Diocese of SALT LAKE CITY <u>PRINCIPAL</u> APPLICATION PERSONNEL INVENTORY FORM AND EMPLOYMENT APPLICATION

NAME OF SCHOOL FOR WHICH YOU ARE APPLYING

SECTION I		PERS	ONAL DATA		
GENERAL INSTRUCTIONS: Answer to items marked with * is optional. Otherwise, you are requested fill in all the blanks. If an item does not apply, use NA. For all sections, if added space is needed, please attach additional sheets.					
	Mr. Dr.	SrBrotherRev. (Diocesan) Rev. (Religious)	CHECK ONE:	New Applica	
		/ First	/ Middle	/	ocial Security Number
Last Name		First	Middle	S	ocial Security Number
Full name of religi	ous community and	initials (if applicable	c) City & State of	provincialate	
Home address, nur	mber, street, city, sta	te & zip code:			
Work address: sch	ool/firm, number, st	reet, city, state & zip			
Birthdate:					
Mont	h Day Year	City, State, Co	untry		
Religion:		*□ Answ	ered if checked.		
c <u> </u>		Relig	ion is a bonafide re		ormation solicited
	SECTION		s requirements of F		
	BECTION	n Ebec	ATTOMIL DI	CROROCILD	
TYPE OF	NAME OF	CITY AND	DATES	<u>DEGREE</u>	DATE DEGREE
SCHOOL	SCHOOL	STATE	ATTENDED	<u>EARNED</u>	GRANTED
High School					
College or University					
<u>Other</u>					
PRACTICE TEA	CHING				
SCHOOL ADDRESS, CITY, STATE & ZIP DATE GRADE/SUBJECT					
<u>CERTIFICATION</u> :					
STATE/AGENCY TYPE AREA CERT. # DATE ISSUED EXPIRATION			EXPIRATION		
STATE/AGENCY TYPE AREA CERT. # DATE ISSUED EXPIRATION Updated July 2005					

List major workshops, seminars, internships, grants, summer programs in which you have participated in the last five years and which are not normally part of the degree program. (Do not include conventions, single meetings, etc.) Program-place sponsor date field Program-place sponsor date field Program-place field sponsor date Please list all of your professional association memberships Please list any articles or books, which you have published, including name and date of the journal (s), publishing company and publication date of book (s) **SECTION III** PRESENT EDUCATIONAL ASSIGNMENT AND EXTRA-**CURRICULAR INVOLVEMENT** School where presently employed position(s) held currently Street and number City & State Hours spent in other school related (not preparation) tasks: Specify Please circle any of these extra-curricular activities in which you are engaged as part of your present assignment or as an extension of it: sports, dramatics, music, forensics, school paper/yearbook, community programs, other. Specify and give details of your participation here: Enter below any CCD or other formally organized out-of-school religious education programs, for either children or adults, in which you assist. Name of parish or school Grade level hours per week number of students **COMMENTS**

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POSITIONS IN EDUCATIONAL INSTITUTIONS. List all prior educational employment below. Put the most recent first.

CITY & STATE	SCHOOL	YOUR TITLE	GRADE OR	FRC)M	T	0
			SUBJECT	MO.	YR.	MO.	YR.

OTHER 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. In addition, list other experience, which though not academic has been of service in preparing you for a position in education. List the most recent first.

EMPLOYER & ADDRESS	NATURE OF EXPERIENCE	FROM MO. YEAR	TO MO. YEAR
	LAI ERIENCE	WO. TEAR	MO. TEAK

SECTION V.	APPLICANT REFERENCES
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REFERENCES: (Three persons able to give information about your qualifications for the position for which you are applying).

NAME	ADDRESS	OFFICIAL POSITION
How soon will you be available?	How long will you be ava	nilable? (final date)
most recent) employment.	ed to sign next year's contract	
here.	th a placement bureau or college placement	

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DATE_____SIGNATURE_

Please respond to the following:		
1.	Why do you wish to be a principal in a Catholic School?	
2.	Briefly state your philosophy of education.	
3.	What is your vision for Catholic education in the future?	

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RECOMMENDATION Please type or print clearly the following information: **Applicant:** Name Signature Position for which you are applying Date of Application Author of this recommendation: At the request of the individual name above, you are asked to comment on his/her qualification. Please consider the candidate's professional performance and competence in preparing this reference. PLEASE USE THIS SPACE FOR YOUR STATEMENT. Author's Name ______ Position:_____ Institution _____ Address City State Zip Signature ______Date ____ **Return to:**

Superintendent Catholic Schools' Office 27 C Street Salt Lake City, Utah 84103

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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 unders the information supplied on this application	and the above statements and hereby grant permission to confirm by me.
APPLICANT SIGNATURE	DATE

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