

## **Catholic School Office**

Diocese of Brownsville 700 N. Virgen de San Juan San Juan Texas 78589 Phone(956) 787-8571 Fax (956) 784-5081

## APPLICATION

| Position 1            | Desired: (check a                             | all applicable boxes)      |                    |                 |                 |                  |                   |    |
|-----------------------|---|----------------------------|--------------------|-----------------|-----------------|------------------|-------------------|----|
|                       | Principal / Ass                               | istant Principal           |                    |                 |                 |                  |                   |    |
|                       | Elementary Gr                                 | rades in order of preferer | nce (K-5)          | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup>  |                   |    |
|                       | Subjects in Grades 6-8 in order of preference |                            | erence             | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup>  |                   |    |
|                       | Subjects in Gra                               | ades 9-12 in order of pre  | ference            | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup>  |                   |    |
|                       | Counselor                                     | _ Librarian/Library        | Substitute         | Instr. Aide     | e Other         |                  |                   |    |
|                       |   |                            |                    |                 |                 | (Indicate desire | d position)       |    |
|                       |   |                            | PERSONA            | AL DATA         |                 |                  |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Last Nan              | ne  | First                      | Mide               | dle             | Maiden/Other Na | mes Used         | Date of Applicati | on |
| N ( - 11'             | A 11  |                            |                    | C'A             |                 |                  | Ct. t. /7         | _  |
| Mailing A             | Address                                       |                            | '                  | City            |                 |                  | State/Zip         |    |
| Home Phone Cell Phone |   |                            | Phone              |                 | Email add       | dress            |                   | _  |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Religion:             | :   |                            | Paris              | sh:             |                 |                  |                   |    |
| If employ             | yed, can you subi                             | mit verification of your l | egal right to work | in the United   | States?         |                  |                   |    |
| Yes                   | No If no,                                     | , explain:                 |                    |                 |                 |                  |                   |    |
|                       |   |                            | URRENT EM          | IPLOVME         | 'NT             |                  |                   |    |
|                       |   |                            | OKKENI EW          |                 |                 |                  |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Present E             | Employer:                                     |                            |                    |                 |                 |                  |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Mailing A             | Address                                       | City                       | State              | e/Zip           | Phone Nu        | ımber            |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Present P             | Position/Title:                               |                            |                    |                 |                 |                  |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |
| Grade: _              |   | Subject(s):                |                    |                 |                 |                  |                   |    |
|                       |   |                            |                    |                 |                 |                  |                   |    |

| Please indicate any of the be | elow listed extra-curricular a | activities which are part of yo | our present/past assigni | ment(s).                     |
|-------------------------------|--------------------------------|---------------------------------|--------------------------|------------------------------|
| Sports                        | _DramaMusic                    | Yearbook/Newspap                | per Other                |                              |
|                               |                                | of-school religious education   |                          | children or adults, in which |
| Parish/School Name:           |                                | Grade Level:                    | Hrs/Wk:                  | # of students                |
| Di list saum adventional      |                                | ONAL BACKGROUNI                 |                          |                              |
| Name of School                | City/State                     | Hrs. Earned                     | Degree Earned            |                              |
|                               |                                |                                 |                          |                              |
|                               |                                |                                 |                          |                              |
| Callege Major (24 or more)    | samester hours):               |                                 |                          |                              |
|                               |                                |                                 |                          |                              |
|                               |                                | ementary/Secondary Education    |                          |                              |
| Graduate Degree Field:        |                                |                                 |                          |                              |
| Student Teaching:             | School Name                    | City/State                      | Grade Level              | Date                         |
| Courses taken in Religious 6  | education in the last 5 years: | (List: type, duration, location | on & credit earned.)     |                              |
|                               |                                |                                 |                          |                              |
| Do you hold a Catechetical    | Certificate?YES                | NO If y                         | es, what (Arch) Dioces   | se?                          |
| Certificates (teaching and/or |                                |                                 |                          |                              |
| State Agency                  | Type                           | Certificate #                   | Date Issued              | Date Expires                 |
|                               |                                |                                 |                          |                              |
|                               |                                |                                 |                          |                              |
|                               |                                |                                 |                          |                              |

