

Catholic Schools Office
 Diocese of Worcester
 49 Elm Street
 Worcester, MA 01609-2597
 Tel.# (508) 929-4317 Fax# (508) 929-4386

I. AREA

Name		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Permanent Address		
Telephone		Email
Business Address		
Telephone		Email
Parish	City	State
Teacher	Administrator	Counselor Other
I hereby apply for the position of		
<i>(Specific title – i.e. English Instructor, Guidance Counselor)</i>		
In:	Central Office	Elementary School Secondary School
In addition I am also qualified to teach the following subjects:		
Massachusetts Teaching Certificate Number		Certified Area(s)
Certification in process	Projection completion date	Certification not in process
Have you ever been employed by the Diocesan Catholic Schools? Yes No		
If yes, Where	Dates	
Social Security Number		
Are you willing to be listed as a Substitute Teacher? Yes No		
Days of occupational time lost during last five years because of illness?		

II. EDUCATIONAL PREPARATION (Include recent coursework)

DATES ATTENDED	NAMES AND LOCATIONS OF UNDERGRADUATE AND GRADUATE COLLEGES	COURSE COMPLETED Indicate Major and Minor	DEGREE	DATE CONFERRED

III. PROFESSIONAL EXPERIENCE (Teacher, Supervisor, Administrator)

List chronologically all full-time paid experience.

DATES OF SERVICE	NAME AND LOCATION OF SCHOOL	TITLE OF POSITION HELD AND/OR SUBJECT TAUGHT
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		

IV. OTHER EXPERIENCE (Related to position for which application is made)

List chronologically all full-time paid experience.

DATES (Month and Year)	NATURE OF WORK (Include Title Held and Indicate Responsibilities)	EMPLOYER (Name and Address)
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		

V. REFERENCES (Names of three persons who have closely observed the work listed under III and IV (not related) including the two most recent employers).

NAME	POSITION	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER & EMAIL

VI. STATE IN TOPICAL FORM your strongest qualifications for the position.

VII. STATE BRIEFLY your philosophy of education.

VIII. THE RELIGIOUS GROWTH OF STUDENTS is an essential goal of the Catholic schools in the Diocese of Worcester and each faculty member is expected to contribute to its attainment. How do you see yourself contributing to this goal?

IX. INDICATE YOUR REASON(S) for applying to a Catholic school system.

Date

Signed

Application becomes inactive, unless renewed within one year by applicant, who will furnish supplementary evidence of additional education and experience.

NOTE: This application, and a copy of your personal resume, should be returned to the office of the Superintendent of Schools, Diocese of Worcester, 49 Elm Street, Worcester, MA 01609 together with official transcripts, Massachusetts Teaching Certificate and three letters of reference.

CANDIDATES WILL NOT BE INTERVIEWED UNLESS THE ABOVE DOCUMENTS ARE RECEIVED BY THE CENTRAL OFFICE.

FOR DEPARTMENT USE ONLY

X. DISPOSITION

Interviewed by _____ Date _____

Appointed _____ Beginning Date of Employment _____

Place _____

Position Title _____ Step _____ Annual Salary Rate _____

Email: mkramek@worcesterdiocese.org

FAX (508) 753-7180

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