

ST. CHARLES CATHOLIC HIGH SCHOOL

100 Dominican Drive LaPlace, Louisiana 70068-3499 (985) 652-3809 ♦ Fax: 985-652-2609 www.stcharlescatholic.org

SUBSTITUTE TEACHER APPLICATION/INFORMATION FORM

GENERAL INFORMATION

NAME:						
	First	Middle	Maiden		Married	
ADDRESS:						
	Street		City		State	Zip
PHONE NO.:			_ CELL NO.:			
EMAIL:						
SOC. SEC. NO).:	I	DATE OF BIRTH:			
CURRENT RE	LIGION:	******	PARISH/CH	URCH:	******	******
EDUCATION	AL BACKGROUND, CE	ERTIFICATION	VS, & SAFE ENVI	RONMEN	T TRAINI	<u>NG</u>
For the Highest	Level of School Comple	ted, please prov	ride the following in	nformation:		
INSTITUTION.			LOCATION:_			
DATES:		DEGREE	S/HOURS COMP	LETED:		
Are you a CER'	TIFIED TEACHER?	YES	NO (Circle	One)		
If yes, certific	cate type:		Lice	nse #		
-	ded 'SAFE ENVIRONM ********				(Circle	/
WORK EXPER Start with prese	RIENCE ent or most recent position	ı first. Use addir	tional sheet if neces	sary.		
Employer:		Position:			From	to
Supervisor:			Phone:			
	ing: Resignation Dis		off Retirement	other:	*****	*****
Employer:		Position:	·		From	to
Address:			Duties:_			
Supervisor:			DI			
Reason for leav	ing: Resignation Dis	scharge Lay		other:		

WORK EXPERIENCE (Continued)

Employer:	Position:	From	to _	
Address:		Duties:		
Supervisor:		Phone:		
2	ation Discharge Layoff	Retirement other:		
OTHER INFORMATION				
Please circle YES or NO for	•			
 Has your teaching lice 	nse ever failed to be renewed?)	YES	NO
Have you ever resigner	d, or been compelled to resign	, a teaching position?	YES	NO
• Have you ever been convicted of a crime that has not been expunged by a court?				NO
• Has a child protective	agency ever substantiated that	t you abused or neglected a child?	YES	NO
If you answered 'yes' to any	of the above questions, please	explain:		
Is there anything you would I	ike for us to know about you v	when considering your application?		
Can you provide verification	of identity and authorization f	or employment at time of hire?		
	YES NO	(Circle One)		
Employment will be subject to I understand that, if employed the diocesan group insurance contained in this employment contract between the school a regarding employment have to the school unless made in wright to terminate my information contained in this	to satisfactory background che in a part-time or temporary I , medical insurance, or retires application or in the granting and myself for either employment ween made to me, and I understatiting signed by me and an autify y employment at any time and application is true and correct et information in this application	ck and Teaching Authorization, and position, I may not be eligible to parament plans. Additionally, I underst of an interview is intended to creat ent or for the providing of any ben and that no such promise or guarante thorized representative of the Diocest that the Diocese retains a similar ret to the best of my knowledge, and eation is grounds for disqualification	nong other rticipate in tand that is te an emplored in the istance of the interest of the inte	things. any of nothing oyment romises ag upon rstand l ify that
SIGNATURE OF APPLICAL	 NT	 DATE		