



DIOCESE OF
FORT WAYNE, SOUTH BEND
SECRETARIAT FOR CATHOLIC EDUCATION
CATHOLIC SCHOOLS OFFICE

PO Box 390, Fort Wayne IN 46801 | PHONE 260-422-4611 | FAX 260-426-3077

INSTRUCTIONS FOR APPLYING FOR ASSOCIATE SUPERINTENDENT

- I. Complete APPLICATION FORM FOR ASSOCIATE SUPERINTENDENT in dark ink or type.
- II. Send the completed APPLICATION FORM to the Catholic Schools Office at the above address. Submission of a resume is optional.
- III. Request your educational placement service or the college or university you attended to send your ACADEMIC CREDENTIALS AND RECOMMENDATIONS, TRANSCRIPTS, and TEACHER'S/ADMINISTRATOR'S LICENSE(S) to the Catholic Schools Office in Fort Wayne.
- IV. Have the following forms completed by the appropriate person and returned directly to the Catholic Schools Office.
 - A. STATEMENT OF CATHOLIC FAITH - Give the copy to the pastor or a priest in your current parish.
 - B. PROFESSIONAL REFERENCES
 1. Complete the top portion of the Professional Reference forms.
 2. Send the first to your present or most recent employer.
 3. The other two may be sent to persons of your own choice. One of the two must be someone with knowledge of your professional preparation and experience.
 - C. VERIFICATION OF LICENSED TEACHING EXPERIENCE and EXPERIENCE AS A SCHOOL/DISTRICT ADMINISTRATOR- This form will need to be completed before finalization of contract.
- V. During the application process, personnel from the Catholic Schools Office may contact you for an interview. After the interview, Catholic Schools Office will make a recommendation regarding your application.
- VI. Your application will be forwarded for possible interview with the search committee. The interview will be arranged between the applicant and the committee contact person.
- VII. If you have any questions on the above, please contact the Catholic Schools Office at 260-422-4611.

APPLICATION FORM FOR ASSOCIATE SUPERINTENDENT

TITLE _____ LAST NAME _____ FIRST _____ M.I. _____

ADDRESS _____ APT# _____ SOCIAL SECURITY NUMBER _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

OFFICE PHONE _____ HOME PHONE _____ CELL PHONE _____

PARISH OF WHICH YOU ARE A MEMBER _____ CITY _____ STATE _____

LICENSE:

Do you hold an Indiana Administrator's certification? YES NO

For what grade is your license valid? ELEMENTARY SECONDARY

Certification Number: _____ Expiration Date: _____

If you do not hold an Indiana School Administrator's license, are you eligible? YES NO

Explain:

List other educational licenses you may hold:

<u>TYPE</u>	<u>SERIAL NUMBER</u>	<u>GRADES/SUBJECTS COVERED</u>	<u>STATE IN WHICH VALID</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other licenses towards which you are working:

<u>TYPE</u>	<u>(EXPECTED) COMPLETION DATE</u>	<u>GRADES/SUBJECTS COVERED</u>	<u>STATE IN WHICH VALID</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE: If applicant is not appropriately licensed, applicant must have transcripts evaluated and submit documentation of the review to the Catholic Schools Office before hiring. All applicants are expected to submit a plan to obtain a license.

EDUCATIONAL BACKGROUND: Please give all education beyond 12th grade

<u>SCHOOL</u>	<u>CITY/STATE</u>	<u>DATES ATTENDED</u>	<u>GRADUATION DATE</u>	<u>DEGREE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE: Start with present or most recent position. Account for all periods of unemployment. Use additional sheets, if necessary.

- | | |
|---|--|
| <p>1. Employer _____
 Administrator _____
 Address _____
 _____</p> | <p>Phone _____
 Position _____
 Dates employed _____
 Reason for leaving _____</p> |
| <p>2. Employer _____
 Administrator _____
 Address _____
 _____</p> | <p>Phone _____
 Position _____
 Dates employed _____
 Reason for leaving _____</p> |
| <p>3. Employer _____
 Administrator _____
 Address _____
 _____</p> | <p>Phone _____
 Position _____
 Dates employed _____
 Reason for leaving _____</p> |

REFERENCES:

Application will not be processed without the following information. You must provide three (3) references, including at least one from each parish/religious group in which you were a member and each community (city, town) in which you resided during the last ten (10) years. Use back of application to list additional references. Request additional reference forms, if necessary.

