

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 an approved applicant personnel list, the following items are needed for your professional file:

1. Completed application form.
2. A copy of your resume.
3. Completed health certificate, dated within the last year.
4. A copy of your teaching certificate from the Pennsylvania Department of Education.
5. A copy of your Act 34, Employee Background Check, dated within the last year.
6. A copy of your Pennsylvania Child Abuse History Clearance, dated within the last year.
7. A copy of your FBI Criminal History Record, dated within the last year.
8. A letter discussing your philosophy of education and why you wish to teach in the Erie Diocesan Schools.
9. Official College Transcripts, mailed directly to our office from the college.
10. An official placement file from your college, if available (not required)

Because we expect to process so 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 Elementary School Curriculum and Teacher Personnel

814.824.1248

Personnel Employment Application

SECTION 1: PERSONAL DATA

<i>Last name</i>	<i>First name</i>	<i>Middle Initial</i>	<i>Social Security Number</i>	
			Yes	No
<i>Maiden name</i>			<i>U.S. Citizen?</i>	
<i>Home Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>				
<i>Work Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Work Phone</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.

Date

Signature of Applicant

Catholic Schools Office
Diocese of Erie

Health Certificate

Name of Applicant _____

I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above-named applicant "neither mentally nor physically disqualified, by reason of tuberculosis or any other communicable disease or by reason of mental disorder from successful performance of the duties of a teacher." (School Code 1209)

Date

Name of Physician

Signature of Examining Physician

State in which licensed

Physician Number