

INSTRUCTIONS FOR APPLYING FOR AN ADMINISTRATOR POSITION

- I. Complete APPLICATION FORM FOR ADMINISTRATOR in dark ink or dark type.
- II. Send the completed APPLICATION FORM to the Superintendent of Catholic Schools at the above address. Your application will be kept on file at the office and will be available, upon request, to parish and/or high boards of education with a job opening. This eliminates having to complete an application for each opening. Submission of a resume is optional.
- III. Request your educational placement service or the college or university attended to send your ACADEMIC CREDENTIALS AND RECOMMENDATIONS, TRANSCRIPTS, and TEACHER/ADMINISTRATORS' LICENSES to the Catholic Schools Office in Fort Wayne.
- IV. Have the following forms completed by the appropriate person and returned directly to the Superintendent of Catholic Schools.
 - A. STATEMENT OF CATHOLIC FAITH - Give the copy to the pastor or a priest in your current or most recent parish.
 - B. PROFESSIONAL REFERENCES
 1. Fill in the top portion of the Professional Reference Forms
 2. Give one to your present/last employer.
 3. The other two may be persons of your own choice but one of those two must be someone who knows your professional preparation and experience.
 - C. VERIFICATION OF LICENSED TEACHING EXPERIENCE and EXPERIENCE AS A PRINCIPAL. To be completed before finalization of contract.
- V. After the above documentation has been received, personnel from the Catholic Schools Office will contact you for an interview using the TTI selection. After the interview, the Catholic Schools Office will make a recommendation regarding your application.
- VI. After receiving the recommendation of the Catholic Schools Office, Job Opening Bulletins will be sent to you. If you are interested in applying for a specific position, please inform the Catholic Schools Office of the opening for which you wish to apply. Your application will then be forwarded for interviews with the search committees. This 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.

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.

CATHOLIC SCHOOLS OFFICE
 Diocese of Fort Wayne-South Bend
 P.O. Box 390
 Fort Wayne, IN 46801
 (260) 422-4611

APPLICATION FORM FOR ADMINISTRATORS

Title	Last Name	First	Middle Initial
Street Address		Apt. #	Social Security Number
City	State	Zip	E-Mail
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 level 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:

TYPE	SERIAL NUMBER	GRADES OR SUBJECTS COVERED	STATE IN WHICH VALID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other licenses towards which you are working:

TYPE	EXPECTED COMPLETION DATE	GRADES OR SUBJECTS COVERED	STATE IN WHICH VALID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Are you seeking employment with a specific parish/high school, or specific geographic area? _____ If so, where? _____

EDUCATIONAL BACKGROUND: (Give all education beyond the 12th grade)

Name of School	City/State	Dates Attended	Graduation Date	Degree

EXPERIENCE:

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

<p>1. Employer _____ Address _____ _____ Phone _____</p>	<p>Administrator _____ Position _____ Dates Employed _____ Reason for Leaving _____</p>
<p>2. Employer _____ Address _____ _____ Phone _____</p>	<p>Administrator _____ Position _____ Dates Employed _____ Reason for Leaving _____</p>
<p>3. Employer _____ Address _____ _____ Phone _____</p>	<p>Administrator _____ 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.

PROFESSIONAL, FORMER EMPLOYER, OR PERSONAL

Name _____
 Address _____

 Phone _____
 Profession _____

PASTOR

Name _____
 Address _____

 Phone _____

PROFESSIONAL, FORMER EMPLOYER, OR PERSONAL

Name _____
 Address _____

 Phone _____
 Profession _____

PROFESSIONAL, FORMER EMPLOYER, OR PERSONAL

Name _____
 Address _____

 Phone _____
 Profession _____

PROFESSIONAL STATUS:

Has your teaching/administrator's contract 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 indicted or arrested for any felony or misdemeanor?	Yes _____	No _____
Have you ever been investigated by a child protective agency?	Yes _____	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?

May we contact your current employer?	Yes _____	No _____
Are you a Roman Catholic fully participating in the sacramental life of the Church?	Yes _____	No _____
Are you a 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
P.O. Box 390
Fort Wayne, Indiana 46801

Catholic Schools Office
Diocese of Fort Wayne-South Bend
P.O. Box 390
Fort Wayne, Indiana 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: _____

applied for a position with us and indicates previous employment with your school. Your comments will be held in strict confidence. A postpaid envelope is enclosed for your convenience.

Position Held: _____ Employment Dates: _____

Principal: _____ Final Salary: _____

SECTION II. 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 employment with you using the following scale: 1 to 5 (being 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:

Signature _____
Address _____
Telephone _____

Title _____
City/State/Zip _____
Date _____

Return to:
Catholic Schools Office
P.O. Box 390
Fort Wayne, Indiana 46801

Catholic Schools Office
Diocese of Fort Wayne-South Bend
P.O. Box 390
Fort Wayne, Indiana 46801
STATEMENT OF CATHOLIC FAITH

Section I (To be completed by applicant)

Applicant:	Pastor/Minister of Parish:
Name _____	Name _____
	Address _____
Religion _____	
Position desired _____	Telephone _____

Section II

The above named applicant has made application for a principal 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. We appreciate your cooperation.

_____ Personnel Department

1. Check one of the following: (If the applicant is not Catholic, please substitute "Christian" for "Catholic").

- 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.

- 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.

2. Do you know the applicant personally? Yes _____ No _____

Comments: (Use reverse side, if necessary.)

Signature _____ Date _____

Return to:
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P.O. Box 390
Fort Wayne, Indiana 46801

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 Diocese of Fort Wayne-South Bend
 P.O. Box 390
 Fort Wayne, Indiana 46801

VERIFICATION OF EXPERIENCE

Mr(s) _____ SS # _____, who has applied to teach in Diocese of Fort Wayne-South Bend, states that he/she has taught _____ years in your school system, at _____ School. It is necessary to verify the licensed teaching/admi- nistrative experience of this person for the purpose of computing salary. We would appreciate it, if you would complete the form below giving the dates of teaching/administration, both full time and part time of school years in your system. Please return this information in the enclosed envelope at your earliest possible convenience. Thank you for your cooperation.

Sincerely,

Superintendent of Schools

The above named person taught in the _____ School/School District as follows (please list each year separately).

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

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 _____
 City/State/Zip _____
 Telephone _____