



MOUNT CARMEL ACADEMY SCHOOL GUIDANCE COUNSELOR APPLICATION



Mount Carmel Academy is an Equal Opportunity Employer and does not discriminate against applicants or employees by reason of race, age, sex, handicap, or national origin. This non-discriminating policy applies to hiring, training, promoting, salaries, transfers, and working conditions.

SECTION ONE: PERSONAL INFORMATION:

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

How long at present address? Years: _____ Months: _____

Prior Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Alternate telephone: _____

Cell phone: _____ Email address: _____

Date of Birth: _____ Social Security Number: _____

US Citizen: Yes _____ No _____ If "no" do you have a valid work permit? _____

Are you currently employed: Yes _____ No _____ If yes, may we contact your employer? Yes _____ No _____

Date Available for Employment: _____ Expected Annual Salary: _____

Single: _____ Married: _____ Divorced: _____ Number of Children _____

Maiden Name: _____

Spouse's First Name (if married): _____

Religion: Catholic _____ Non-Catholic: _____

SECTION TWO: EDUCATIONAL BACKGROUND:

Note: An official transcript of record from each institution of higher education attended must be sent to Mount Carmel Academy's Principal.

1. High School: _____ Dates Attended: _____

Date of Graduation: _____ Diploma Received: _____

2. College(s): _____ Dates Attended: _____

Graduated: _____ Degree: _____

Major: _____ Minor: _____

3. Graduate School: _____ Dates Attended: _____

Graduated: _____ Degree: _____

Certificate (type): _____

Areas of Certification: _____

SECTION THREE: WORK EXPERIENCE:

Start with your most recent position. Include United States military service and type of military discharge if applicable. If additional space is required, use a separate sheet.

1. Employer: _____ Dates Employed: _____

Address: _____

Street City State Zip Code

Supervisor's Name: _____ Phone: _____

Position: _____

Duties: _____

2. Employer: _____ Dates Employed: _____

Address: _____

Street City State Zip Code

Supervisor's Name: _____ Phone: _____

Position: _____

Duties: _____

3. Employer: _____ Dates Employed: _____

Address: _____

Street City State Zip Code

Supervisor's Name: _____ Phone: _____

Position: _____

Duties: _____

SECTION FOUR: REFERENCES:

1. Name:_____	Relationship:_____		
Address:_____			
Street	City	State	Zip Code
Phone:_____	Number of Years Known:_____		
2. Name:_____	Relationship:_____		
Address:_____			
Street	City	State	Zip Code
Phone:_____	Number of Years Known:_____		
3. Name:_____	Relationship:_____		
Address:_____			
Street	City	State	Zip Code
Phone:_____	Number of Years Known:_____		

SECTION FIVE: QUALIFICATIONS:

1. What do you consider the mission of a Catholic School?

2. Why do you wish to work in a Catholic School?

3. As a guidance counselor what strengths/assets would you contribute to fulfill the mission of a Catholic School?

4. As a guidance counselor tell us your experience and/or ability relative to this position.

5. In the educational process, as you understand it, what things are important to you?

6. On a separate sheet please describe your philosophy of education.

SECTION SIX: BACKGROUND QUESTIONS:

1. Have you ever been found guilty, plead guilty, plead no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations?

Yes_____ No_____

2. Do you have any pending legal charges against you which may affect your status?

Yes_____ No_____

3. Have you ever been subjected to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional board?

Yes_____ No_____

4. Have you ever used or are you currently using any narcotics, controlled substances, or alcoholic beverages in a manner that is dangerous to the public or in a manner that impairs your ability to provide mental health counseling?

Yes_____ No_____

5. Do you currently have a medical condition which may, in any way, impair or limit your ability to practice mental health counseling with reasonable skill or safety?

Yes_____ No_____

STATEMENT:

By signing below, I certify that the information contained in all parts of this application and any attachments are true and complete. I acknowledge that any omission or misrepresentation on this application may result in the refusal of Mount Carmel Academy to hire me or if hired, in the termination of such employment.

Signature of Applicant

Date

Printed Name of Applicant

All our items are required to activate your file:

1. Application
2. Small size photograph
3. Official Transcript (s) of all college credits
3. Three letters of recommendation

Mail Application and Requisite Documentation to:

Ms. Beth Ann Simno, Principal

Mount Carmel Academy

7027 Milne Boulevard

New Orleans, LA 70124

Or email to

Ms. Beth Ann Simno: bsimno@mcacubs.org

Attach Photograph Here.