



## APPLICATION FOR EMPLOYMENT

### CONTACT INFORMATION

Title (if applicable):     Mr.     Ms.     Dr.     Rev.     Sr.     Br.     Deacon

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Last Name	First Name	Middle Name	Suffix
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Present Street Address

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City	State	Zip
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E-mail address

(     ) - \_\_\_\_\_

Home     Work     Mobile

Primary Phone

(     ) - \_\_\_\_\_

Home     Work     Mobile

Alternate Phone

**POSITION SOUGHT**     Full Time     Part Time

What position are you applying for? \_\_\_\_\_

When are you available to begin employment? \_\_\_\_\_

*As a condition of consideration for employment, a criminal background check is required. Employment is contingent upon results of individual criminal background and reference checks.*

### EDUCATION

SCHOOL ATTENDED	NAME OF SCHOOL (Include city, state)	DID YOU GRADUATE?	CIRCLE LAST YEAR COMPLETED	CREDITS/ DEGREE	MAJOR/ MINOR
High School			9 10 11 12		
Undergraduate			1 2 3 4		
Graduate School					
Graduate School area(s) of concentration:					

**PROFESSIONAL EXPERIENCE** : Please attach a resume that includes, at minimum, job title, duties, dates of employment, employer's name, and employer's address for each position listed. Please include information on professional certificates held (catechist certification, CPA, etc.).

Are you able to perform the specific job related functions in the job for which you are applying?  Yes  No

Are you legally eligible to work in the U.S.?  Yes  No

**ADDITIONAL INFORMATION**

1. Have you ever had your volunteer services or employment terminated by any school, parish, or institution?  
 Yes  No If Yes, please explain: \_\_\_\_\_
2. Have you ever been a Priest, Deacon or member of a Religious Order or Congregation?  Yes  No  
If Yes, name of Diocese or Religious Order: \_\_\_\_\_
3. If applicable, please list other name(s) under which your credits/credentials/experience may be filed:  
\_\_\_\_\_

**TEACHER CERTIFICATION** *(if applicable for this position)*

Are you certified?  Yes  No STATE: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Certification Number: \_\_\_\_\_

**AFFIDAVITS AND RELEASES** *(Please read and sign the following)*

(A) Have you ever been charged with, accused of, or convicted of child abuse?  Yes  No  
If Yes, please explain on a separate paper.

I understand that Our Lady of Good Counsel High School takes all allegations of abuse seriously. I further understand that Our Lady of Good Counsel High School cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

(B) I certify that the information provided on this application, along with my resume and other submitted supplementary documents, is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I hereby grant permission to Our Lady of Good Counsel High School to investigate my background, qualifications and references and to release this application and related information to appropriate search committees. I hereby release from liability Our Lady of Good Counsel High School, related entities, and their agents from liability in connection with investigating and evaluating my application and sharing the information as described above.

I also hereby give permission for Our Lady of Good Counsel High School to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment. I hereby waive any right that I may have to inspect any information provided about me by the persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.

I authorize persons, schools, current employer and previous employers, and organizations named in this application, the resume, and any supplementary documents I provided to supply Our Lady of Good Counsel High School with any relevant information that may be required. I further release all parties providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

My signature indicates that I have read and understand the above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Application Reviewed By Date

*It is the policy of Our Lady of Good Counsel High School to provide equal opportunities to all qualified persons without regard to gender, race, age, color, national origin or disability.*