**This application must be filled in completely and accurately for processing along with the $ 5 fee.**

## PERSONAL DATA

Application Date _____
*Month* *Day* *Year*

Applicant Name _____
*Last* *First* *MI*

Social Security Number _____ – _____ – _____

Other name(s) in which records might be recorded _____

Religious Affiliation _____ Practicing Catholic? Yes No

Parish _____

Address _____
*Street* *Apt #*

_____
*City* *ST* *Zip*

Phone Number ( ) _____

E-mail Address _____

How many years of teaching experience do you have? _____ Total years
_____ Contract
_____ Other

| Years | Number of Months | Position | School Name City, ST | Grade(s) or Subject(s) | Reason for Leaving |
|---|---|---|---|---|---|
| -- | | | | | |
| -- | | | | | |
| -- | | | | | |
| -- | | | | | |

Would you be willing to relocate to the outlying Archdiocesan Schools in Sterling, Edwards, Longmont, Loveland, Louisville, Ft. Collins, Greeley and Glenwood Springs? Yes No

Can you perform the essential functions required for the teacher's position with reasonable accommodation? Yes No

If you need an accommodation, indicate and explain the accommodation required. _____

_____

_____

_____

## PROFESSIONAL DATA

**Position Preferred**

- ☐ Full-time
- ☐ Part-time
- ☐ Substitute if full-time is not available
- ☐ Substitute ONLY

**Level Preferred (1=first, 2=second, 3=third, etc.)**

- ☐ Kindergarten
- ☐ Primary (Grades 1-3)
- ☐ Intermediate (Grades 4-6)
- ☐ Middle (Grades 6-8)
- ☐ Junior High (Grades 7-8)
- ☐ Senior High (Grades 9-12)
- ☐ Alternative Programs

**Check the subjects you are capable of teaching, either by training or experience, in the areas below.**

| Subject | Kindergarten | Primary | Intermediate | Middle | Junior High | Senior High |
|---|---|---|---|---|---|---|
| Art | | | | | | |
| English | | | | | | |
| Math | | | | | | |
| Music | | | | | | |
| PE / Health | | | | | | |
| Reading | | | | | | |
| Religion | | | | | | |
| Science | | | | | | |
| Social Studies | | | | | | |
| Language Arts | | | | | | |
| Counselor | | | | | | |
| Media Specialist/Librarian | | | | | | |
| Special Education | | | | | | |
| Technology/Computers | | | | | | |
| Other: _____ | | | | | | |

**Bilingual**

- ☐ Yes
- ☐ No

**Language(s)**

- ☐ Spanish
- ☐ French
- ☐ German
- ☐ Latin
- ☐ Other _____

Have you ever been convicted of a felony, a misdemeanor, or any offense involving child abuse/molestation? Yes No

Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse by you? Yes No

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? Yes No

*If you answered "yes" to any of the three previous questions, please attach an explanation.*

Do you use illegal drugs? Yes No

## EDUCATIONAL DATA

Of the twelve years you spent in elementary and secondary school, how many were in Catholic school? _____

**Institutions of Higher Learning Attended**

| College / University | Location | Dates Attended | Credits / Semester Hrs | Credits / Qtr Hrs |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Degree(s) Attained**

| Degree | Date | College / University | Major | Minor |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Do you hold a valid Colorado Teacher's License? Yes No

If Yes, please complete: _____
*Type* *Number* *Exp Date*

If No, can you qualify for the Alternative Licensure program? Yes No

If you can't qualify, why not? _____

_____

For information concerning certification and qualification for the Alternative Licensure program, write to:
Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203 or phone (303) 866-6628.

## SPECIAL QUALIFICATIONS

Do you have administrator qualifications? Yes No

If yes, please specify:
Graduate Degree _____
State Certification/License No. _____
State _____
Years Experience _____

If Catholic, are you interested / willing to teach elementary school religion at the present? Yes No

Do you have a major / minor in theology or religious studies? Yes No

If yes, please specify:
College / University _____
Date _____

Do you have diocesan certification for teaching religion in the schools? Yes No

If yes, please specify: Diocese _____

Year _____

## SAFE ENVIRONMENT TRAINING

Have you attended a Safe Environment Training Session? Yes No

If yes, please specify: Date _____

Location _____

## REFERENCES

Have you ever been employed by the Archdiocese of Denver Catholic Schools? Yes No

If "yes", under what name? _____

If "yes," which schools?

_____ - _____
*School* *Year*

_____ - _____
*School* *Year*

_____ - _____
*School* *Year*

**List three (3) references below.** If you have had teaching experience, name all principals under whom you have taught within the last eight (8) years. If you have had no teaching experience, list the names of previous employers and/or supervisory teachers.

| Name | Address/City/State | Phone Number | Institution/Organization | Position |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**I hereby attest to the accuracy and completeness of all information provided above. I understand references will be contacted, and a police check may be made to verify information provided.**

_____ _____
*Applicant Signature* *Date*

Applicants are responsible for notifying the Office of Catholic Schools when they take a position or when, for some reason, they wish to have their application withdrawn from the active files. Applications, if properly completed, will be kept at the Office of Catholic Schools for two (2) school years, or until the applicant is hired, whichever comes first. If the applicant is not hired by the end of the two years and he/she still wishes to be considered for a position, the applicant must reapply.

**Return the completed application, all paperwork requested, and the application fee of $ 5.00 to:**

**Archdiocese of Denver**
**Office of Catholic Schools - Teacher Applications**
1300 South Steele Street
Denver, CO 80210
(303) 715-3189