|   |  | de conventions or single                      | <i>C</i> /          |             |         |
|---|--|---|---------------------|-------------|---------|
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   | ADMINISTI  | RATIVE AND/OR                                 | TEACHING BA         | CKGROUND    |         |
| aaga ligt yyayn aman                          | aloxyma amt la o alxoma                          | yyad baaiaaiaa yyith                          | the meet recent     |             |         |
| School Name                                   | City/State                                       | ound beginning with Title                     | Subject             | Grade       | From/To |
|   |  |   | -                   |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   | _  |   |                     |             |         |
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|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   | , list other experience<br>n with the most recen | mployment during the poses which though not a | ncademic, have been |             |         |
| Employer                                      |  | 11441 055                                     |                     | P. C.       |         |
| _   |  |   |                     | +           |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
|   |  |   |                     |             |         |
| ve you ever worked                            | for the Diocese of Br                            | ownsville?                                    | YE                  | SNO         |         |
| •   |  | ownsville?                                    | YES                 | SNO         |         |
| ave you ever worked a<br>yes, when and in wha | at capacity?                                     | rownsville?  J.S. Military Service?           | YES                 | <del></del> |         |

| Please check if you have experience in O VISTA                      | any of the following:         | Special Education   |                             |
|---|-------------------------------|---|-----------------------------|
| O Peace Corps   | 0                             | <i>3</i>  |                             |
| O Teacher Corps O Teaching Migrants                                 | 0                             | Other Administration<br>Community Youth Program or Summer | Camn                        |
| O Community Schools (Military)                                      | Ö                             |   | Cump                        |
| Please check below the county/countie                               | s in which you prefer to wo   | rk:   |                             |
| ·   | Cameron                       | Hidalgo Starr   |                             |
|   |                               | 2ge2  |                             |
|   | REFER                         | RENCES  |                             |
|   |                               | 1   | C 1 : : -::1                |
| Please list the name, title, address, and the most recent employer. | phone number for those in     | dividuals who will be supplying a reference               | ce for you, beginning with  |
| Name  | Title                         | Address/City/ Zip Code                                    | Phone Number                |
|   |                               |   |                             |
|   |                               |   |                             |
|   |                               |   |                             |
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|   |                               |   |                             |
|   |                               |   |                             |
|   | PERTINENT IN                  | NFORMATION  |                             |
|   |                               |   |                             |
| Have you been convicted, pled guilty:                               | nled nolo contendere, or rec  | eived deferred adjudication for a felony or               | misdemeanor?                |
| YES NO  | prise note contendere, of fee | or a serement any animalous for a folding of              |                             |
| <del></del>   | eparate sheet of paper the d  | ates and nature of the offense(s), the nam                | e(s) and location(s) of the |
| court(s), and the disposition of the case                           | e(s).                         |   |                             |

\*\*\* NOTE: A conviction may not disqualify you, but a false statement will. \*\*\*

## VERIFICATION

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided below.

I herby certify that the answers to all of the foregoing questions are true, complete and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or if employed, cause to dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations set forth in the handbooks and manuals of the school and the Catholic Schools Office.

In connection with my application for employment with the Catholic Diocese of Brownsville (the "Diocese"), I understand that inquiries will be made concerning my employment background and qualifications, character, education and other related matters, such as criminal and driving records. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to the Diocese any and all information relating to my employment or educational record. This may include, but is not limited to, academic achievement, work habits, job performance, attendance and or abilities, disciplinary actions, arrests and conviction records.

I hereby release any individual, agency, or company; including records custodians, from any and all liability for damage of whatever nature which may at any time result from compliance with this authorization. I agree that the Diocese shall not be held liable if the job offer is subsequently withdrawn.

I authorize the references listed to give you any and all information concerning my previous employment and any information they may have, personal or otherwise, and release all such parties from any liability for any damage that may result from furnishing the same to you.

I acknowledge that this application becomes the property of the Catholic Schools Office of the Diocese of Brownsville, and that the Diocese reserves the right to accept or reject it.

| Signature of Applicant: | Date: |
|-------------------------|-------|
| Signature of rippinsum. | <br>  |

Please Return Completed Application to:

Diocese of Brownsville Sr. Cynthia Mello, Superintendent of Catholic Schools 700 N. Virgen de San Juan Blvd. San Juan, Texas 78589