

Practice Teaching

School	Address	City	State, Zip	Date	Grade/Subject

Certification

State	Type	Area	Cert. No.	Date Issued	Expiration

Professional Memberships List those to which you belong

Present and Past Educational Assignments List in order, most recent first.

City and State	School	Position/Title	Grade/Subject	From-T-Mo/Year

Other Employment List in order, most recent first.

City and State	Place/Company	Position/Title	From-To-Mo/Year

Preferences

Grade level	Subject	School(s)	Other

References

Name	Address	Area-Phone	Position

Please respond to the following

1. Why do you wish to teach in a Catholic school?

2. Briefly state your philosophy of education.

Signature

Date

Return application to the Diocese of Salt Lake City,

Catholic Schools Office, 27 C Street, Salt Lake City, UT 84103

Have Recommendations sent to the same address.

Your file will be made available to all principals in the Diocese of Salt Lake City.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE

DATE