References

Please list three individuals who are in a position to comment on your ability, character and work experience. Do not include family members.

Name	Complete Address	Telephone	Relationship

Personal/Professional Competencies

Briefly note your career goals as they relate to education.

What contribution can you personally make to a Catholic school?

Briefly state your views on the value of Catholic education.

