



DIOCESE OF VICTORIA
OFFICE OF CATHOLIC SCHOOLS
1505 E. MESQUITE LANE ~ VICTORIA, TX 77901

E M P L O Y M E N T A P P L I C A T I O N

PLEASE READ BEFORE COMPLETING THIS APPLICATION The School / Parish / Diocese does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, sex, national origin, marital status, disability, age, or veteran status. By law, church organizations are exempt from the provisions prohibiting consideration of an individual's religious preferences in hiring or termination decisions. Additionally, in accordance with Canon Law, an individual's gender may be a determining factor for employment in the role of clergy or other pastoral positions. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required of the position for which you are applying.

PLEASE PRINT OR TYPE (USE BLACK OR BLUE INK)

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Home Phone _____ Business Phone _____ SS # ____ / ____ / ____

Position(s) applying for: Principal Asst. Principal Teacher Other _____ (please specify)
 Elementary Secondary

If the position you are seeking requires membership in a Catholic parish or faith community (as indicated in the minimum requirements for the position), please identify your parish/community. _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of employment eligibility will be required upon employment.) Yes No

Have you ever been arrested or charged with a crime? Yes No
If yes, please identify when, where, and the reason for the arrest/charge? _____

Have you ever been convicted of a felony or a crime of moral turpitude? Yes No
If yes, please explain: *(Please note that an affirmative response to the above question will not necessarily bar you from employment.)* _____

NOTE: *Applicants will be subject to a background check for criminal record and must be approved by the Diocese of Victoria before being employed in a Catholic school.*

Are you at least 18 years old? Yes No ~ How did you hear of this opening? _____

EDUCATIONAL HISTORY

	Name and Address of School	Major(s)/Minor(s)	Year of Graduation	Diploma/Degree
High School				
College				
College				

LIST ALL VALID TEACHING CERTIFICATES

State	Type & Number	Areas of Certification	Expiration Date

OTHER TRAINING/EDUCATION/SKILLS

PREVIOUS EXPERIENCE/EMPLOYMENT HISTORY

Please list name, address, and phone number of previous employment, military, or volunteer experience, with the most recent experience first. *(Attach additional sheets, if needed.)*

Name of Organization _____	From _____	To _____
Address _____		
Phone Number _____	Principal/Supervisor _____	
Job Title _____	Reason for Leaving _____	
Duties and responsibilities of position _____		
Name known by (if different than present name) _____		

Name of Organization _____ From _____ To _____
 Address _____
 Phone Number _____ Principal/Supervisor _____
 Job Title _____ Reason for Leaving _____
 Duties and responsibilities of position _____

 Name known by (if different than present name) _____

Name of Organization _____ From _____ To _____
 Address _____
 Phone Number _____ Principal/Supervisor _____
 Job Title _____ Reason for Leaving _____
 Duties and responsibilities of position _____

 Name known by (if different than present name) _____

The employers listed above will be contacted unless you indicate otherwise, on the lines provided below:

Name of employer(s) _____

Reason: _____

REFERENCES

Give names, addresses, and telephone numbers of *three* professional references and *one* character reference (preferably your pastor) who are not related to you:

Name	Street Address	City/State/Zip	Phone
Character Reference:			

RESIDENTIAL HISTORY

Have you lived in your current residence for 5 or more years? Yes No If no, please complete the following:

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

