



DIocese OF FORT WAYNE – SOUTH BEND  
OFFICE OF CATHOLIC EDUCATION

915 S. CLINTON STREET, P.O. BOX 390 • FORT WAYNE, INDIANA 46801

Dear Applicant,

Thank you for your interest in a teaching position in our schools. To teach in a Catholic school is to participate in the teaching mission of Jesus. As Christ came to witness to the love of His Father, so our Catholic School teachers witness to that love and assist their students to discover and grow in it.

Your completed application should include:

1. The completed two page application form and two page personal response
2. Employment verification form: *please complete the information in Section One and send to the previous employer to complete Section Two.*
3. One pastoral and two professional references: *please complete the information in Section One and send to referents to complete Section Two.*
4. Transcripts from all colleges/universities attended
5. Copy of current Indiana teaching license

If you do not hold a current Indiana teaching license, you may contact the certification officer in the Department of Education at Indiana University-Purdue University in Fort Wayne or Indiana University in South Bend to have your transcripts evaluated. As of July 1, 1997, all applicants for an Indiana license are required to complete a Criminal History check.

When completing your application, please be sure that zip codes and area codes are included with the names, addresses and telephone numbers. Submit all information to the Catholic Schools Office, PO Box 390, Fort Wayne, IN 46801 or email to [showe@diocesefwsb.org](mailto:showe@diocesefwsb.org).

When your application and your reference forms are returned to our office, your name will be added to our list of eligible candidates. We will retain your application file for two years or until hired in our system. If you are not hired for the current year and you wish to have your name placed on our list of eligible candidates for the subsequent year, it will be necessary for you to advise us that you are still available to teach.

When a vacancy occurs in a school, the principal contacts our office for application forms and references of appropriate candidates. From April to August, we also distribute a monthly listing of available candidates.

**In order to be hired in a Catholic elementary school in the Diocese of Fort Wayne-South Bend, your completed application packet must be sent to and processed through the:**

**Catholic Schools Office  
PO Box 390  
Fort Wayne IN 46801.**

**Or email to [showe@diocesefwsb.org](mailto:showe@diocesefwsb.org).**

We look forward to receiving your completed application in our office.

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

**TEACHER APPLICATION**

**Applicant Information**

First Name	MI	Last Name
Street Address	Apt #	City/State/ZIP
Primary Phone #	Secondary Phone #	Work Phone
Email Address	Social Security Number*	
Religion	Parish or Church Name	
Date Available for Employment	Today's Date	

\*You must be able to verify legal US citizenship at time of hiring by providing a copy of either your birth certificate or your social security card.

**Education** (copy of transcript from each college/university attended must accompany this application or follow as soon as possible)

	Name of Institution	Location of Institution	Dates Attended	Degree	Major/Minor
<u>Elementary School</u>					
<u>Middle/Junior High</u>					
<u>High School</u>					
<u>College/University</u>					
<u>College/University</u>					
<u>College/University</u>					

**Teacher License** (copy of license must accompany this application or follow as soon as possible)

License #	Issue Date	Expiration Date
State	Subject Area	Grade Validity/School Setting

**Position Desired** (please check all that apply)

<u>Elementary</u> PK-3 _____	4-6 _____	7-8 _____
<u>Middle School</u> _____	1 <sup>st</sup> Subject _____	2 <sup>nd</sup> Subject _____
<u>High School</u> _____	1 <sup>st</sup> Subject _____	2 <sup>nd</sup> Subject _____
<u>Preferred Location</u>	Fort Wayne Area _____	South Bend Area _____

Are you interested in substitute teaching, if no full time position is available? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Teaching Experience\*** (please list chronologically, beginning with student teaching)

<u>Job Title</u> (e.g. student teacher, teacher, etc.)	<u>School</u>	<u>School District</u>	<u>Grade Level or Subject Area</u>	<u>Employment Dates</u>

\*If you wish to be credited for past teaching experience, you must provide written verification from your former superintendent. Credit will be given for years in which you taught with a college degree and a teaching license in an accredited school.

Please describe any additional experience you have with children, such as CCD teacher, camp counselor, coach, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Theological/Catechetical Education** (please list any catechetical or theological courses you have taken since high school)

<u>Course Name</u>	<u>Name of Institution</u>	<u>Location of Institution</u>	<u>Date Completed</u>

**Professional Status**

Has your teaching license ever failed to be renewed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever resigned, or been compelled to resign, a teaching position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been arrested for, indicted for or complained of in any felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been investigated by a child protective agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered 'yes' to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you lived in any state other than Indiana in the ten years immediately preceding the date of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employment will be subject to, among other things, satisfactory reference checks.

I understand that, if employed in a part time or temporary position, I may not be eligible to participate in any of the diocesan group insurance, medical insurance or retirement plans.

