

Date _____

ADMINISTRATIVE APPLICATION

Send application, a copy of your current license(s) and transcripts to: Office of Catholic Schools, 144 West Wood Street, Youngstown OH 44503

PERSONAL HISTORY

_____ Last Name First Name Middle Name

Is there any other name under which your records may be listed? _____

Address _____
Street City and State Zip Code

Area Code and Phone Number _____

EDUCATIONAL BACKGROUND

_____ College City and State Degree

_____ High School City and State

_____ Elementary City and State

Applying for position of _____

Administrative Experience: Diocese of Youngstown _____
Other _____ Total _____

Teaching Experience: Grades 1-8 _____ years
(prior to this year) Grades 9-12 _____ years
Total _____ years

Religion _____ Citizenship: Yes ___ No ___

Church _____ Address _____

_____ Single _____ Married _____ Widowed
_____ Divorced _____ Remarried

Have you ever been convicted of a felony? Yes ___ No ___

Do you have any religious education background other than high school religion courses? Yes ___ No ___
If yes, please describe.

_____ Number of credits _____ and/or CCD or other religion teaching experience:

_____ Type of religious education certificate held _____

_____ Date of expiration _____

The Office of Catholic Schools follows the Equal Employment Opportunity policy subscribed to by the Diocese of Youngstown. The policy follows the provisions of the Civil Rights Act of 1964, amended March 24, 1972.

Other experience that qualifies you for this position:

ADMINISTRATIVE AND TEACHING LICENSE(S)

Names of administrative and teaching license(s) that you hold or for which you are eligible to apply:

State	Date Issued	Date of Expiration	Serial Number	Administrative Position, Subjects or Grades Covered by License
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORK EXPERIENCE (Begin with this year's assignment)

School/Firm	City and State	Administrative Position Grade and Subjects (if teaching) Occupation (if non-teaching)	Dates From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (Four [4] references are REQUIRED)

_____	_____	_____	_____
Pastor	Address, City, State and Zip Code	Phone	Position
_____	_____	_____	_____
Employer	Address, City, State and Zip Code	Phone	Position
_____	_____	_____	_____
Other	Address, City, State and Zip Code	Phone	Position
_____	_____	_____	_____
Other	Address, City, State and Zip Code	Phone	Position

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE. This information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of this information could result in my discharge should I be employed in the Diocese of Youngstown. I further authorize the Office of Catholic Schools and any interested schools to verify any information I have provided in this application. This information may include present and former employers, educational and training institutions and other appropriate sources. I specifically authorize the Office of Catholic Schools and/or any interested schools, to request that the Bureau of Criminal Identification and Investigation (BCI) research and determine whether the BCI has any information pertaining to me. I understand that the research of the BCI must be completed and the results must be satisfactory to the Diocese of Youngstown, in its sole discretion, before any contract of employment may be offered to me. I also authorize my present employer, previous employers, present and previous fellow employees, educational and training institutions, and any other persons to furnish any information concerning my personal character, habits or employment records to the Office of Catholic Schools and interested schools and hereby release all such persons from any liability for furnishing such information. I further understand that I will not be allowed access to such confidential replies. This application will be kept on file for one year.

Signed _____

Date _____