

Sisters of the Company of Mary, Our Lady

TEACHER APPLICATION

We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Phone ()
City		State	Zip	Cell Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
Email		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Emergency Contact Name:			Phone ()	
Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No Practicing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which Parish do you belong: If you are not Catholic, are you willing to support Catholic teachings and philosophy? <input type="checkbox"/> Yes <input type="checkbox"/> No				

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Location: <input type="checkbox"/> Will Relocate <input type="checkbox"/> Will Commute <input type="checkbox"/> Near Home	If applying to teach Religion, do you have Catechetical Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Subject (s): <input type="checkbox"/> Computer Science <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Physical Education <input type="checkbox"/> Performing Arts <input type="checkbox"/> Counselor <input type="checkbox"/> Religion <input type="checkbox"/> Visual Arts <input type="checkbox"/> World Language <input type="checkbox"/> Social Studies <input type="checkbox"/> Mathematics <input type="checkbox"/> Other		
Do you have a valid teaching credential? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you completed the CA BTSA Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Preliminary <input type="checkbox"/> Clear <input type="checkbox"/>			
Authorized Credential Areas: _____			
Credential Expiration Date: _____ Certification in another State: State of _____			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Dates of Attendance	Did you graduate?	Degree or Diploma
High School				Y N	
College/University				Y N	
Post Graduate				Y N	
Business/Trade				Y N	

IV. PROFESSIONAL FOCUS AND SKILLS

Highest Degree Earned:	Major:	Foreign Languages (indicate proficiency to speak, read and write)
Graduate Degrees in:	Minor:	

V. STUDENT TEACHING EXPERIENCE

Name of School	City, State and Telephone	Grade Level/Subject	Master Teacher

VI. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below. There are several important aspects of employment with Saint Jeanne de Lestonnac School which you should be aware of before completing this Application of Employment

Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide COM/SJDLS with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
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Initial	In consideration of employment, I agree to obey the rules and standards of COM/SJDLS. I understand that nothing contained in this application or in the interview process is intended to create a contract between COM/SJDLS and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or COM/SJDLS. This constitutes my entire agreement with COM/SJDLS with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to COM/SJDLS or its agents, all medical information revealed during such examinations. I further authorize COM/SJDLS to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform COM/SJDLS so that a reasonable accommodation can be made. COM/SJDLS reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States, the receipt of satisfactory responses to reference requests, and satisfactory results to background checks.
Initial	I understand that in accordance with Education Code 45125, which state that all persons be employed must be fingerprinted prior to employment and Educational Code 49406, which states that no person shall be initially employed by the school in a certificated or classified position unless the person has submitted to an examination within the past 60 days to determine that he/she is free of active tuberculosis. I will not be allowed to work or be put on the active payroll until I complete the above. Further, I understand that COM/SJDLS requires that I be hired exactly as my name appears on my Social Security Card and I must provide this card as proof of the same.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.
Applicant Signature: _____	
Date: _____	

VIII. CONVICTION STATEMENT

“Yes” answers to the following five questions will not necessarily result in denial of employment. COM/SJDLS will consider all the circumstances, including the date and nature of events which led to the actions described below. Your written explanation will assist the hiring board in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

Have you ever been convicted of or admitted to committing, (excluding only minor traffic violations not involving any allegations of drug or alcohol impairment) a crime or felony? You are expected to answer “yes” even if the matter was later dismissed, deferred, vacated, or expunged. If you answer “yes,” please provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s). Yes No

Explanation:

Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or voluntarily left employment while charges against you or an investigation of your behavior was pending? You are expected to answer “yes” even if the matter resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “yes,” please provide the date of termination of employment, the name, address, and telephone number of the employer(s) and your statement of the alleged reasons for termination. Yes No

Explanation:

Have you ever had any license or certification of any kind (teaching certification or otherwise) revoked or suspended? Have you in any way been sanctioned by, or have any charge or complaint no pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answered “yes” to either of these questions, please provide the dates of the proceedings, name, address, and telephone number of the agency or body where the proceedings took place, your statement of the accusations against you and the final disposition. Yes No

Explanation:

Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “yes” you are expected

to provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you. Yes No

Explanation:

Have you ever been convicted of or admitted to committing a crime against a minor? If "yes" provide details, including date of conviction, court where convicted, sentence imposed, and present status of the conviction. Yes No

Explanation:

READ BEFORE SIGNING THIS APPLICATION

I understand that any false statements or omissions of information will be sufficient cause for discharged, if employed.

- I authorize all schools that I attended and all previous employers to furnish my records, reason of leaving, and all information they may have concerning me. I also authorize investigation of all statements in this application.
- In consideration of my employment, I agree to conform to the rules and regulations of COM/SJDLS. I acknowledge my employment and compensation can be terminated at any time, at the option of COM/SJDLS or myself.
- I understand that no representative of COM/SJDLS has the authority to enter into any agreement contrary to the foregoing.
- I acknowledge that I am expected to support and uphold the Catholic teachings during the entire term of my employment.

Signature _____ Date _____