

Catholic Schools Office

Diocese of Erie
P.O. Box 10397
Erie, PA 16514-0397
Phone: (814) 824-1248

Dear Applicant,

We appreciate your interest in teaching in the Catholic Schools of the Diocese of Erie. Prior to your data being placed on the applicant personnel list, the following items are needed for your professional file:

Required Documents:

1. Completed "School Educator Employment Application" form
2. Completed PA Health Form (H511.340) (dated within the last year)
3. A copy of your teaching certificate from the Pennsylvania Department of Education
4. A copy of your Act 34, Employee Background Check (dated within the last year)
5. A copy of your Pennsylvania Child Abuse History Clearance (dated within the last year)
6. Registration ID number for FBI Criminal History (fingerprinting)

Supplemental Documents: (optional - not required)

1. A copy of your resume
2. A letter discussing your philosophy of education and why you wish to teach in the Erie Diocesan Schools
3. Official or copy of college transcripts

Because we expect to process many applications this year, it will be impossible to consider incomplete applications.

After your file is complete and reviewed, you will be notified regarding the status of your application. The Catholic Schools Office requires an annual notification that you wish to have your name remain on the available teacher list. To keep our list current, we appreciate your consideration in letting us know if you are hired by another school district.

If you have any further questions, please feel free to call this office.

Director of Curriculum and Teacher Personnel
(814) 824-1248

School Educator Employment Application

SECTION 1: PERSONAL DATA

<i>Last name</i>	<i>First name</i>	<i>Middle Initial</i>	<i>Social Security Number</i>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Maiden name</i>			<i>U.S. Citizen?</i>
<i>Home Address</i>			<i>Home Phone</i>
<i>City State Zip</i>			
<i>Email Address</i>			<i>Cell Phone</i>
<i>Work Address</i>			<i>Work Phone</i>
<i>City State Zip</i>			
<i>Religion</i>		<i>Church attended / address</i>	

SECTION 2: EDUCATIONAL BACKGROUND

Type of School	Name of School	City/State	Dates attended	Degree	Graduation
High School					
College/ University					
Other					

SECTION 3: PRACTICE TEACHING

<i>School</i>	<i>City/State</i>	<i>Dates</i>	<i>Grade/Subject</i>
<i>School</i>	<i>City/State</i>	<i>Dates</i>	<i>Grade/Subject</i>

SECTION 4: CERTIFICATION

<i>State/Agency</i>	<i>Type</i>	<i>Area</i>	<i>Cert. #</i>	<i>Date issued/Expiration Date</i>
<i>State/Agency</i>	<i>Type</i>	<i>Area</i>	<i>Cert. #</i>	<i>Date issued/Expiration Date</i>

SECTION 5: PREVIOUS EXPERIENCE

Include all full-time educational and non-educational experience during the past five years, whether or not it has pertinence for a position in education. List most recent experience first. If needed, please attach an extra sheet.

Employer Name and Address	Nature of Experience	From Month/Yr.	To Month/Yr.

SECTION 6: NEW APPLICANT DATA

List all positions which you are qualified to hold and for which you want to be considered.

Preference	Grade Level	Subject or Specialty	Full Time / Part Time / Substitute
1			
2			
3			
4			

I have the following preference as to school or location in which to teach: _____

SECTION 7: REFERENCES

List three persons able to give information about your qualifications for the positions for which you are applying.

Name	Address	Official Position

How soon will you be available? _____

Reasons for leaving your present or most recent employment: _____

I certify that I am a citizen of the United States (or an exchange teacher not permanently employed); that I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209); and that the information on this application is correct.

I understand that any misrepresentation of facts in this application will be considered just cause for dismissal at the discretion of the employer.

I testify that I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor. No formal or informal unresolved charge, claim or complaint has ever been made against me that would call into question the advisability of entrusting me with the supervision, guidance and care of children and youth.

_____ Date

_____ Signature of Applicant

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD**

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact – Name	Relationship	Address	Telephone	

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____	1.		

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: No Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:

