

Diocese of Springfield - Catholic Schools

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

413-452-0830 / FAX: 413-452-0555

Personnel Application Form

					Date	
Name						
	Last	First	Middle	other	names by which you have been known	
Present a	ddress					
	Number & Stree	et	City	State	Zip Code	Apt #
Telephone	2		At present address	until		
тоюрноне			7 tt prodent dadredd	- Girtii		
Permaner	nt address					
(if differ	ent) Number & Stree	et	City	State	Zip Code	Apt. #
Telephone	e (Home)	Telephone (Cell)		Soci	al Security Number	
тоюрноне	y (Figure)	Totophono (Con)		000.	ar Coounty Humbon	(Optional)
الممنا ٨ط	draga					
E-mail Ad	uress					
Are you el	ligible for employment in the	United States? Yes	No			
7 11 0 y 0 0 0 1	igibio for omploymont in the					
Religion		Home Parish				
		Tiomo i anon	Nar	me	City	
<u>POSITIO</u>	N(S) DESIRED:					
<u>Teache</u>	er of Grades:	Preschool - 3	4 - 6		7 - 8 9 -	12
		Guidance / Social Work	Teacher Aide		Nurse Su	bstitute
		odidanos / Odolai Work	Todonor 7 lldo		00	oditato
		Full Time	Part Time			
		Educational Certific	cate(s) or Profess	sional	l icense Held	
State	Level		ect Area	Jionai	Certificate Number	Expiration Date
		l				
AVAILAB	LE FOR EMPLOYMENT IN	THE FOLLOWING SCHO	OOL(S):			
Ada	ams – St. Stanislaus Kostka	Holyoke -	- Blessed Sacrament		South Hadley – Aca	ademy of the Little Flower
	ourom In the Deginning Dr	and and the backs	Mater Delerene		Covingfield Ct Mi	shaal'a Aaadamy
Aga	Agawam – In the Beginning Preschool Holyoke – Mater Dolorosa Springfield – St. Michael's Academy					
Chi	copee – St. Joan of Arc	Lee – St.	Mary's		West Springfield –	St. Thomas the Apostle
Chi	copee – St. Stanislaus	Longmea	dow – St. Mary's Acad	lemy	Westfield – St. Mar	y's Parish Elementary
Dal	ton – St. Agnes Academy	Ludlow –	St. John the Baptist		Westfield – St. Mar	y's High School

To complete this application submit copies of all college transcripts, educational certifications, Parish Reference Form, 3 letters of reference, and résumé.

PRIOR TO EMPLOYMENT START DATE: C.O.R.I. Request Form completed through the Office of Safe Environment and Victim Assistance. Fingerprint-based background record check through the Massachusetts SAFIS Program (completed through IdentoGo).

Educational and Professional Training							
		Locatio	n	Dates Attended		Graduation	
	Name of Institution	City	State	From	То	Date	Degree
Elementary							XXXXXXX
Secondary							XXXXXXX
							XXXXXXX
College/University (Undergraduate)							
,							
College/University (Graduate)							
(Gradato)							

Teaching Experience							
List in chronological order all teach	ning experience (inclu	ding stude	ent teaching).	Place a che	eck mark ($$) in the left ma	argin to indica	ate student teaching.
	Location		Inclusiv	e Dates			
Name of School	City	State	From	То	Grade/Subject Taught	Salary	Reason for Leaving

Volunteer/Work Experience Other Than Teaching List in chronological order all job experience other than teaching, whether full or part time.					
		Inclusive Dates			
Name and Address of Employer	Kind of Work	From	То	Salary	Reason for Leaving

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

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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.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

In addition, all employees of the Diocese of Springfield are required to comply with a 'Code of Conduct' policy which includes a criminal records check (CORI) and also includes the stipulation that "whenever, by public example, an employee engages in or espouses conduct which contravenes the doctrine and teaching of the Church, such employee may, at the sole discretion of the Roman Catholic Bishop of Springfield, be subject to disciplinary action up to and including dismissal".

$\underline{\text{Note}}\!:$ We expect teachers to maintain high ethical and professional	al standards and to accept supervision.
Are we free to contact your references and those under whom you	have worked or are now working?
Date available for employment:	
I, the undersigned, agree to allow the Springfield Diocesan School to appropriate search committees and prospective employers within	ls Office to duplicate my application and accompanying records and to provide these named the Diocese of Springfield.
Date	Signature
Thank you for completing this anni	ination form and for your interest in Catholic achaels

Thank you for completing this application form and for your interest in Catholic schools.

Office Use Only					
Application and Forms Complete Interviews OSEVA Approva					
Date Employed					
From To	School	Grade(s) Subject(s)			