

Date of Application: _____

Roman Catholic Diocese of Covington

OFFICES OF THE DIOCESAN CURIA

1125 Madison Avenue, Covington, KY 41011-3115
Telephone: 859/392-1500 FAX: 859/392-1589 E-mail: skoplyay@covdio.org

Check One:

- _____ New Applicant
- _____ Applied Previously
- _____ Former Employee
- _____ Present Staff Member

TEACHING APPLICATION

AND PERSONNEL INVENTORY FORM

INTEREST:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Position:	_____ _____ _____
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Note: Include complete transcripts of your educational preparation as a student and any available letters of reference. For most positions, being a practicing Roman Catholic is a *Bona Fide Occupational Qualification*; Catholics must include a recent (within the last 6 months) copy of a baptismal certificate. Complete the application form thoroughly.



PERSONAL INFORMATION

NAME _____
Last First M.I. Maiden

PRESENT STREET ADDRESS _____
City _____ State _____ Zip Code _____ TELEPHONE (_____) _____

PERMANENT STREET ADDRESS _____
City _____ State _____ Zip Code _____ TELEPHONE (_____) _____

SOCIAL SECURITY NUMBER _____ / _____ / _____ Sex _____ BIRTHDATE (Month/Day) _____

RELIGION _____ MARITAL STATUS _____

PARISH NAME / LOCATION _____ PASTOR _____

Are you a citizen of the United States of America? Yes _____ No _____ If not, separately provide details of your eligibility for employment in the U.S.

Have you ever been convicted of violating any law (except minor traffic violations)? Yes _____ No _____
If "Yes", separately list all convictions showing offense, where convicted, and date of conviction. Disclosure of a criminal record may not automatically disqualify you from employment consideration.

Have you ever had a teaching certificate revoked or suspended for any reason? Yes _____ No _____ If "Yes", please explain separately.

As defined under the *American's with Disabilities Act*, do you require any "reasonable accommodation" in order to perform the job for which you have applied?
Yes _____ No _____ If "Yes", please explain separately.



EDUCATION

HIGH SCHOOL: Name _____ Location _____

COLLEGE / UNIVERSITY	DATES OF ATTENDANCE	MAJOR	MINOR	DEGREE / SEMESTER HOURS



CERTIFICATION

(If your Kentucky certificate has expired, or if you presently only hold certification from another state, please include a photocopy of it with this application.)

If you hold a currently valid Kentucky certificate, please indicate all certification Codes and Expiration Dates from the certificate:

Code _____ Expiration _____ Code _____ Expiration _____ Code _____ Expiration _____

Code _____ Expiration _____ Code _____ Expiration _____ Code _____ Expiration _____

Will you be a Beginning Teacher Intern in Kentucky? Yes _____ No _____ Unsure _____ (Upon employment, present your Statement of Eligibility for Certification)

If you do not yet hold a Kentucky certificate, have you applied for one yet? Yes _____ No _____ (Contact our office for an application Form TC-1)



EXPERIENCE

Begin with most recent experience first and list chronologically. Use an additional sheet if needed. Attach a resume if appropriate.

A. TEACHING, ADMINISTRATIVE AND/OR SUPERVISORY EXPERIENCE: Include Student Teaching and volunteer CCD teaching.

Name and address of School/District	Position Held	DATES: From/To	Full Time or % Part Time

B. RELATED ACTIVITIES: Experience working with young people; clubs, camps, extracurricular activities in college, etc.

C. OTHER WORK EXPERIENCE: Include non-education employment (paid or volunteer) within the past ten years.

Employer Name	DATES: From/To	Nature of Experience

Can you coach athletics, direct music or dramatics, sponsor clubs, or participate in any other activities? Yes _____ No _____

If "Yes" please specify _____



REFERENCES

Give names and addresses of individuals who have knowledge of your work as a student or teacher. Do not include names of relatives or personal friends.

NAME AND TITLE	COMPLETE ADDRESS	TELEPHONE
1.		
2.		
3.		

Information contained in this application will be made available to all Diocesan school administrators. Applications will be retained for a period of one year, or until the Department of Catholic Education is notified that you no longer wish to be considered for employment. I certify that all information given or referred to in this application, including accompanying statements and documentation, is true and correct to the best of my knowledge. I understand that obtaining employment through willful misrepresentation of facts is grounds for dismissal.

LIMITATION OF CLAIMS: I agree that any action or suit against the Diocese of Covington arising out of any employment or termination of employment including, but limited to, claims arising under the State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I hereby waive any statute of limitations to the contrary.

APPLICANT SIGNATURE (Required) _____ DATE _____