MOUNT CARMEL ACADEMY
A CATHOLIC SECONDARY SCHOOL FOR GIRLS Operated
by the Sisters of Our Lady of Mount Carmel IN THE ARCHDIOCESE OF NEW ORLEANS
7027 Milne Boulevard
New Orleans, Louisiana 70124-2395
504.288.7626 • www.mcacubs.com
Email: mca@mcacubs.org

TEACHER EMPLOYMENT APPLICATION

(Please print or type.) **Date of Application:**_____

PERSONAL INFORMATION

Applicant's Name_____
(Last) (First) (Middle)

Maiden Name_____ Name of Spouse_____

Present Address_____
(Street) (City) (State) (Zip+4)

How long at present address_____ Email Address_____

Permanent Address (if different) _____
(Street) (City) (State) (Zip+4)

Telephone (H)_____ (C)_____ Email_____

Date of Birth_____ Age_____Social Security #_____ Driver's License # _____
(last 4 digits)

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced: Remarried ☐ Religious Brother
☐ Annulment ☐ Divorced: Single ☐ Religious Sister

Number and Ages of Children: _____

Religion:_____Do you actively practice your faith?_____

What is the name of your Catholic Church parish or non-Catholic church or non-denominational group?_____

_____ Are you a U.S. citizen? Yes_____ ☐ _____ No_____ ☐ _____

List all social media, blogsites, and websites you control: _____

_____

Indicate the time spent using social media each day _____

Applying for (circle one): Full-time ☐ Part-Time ☐ Temporary Substitute ☐

EDUCATIONAL BACKGROUND (List in chronological order)

Note: An official transcript of record from each institution of higher education attended must be sent to the attention of the Principal.

NAME & LOCATION OF SCHOOL	DATES ATTENDED		DATES GRADUATED	
Elementary				
High School		Diploma or Degree		
College		# Credits Degree		Nature of Studies Major Minor
Graduate School		# Credits Degree		Area of Specialization

PERSONAL INFORMATION

1. Have you submitted above as your professional reference someone other than the principal of your most recent teaching position or the supervisor of your teacher training? ☐ YES NO ☐
2. Have you ever for any reason been suspended, dismissed, or asked to resign an ☐ YES NO ☐
3. Have you ever had a teaching certificate denied, suspended, or revoked? ☐ YES NO ☐
4. Have you ever failed or refused to fulfill an employment contract with any school? ☐ YES NO ☐
5. Have you ever been dismissed from any teaching position for unprofessional conduct or unfitness for service? ☐ YES NO ☐
6. Have you ever been discharged other than honorably from military service? ☐ YES NO ☐

Explain any "yes" answers on an attached statement.

Expected annual Salary _____

Subject Hours
List those subject areas in which you have earned 12 or more hours of college credit to date (Exclude Major):

_____

_____

Subject Area Preferences: _____ _____
First Choice Second Choice

What extracurricular responsibilities do you have experience directing? _____

_____

What other responsibilities do you have the ability to direct? _____

_____

In what extracurricular activities did you participate in school? _____

_____

What extracurricular responsibilities would you be willing to accept? _____

_____

If you have not as yet completed undergraduate studies, please indicate the pending date for receipt of your bachelor's degree

_____

Total credits earned to date in Education courses _____ (D o n o t o m it.)

Please list any foreign language with which you have a speaking or reading facility and indicate the degree of proficiency

_____

Professional Information

Number of years teaching experience: _____ _____
Elementary 1-7 High School 8-12

LA Teaching Certificate:

Type: _____ Number: _____ Issue Date: _____ Expiration Date: _____

Areas of Certification: _____

If you do not have the required 12 education hours, when do you plan to earn the hours? _____

_____

_____

_____

WORK EXPERIENCE (In chronological oder)

Give particulars of all previous and present employment (after college) beginning with your most recent position. Include United States military service and type of military discharge and any former employment with an agency of the Archdiocese, its parishes or related entities. Periods of unemployment, and reasons, should also be shown. If additional space is required, use a supplemental sheet.

1. COMPANY OR SCHOOL NAME 2. ADDRESS, CITY, STATE	DATES EMPLOYED MONTH YEAR	BASE RATE OF PAY AT THE END	1. TYPE OF WORK PERFORMED & TITLE (IF TEACHER, LIST GRADE & SUBJECT) 2. NAME & TITLE OF SUPERVISOR	SPECIFIC REASON FOR LEAVING
1.	From:	$	1.	
2.	To:	Per	2.	
1.	From:	$	1.	
2.	To:	Per	2.	
1.	From:	$	1.	
2.	To:	Per	2.	
1.	From:	$	1.	
2.	To:	Per	2.	

TOTAL YEARS OF TEACHING EXPERIENCE: Elementary_____ Secondary_____

Volunteer Activities

Organizations	Duties	Dates	Contact	Phone Number

References

Name	City, State, Zip	Daytime phone Cell phone	How long have you known this person?
Professional/ Civic Title/ Relationship			
Professional/ Civic Title/ Relationship			
Personal Relationship			
Personal Relationship			

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

PART II

Please answer the following questions in your own handwriting. Your application cannot be processed without this information.

1. Why do you want to teach in a CATHOLIC school?

_____

_____

_____

_____

2. What do you consider the mission of a Catholic school?

_____

_____

_____

_____

3. What strengths could you contribute to fulfill the mission of a Catholic school?

_____

_____

_____

_____

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

_____

_____

_____

_____

5. Please describe any aspect of your training or experience that would be an asset in the position for which you are applying.

_____

_____

_____

_____

6. What does it mean for a school to promote Catholic Identity in all aspects?

_____

_____

_____

_____

7. Why is it important for a teacher to understand the culture of a school?

_____

_____

_____

_____

8. Please attach a separate sheet for your philosophy of education.

_____

STATEMENT: 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.

STATEMENT: I understand that any omission or misrepresentation on this application may result in the refusal of any employer to hire me or in the termination of such employment if hired.

_____
SIGNATURE OF APPLICANT

ALL FOUR ITEMS ARE REQUIRED TO ACTIVATE YOUR FILE:
1. Application
2. Small size photograph
3. Official transcript(s) of all college credits
4. Three letters of recommendation

FORWARD TO:
Principal
Mount Carmel Academy
7027 Milne Boulevard
New Orleans, Louisiana 70124-2395

(Rev 01/18)