PASTOR
 NAME: _____
 ADDRESS: _____

 PHONE: _____
 PROFESSION: _____

PROFESSIONAL, FORMER EMPLOYEEER, OR PERSONAL
 NAME: _____
 ADDRESS: _____

 PHONE: _____
 PROFESSION: _____

PROFESSIONAL, FORMER EMPLOYEEER, OR PERSONAL
 NAME: _____
 ADDRESS: _____

 PHONE: _____
 PROFESSION: _____

PROFESSIONAL OR FORMER EMPLOYEEER
 NAME: _____
 ADDRESS: _____

 PHONE: _____
 PROFESSION: _____

PROFESSIONAL STATUS

- | | | |
|---|------------------------------|-----------------------------|
| Has your teaching/administrator’s contract ever failed to be renewed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever resigned or been compelled to resign a teaching or administrative position? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been indicted or arrested for any felony or misdemeanor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been investigated by a child protective agency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If “yes” to any of the above, please explain:

- If selected, and conditions prove satisfactory, do you have any plans to prevent you from remaining at least three years in a position? YES NO
- May we contact your current employer? YES NO
- Are you a Roman Catholic, in good standing, fully participating in the sacramental life of the Church? YES NO
- Are you a US citizen, or are you legally able to work in the United States? YES NO

APPLICANT'S STATEMENT: Please read carefully and sign below. Your application must be signed.

Employment with the diocese will be subject to background screening and reference checks, among other things.

I agree that, as a condition for the consideration of my application, I will, if requested, assist the diocese in evaluating my employment qualifications by authorizing the diocese to request and receive criminal history information on me and information from my present or past employers or personal references concerning evaluation of my work performance and other matters of opinion.

I will authorize civil authorities and any of my references and present or past employers or schools to furnish the diocese any or all information requested above and will release them and the diocese and its affiliates from any and all responsibilities arising out of the release of any such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a promise of employment or an employment contract between the diocese and myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the diocese unless made in writing signed by me and an authorized representative of the diocese.

If I am not bound by a contract, I understand that I have the right to terminate my employment at any time for any or no reason and that the diocese retains a similar right.

I certify that information contained in this application is true and correct to the best of my knowledge. I understand that false or materially incorrect information in this application is grounds for disqualification from further consideration, or immediate discharge from employment.

APPLICANT'S SIGNATURE

DATE

WITNESS

DATE

SEND THE COMPLETED APPLICATION FORM TO:

Catholic Schools Office
Diocese of Fort Wayne-South Bend
PO Box 390
Fort Wayne IN 46801



DIOCESE OF
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ORGANIZATIONS: List all professional organizations of which you are a member.

MEETINGS: List all professional education meetings (workshops) that you have attended in the last three years.

ESSAY QUESTIONS:

Describe your understanding of Catholic Identity within the context of a Catholic elementary or high school and how an associate superintendent can best influence that culture.

How does an associate superintendent best impact the academic success of students?



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STATEMENT OF CATHOLIC FAITH

SECTION I To be completed by applicant.

Applicant Name _____

Pastor Name _____

Religion _____

Parish Name _____

Position Desired _____

Parish Address _____

Telephone _____

SECTION II To be completed by Pastor.

The above named applicant has applied to be associate superintendent of Catholic Schools. Because it is imperative that our schools be staffed with people of faith who will help the students become better Catholics, we would appreciate your evaluation of this applicant. Your answers will remain confidential.

1. Check one of the following:

- The applicant shows genuine and enthusiastic interest in the Catholic faith.
- The applicant indicates routine interest in the Catholic faith.
- The applicant indicates less than routine interest in the Catholic faith.

2. Check one of the following:

- The applicant would be a good Catholic influence on children in our schools.
- The applicant would be an average Catholic influence on children in our schools.

