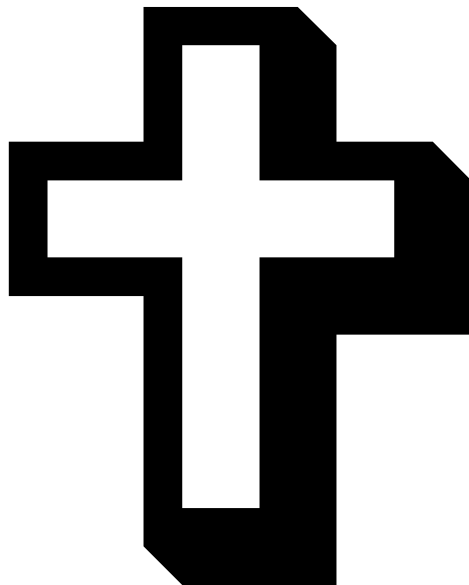


CATHOLIC DIOCESE OF SPOKANE APPLICATION



**CATHOLIC SCHOOLS OFFICE
1023 W. Riverside, #314
PO Box 1453
Spokane, WA 99210-1453
(509) 358-7330**

dschafer@dioceseofspokane.org
www.dioceseofspokane.org

In order for your application to be considered complete; the following items must be included with your completed application.

- ◆ All information must be completed in order for you application to be considered complete. *Note: Transcripts will not be accepted in lieu of the Personnel Worksheet being completed*
- ◆ Copy of your current Washington Teaching/Administrative Certificate (out-of state certificates will be accepted if noted your Washington Certificate is in progress)
- ◆ Transcripts (copies will be accepted unless you are offered a contract)
- ◆ Verification of prior contracted teaching experience (required before a contract will be issued)
- ◆ Disclosure Statement
- ◆ Washington State Patrol Background Check (*return to Diocesan School Office **do not** mail to Washington State Patrol*)
- ◆ College Placement File or letters of reference

Date of Application: _____

Date Available: _____

PLEASE READ FIRST

Thank you for your interest in employment with the Catholic Diocese of Spokane. The application you submit will be reviewed; and if based upon the information you have supplied, you are eligible for a personal interview, you will be contacted by phone. If, however, we are unable to consider your application; you will receive no further notice. Applications are valid for 2 years. If you have not received a response during this time period, you are welcome to re-apply. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION

1. Please complete the application in ink using neat, legible handwriting.
2. The application must be complete with dates of employment, colleges/universities you attended, current mailing address, telephone number(s), social security number, etc.
3. Your application must be completed providing all information on all forms in order to be considered for employment and/or placement of the monthly substitute list.
4. Your signature must appear on the back of this application, on the Washington State Patrol Form, and the Disclosure Statement for the application to be considered complete.

Full Name: _____
Last First Middle

Social Security #: _____ - _____ - _____

Address: _____

City State Zip Code

Phone: _____

E-Mail Address: _____

Place of Birth: _____

US Citizen? YES NO

Religious Preference: _____

Parish Affiliation: _____

Type of Position Desired: _____

Are you interested in positions in the school located in: *(please circle all that apply)*

Colton/Uniontown

Clarkston

Pasco

Spokane

Walla Walla

PREPARATION

Date (month and year) that you received your High School Diploma: ____/____/____

High School: _____

City/State: _____

Date (month and year) that you received your Bachelor's Degree: ____/____/____

Major: _____ Minor: _____

College/University: _____

City/State: _____

Date (month and year) that you received your Master's Degree: ____/____/____

Major: _____ Minor: _____

College/University: _____

City/State: _____

Date (month and year) that you received your Doctorate: ____/____/____

Major: _____ Minor: _____

College/University: _____

City/State: _____

CERTIFICATION

List all teaching/administrative certificates that you have ever received and attach a photocopy of each.

State	Type of Certificate	Date Issued	Certificate Number	Expiration

Subjects/Activities you are QUALIFIED to teach: _____

Subjects/Activities you PREFER to teach: _____

ACADEMIC EXPERIENCE

Total years of contracted experience (Grades K-12) after your initial BA/BS Degree: _____

Total year of contracted administrative experience (P-12): _____

Service, past or present, given in local parish, e.g., Religious Education Teacher, Board Member, Eucharistic Minister, etc.:

Other related experience: _____

Statement of Philosophy of Education: _____

Why do you want to teach in a Catholic School? _____

Other Comments: _____

REFERENCES

LIST REFERENCES WHO HAVE FIRST HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, SCHOLARSHIP, TEACHING ABILITY, AND ADMINISTRATIVE ABILITY. PREFER TO HAVE AT LEAST THREE EMPLOYMENT REFERENCES.

1. Reference's Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
Relationship: Former Supervisor Co-Worker Other

2. Reference's Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
Relationship: Former Supervisor Co-Worker Other

3. Reference's Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
Relationship: Former Supervisor Co-Worker Other

4. Reference's Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
Relationship: Former Supervisor Co-Worker Other

5. Reference's Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
Relationship: Former Supervisor Co-Worker Other

DISCLOSURE STATEMENT
Supplement to staff employment application

Full Legal Name _____
 Other Names Used _____
 Social Security Number _____

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

1. Have you ever been convicted of any of the following crimes against persons(s):

Yes	No		Yes	No	
___	___	Aggravated murder	___	___	Second-degree statutory rape
___	___	First-degree murder	___	___	Third-degree statutory rape
___	___	Second-degree murder	___	___	First-degree robbery
___	___	First-degree kidnapping	___	___	Second-degree robbery
___	___	Second-degree kidnapping	___	___	First-degree arson
___	___	First-degree assault	___	___	First-degree burglary
___	___	Second-degree assault	___	___	First-degree manslaughter
___	___	Third-degree assault	___	___	Second-degree manslaughter
___	___	First-degree rape	___	___	First-degree extortion
___	___	Second-degree rape	___	___	Second-degree extortion
___	___	Third-degree rape	___	___	Indecent liberties
___	___	First-degree statutory rape	___	___	Incest
___	___	First-degree promotion prostitution	___	___	Simple Assault
___	___	Communication with a minor	___	___	First-degree criminal mistreatment
___	___	Vehicular homicide	___	___	Second-degree criminal mistreatment
___	___	Unlawful imprisonment	___	___	Or any of these crimes as they be renamed in the future
___	___	Sexual exploitation of minors	___	___	