To assist in the evaluation of my employment qualifications, I authorize the Diocese to request and receive any information from past employers or personal references concerning evaluations of my work performance and other matters of opinion. I also authorize any of the references, past employers or schools listed above except those noted, to furnish the Diocese any or all information requested above. I further release them and the Diocese and its affiliates from any and all responsibility arising out of the release of any such information.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the school unless made in writing. If an employment relationship is established, I understand that it is pursuant to the terms of my applicable contract. If I am not bound by a contract, I understand I have the right to terminate my employment at any time 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, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration, or for dismissal from employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Personal Response Form**

NAME \_\_\_\_\_

Please respond to the following questions.

1. What do you believe about the role of the teacher in the learning process?

2. What do you consider the mission of a Catholic school to be?



**Catholic Schools Office**  
 Diocese of Fort Wayne-South Bend  
 PO Box 390  
 Fort Wayne IN 46801  
 Fax: 260-426-3077

**EMPLOYMENT VERIFICATION**

Mr(s). \_\_\_\_\_ SS # \_\_\_\_\_, who has applied to teach in Diocese of Fort Wayne-South Bend, states that (s)he has taught \_\_\_\_\_ 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,

Superintendent of Schools  
 Diocese of Fort Wayne-South Bend

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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 19__	_____	_____	_____
19__ to 19__	_____	_____	_____
19__ 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.

Signed \_\_\_\_\_  
 Position \_\_\_\_\_  
 Date \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

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Fort Wayne IN 46801  
Fax 260-426-3077

**PASTORAL REFERENCE**

**SECTION I: TO BE COMPLETED BY APPLICANT.** Pastor/Religious Leader of Parish/Religious Group/Church

Applicant Name: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Position desired: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

To assist in the evaluation of my employment suitability and qualifications, I authorize the Diocese of Fort Wayne-South Bend to request and receive information from pastoral references concerning evaluations of my faith and other matters of opinion. I also authorize the reference listed above to furnish the Diocese with the information requested herein and request that the information be submitted to the Diocese. I release the reference and the Diocese and its affiliates from any and all responsibility and liability arising out of or related to the provision of information as requested herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_



**SECTION II: TO BE COMPLETED BY REFERENT.**

The above named applicant has applied for a teaching position. 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. When completed, please mail or fax to the Catholic Schools Office at the above noted address or fax number.

Please answer the following by inserting a "Yes" or "No" answer. If the applicant is not Catholic, please substitute the appropriate religious belief for "Catholic".

1. \_\_\_\_\_ Do you know the applicant personally?
2. \_\_\_\_\_ Does the applicant show genuine and enthusiastic interest in the Catholic faith?
3. \_\_\_\_\_ Would the applicant be a good religious influence on children in our schools, capable of appreciating and supporting our Christian teaching mission?
4. \_\_\_\_\_ 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?
5. \_\_\_\_\_ Do you have any concern regarding the applicant's suitability for working with or around children or young persons?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Fort Wayne IN 46801

**PROFESSIONAL REFERENCE**

SECTION I. DIRECTIONS TO THE APPLICANT: Please complete the information in Section I **and send to your referents to complete Section II.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The person named above has applied for a position with us and indicates previous employment with your school (if other than a school, please insert supervisor's name in place of principal). Your comments will be held in strict confidence.

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Principal: \_\_\_\_\_ Final Salary: \_\_\_\_\_

To assist in the evaluation of my employment qualifications, I authorize the Diocese to request and receive any information from past employers or personal references concerning evaluations of my work performance and other matters of opinion. I also authorize any of the references, past employers or schools listed above, except those noted, to furnish the Diocese with any or all of the information requested above. I further release them and the Diocese and its affiliates from any and all responsibility arising out of the release of any such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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SECTION II. DIRECTIONS TO THE REFERENT: Please correct any discrepancies in the above information as well as providing the reference below. Please evaluate the applicant on the basis of his/her employment with you using the following scale: 1 (low) to 5 (high).

Job Knowledge \_\_\_\_\_ Conduct \_\_\_\_\_ Attendance \_\_\_\_\_

Planning and Organizing \_\_\_\_\_ Quality \_\_\_\_\_ Communication \_\_\_\_\_

If any of the above characteristics is less than acceptable, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_



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Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Principal: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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If any of the above characteristics is less than acceptable, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_



**References**

Your 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 years. Use back of application to list additional references. Please request additional reference forms if necessary.

PASTOR/MINISTER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Profession: \_\_\_\_\_

PROFESSIONAL OR FORMER EMPLOYER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Profession: \_\_\_\_\_

PROFESSIONAL OR FORMER EMPLOYER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Profession: \_\_\_\_\_

PROFESSIONAL OR FORMER EMPLOYER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Profession: \_\_\_\_\_