3. To the best of your knowledge, is the applicant living a life consistent with the teachings of the Catholic Church in the married or single state as it applies to the applicant? YES NO

4. Do you know the applicant personally? YES NO

5. What is your estimate of the applicant's promise as a Catholic school associate superintendent?

Additional Comments (use reverse side if necessary)

SIGNATURE

DATE



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REFERENCE REQUEST: ADMINISTRATIVE SUPERVISOR

Applicant Name _____ Position sought _____

*The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives applicants' access to information in their application files. However, to ensure that references will be free to write a candid letter of recommendation, an applicant may waive the right to see letters of reference. **If you wish to voluntarily waive this right, please sign and date below:***

SIGNATURE

DATE

To be completed by referent and returned directly to the Catholic Schools Office, Diocese of Fort Wayne-South Bend. Attach additional sheets if necessary.

Name of Referent: _____ Contact Number: _____

In what capacity have you known the applicant and for how long?

What is your estimate of the applicant's promise as a school leader and promise of professional success? Attach additional sheets, if necessary.

What are the applicant's greatest strengths and areas of improvement? Attach additional sheets, if necessary.



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REFERENCE REQUEST: ADMINISTRATIVE SUPERVISOR

SUMMARY EVALUATION: Based upon your professional experience with this individual, how would you rate this applicant with respect to the following qualities:

		EXCELLENT	VERY GOOD	AVERAGE	FAIR	POOR	UNABLE TO JUDGE
Personality	(wholesome, pleasing)						
Character	(evidence of strength)						
Ethics	(professional relationships)						
Emotional Stability	(self-control, adjusted)						
Oral Communication Skills							
Written Communication Skills							
Communications With Parents	(professionally effective)						
Team Player - willing to collaborate							
Encourage the spiritual growth, academic, achievement, and social development of each and every student							
Exercise spiritual leadership to ensure thriving Catholic school communities							
Develop, motivate and empower staff and cultivate excellent teaching							
Organize, schedule and manage priorities effectively							
Understand and participate in school finances including preparing budgets and making financial projections							
Knowledge of current educational best practices							
Willingness to promote Catholic education through marketing and other advancement activities							
Network with external community to promote the Catholic Schools							

Additional comments related to ratings:

Please check one:

- I recommend this candidate with enthusiasm, OR
 I recommend this candidate with reservations (please explain below), OR
 I do not recommend this candidate. (please explain below)

SIGNATURE

PRINTED NAME

DATE



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REFERENCE REQUEST: COLLEAGUE/PROFESSIONAL

This section to be completed by the applicant. (Please print or type.)

Applicant Name _____ Position sought _____

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SIGNATURE

DATE

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Name of Referent: _____ Contact Number: _____

In what capacity have you known the applicant and for how long?

What is your estimate of the applicant's promise as a school leader and promise of professional success? Attach additional sheets, if necessary.

What are the applicant's greatest strengths and areas of improvement? Attach additional sheets, if necessary.



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VERIFICATION OF EXPERIENCE

Mr(s). _____ SS #XXX-XX-_____, who has applied to serve as the superintendent of the Diocese of Fort Wayne-South Bend, states that (s)he has taught or served as an administrator _____ years in your school system at _____ School. It is necessary to verify the licensed teaching experience of this person for the purpose of computing salary. Please complete the form below giving the dates of teaching, both full-time and part-time, of school years in your system. Please return this information to the above address at your earliest convenience.

Sincerely,

Carl Loesch

Secretary for Catholic Education
 Diocese of Fort Wayne-South Bend

The above named person taught in the _____ School/School District.

This school is accredited by _____.

This school is NOT accredited.

Please list each year separately.

DATE:	# DAYS TAUGHT	# DAYS IN SCHOOL YEAR	INDICATE FULL TIME OR %AGE PART TIME
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 20__	_____	_____	_____
20__ to 19__	_____	_____	_____
19__ to 19__	_____	_____	_____
19__ to 19__	_____	_____	_____
19__ to 19__	_____	_____	_____

I hereby certify that the experience listed above is a true and correct copy of the records on file for the above named teacher/administrator

 SIGNATURE

 POSITION

 DATE

 ADDRESS
 DFWSB-01/2019

 PHONE