If your answer is "yes" to any of the above, please describe and provide the date(s) of the convictions and the sentence(s) imposed.

2. Have you ever been found to have sexually assaulted or exploited a minor, or to have sexually abused a minor in a Dependency Action, a Domestic Relations Proceeding, or Disciplinary Board Final Action

_____ Yes _____ No

If your answer is "yes," please describe and provide the date(s) of the finding(s) and the penalty(s) implied.

3. Have you been convicted of any crime in the past seven years?

_____ Yes _____ No

If your answer is "yes," please provide details:

We may request your fingerprints to obtain, from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within 10 days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Applicant Signature _____

Printed Name _____

Date Signed _____

Witness Signature _____

Printed Name _____

CONVICTION RECORD

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (This includes a plea bargain or no contest.)

NO

YES

If YES, list all convictions below, from the oldest to the most recent.

Date of Conviction (Month And Year)	Mark Appropriate Box		Offense (Do Not Use Abbreviations)
	Misdemeanor	Felony	

As an applicant for employment with the Catholic Diocese of Spokane I understand the following:

- This application will remain on active file (if completed properly) for 2 years. If I am hired within this period, this will be transferred to my individual personnel file.
- **Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.**
- **My employment is contingent upon the results of a criminal history investigation. The results of such an investigation may be grounds for disqualifying me or terminating my employment.**
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin work. If I am employed, I agree to comply with and be bound by the rule of conduct of the Catholic Diocese of Spokane.
- **My employment is not guaranteed for any term, and my employment may be terminated by the Diocese of Spokane or myself at any time and for no reason. No representative of the Diocese is authorized to make any oral assurance or promise of continued employment. Teacher and Principal contracts are based on year to year only.**
- All information (including information on any accompanying resume, transcripts, etc. is subject to verification.
- **I authorize and consent to my current and prior employers, educational institutions, and person or organization named in the application (or accompanying resume) to release any information to The Catholic Diocese of Spokane that may be required to make an employment decision. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the Catholic Diocese of Spokane and/or it's agents.**
- **A photocopy of this authorization is as effective as the original.**

Signed: _____

Date: _____

Office Use Only

Received by: _____ Date: _____ Updated: _____

WASHINGTON STATE PATROL

Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.840

INSTRUCTIONS: Please return the completed form along with a LEGIBLE copy of the applicant's current Washington State Drivers License.

Non-Profit Business/Organization

REQUESTOR INFORMATION – To be completed by the school principal Please PRINT

School _____

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Date _____

I certify that this request is made pursuant to and for the purpose indicated.

Principal Signature _____

Applicant of Inquiry – Please PRINT

Applicant Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers License Number: _____

Address: _____ Phone Number: _____

Applicant's Signature: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW10.97.050

SUBMIT TO:
DIOCESAN SCHOOL OFFICE
PO BOX 1453
SPOKANE, WA 99210-1453

SUBSTITUTE INFORMATION FORM

If you wish to have your name included on the Substitute List for the current school year, please complete the following information and return it with your application to the Diocesan School Office, PO Box 1453, Spokane, WA 99210-1453.

_____ I wish to have my name included on the Spokane Catholic Diocesan School Substitute List. I understand that in order for my name to be included on the Substitute List, my application must be completed, providing **all** information on all forms and furnishing the Diocesan School Office a current copy of my Washington State Teaching Certificate.

Check one or all-appropriate grades below which you are certified to teach, listing also your areas of endorsements.

K-3	4-6	7-8	9-12

Specific teaching preference, i.e., location, grade(s), etc.: _____

Please Print

Name: _____

Phone Number: _____

Address: _____

Message Phone: _____

Religious Preference: _____

For current list of job openings, please visit our web-site at www.dioceseofspokane.org
then click on schools

VERIFICATION OF CERTIFICATED EMPLOYMENT

Catholic Diocese of Spokane
 School Office
 PO Box 1453
 Spokane, WA 99210-1453

I. PERSONAL DATA

Name	Last	First	MI	Social Security Number
Mailing Address Street		City	State	Zip Code
Name under which service was rendered (if different from above)				

INSTRUCTIONS: This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Catholic Diocese of Spokane School Office. List chronologically each school year of certificated service rendered under your jurisdiction by the applicant. **Please return as soon as possible.**

II. CERTIFICATED EMPLOYMENT *(to be completed by responsible school/administrative official)*

School Year		Position Held	Days in Contract Year	Actual Days Served	Hours in Full-Time Day	Hours per Day Employed	Type of Service		
Beginning	Ending						Full-Time	Part-Time	Substitute**

**How many of these days were served consecutively? _____

**Was this a long-term substitute position? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

Printed Name of Certifying Officer	Signature of Certifying Officer	Title	Date
School District	Mailing Address		Phone Number