

CATHOLIC SCHOOLS OFFICE – ARCHDIOCESE OF GALVESTON-HOUSTON

2403 Holcombe Blvd., Houston, Texas 77021 Phone 713 –741-8704

Teacher / Professional Staff Application

PERSONAL DATA

All areas must be completed on this application.

Title	Last Name	First Name	Middle/Maiden	Religious Order	Rel.Order Initials
Mailing Address		City	State	Zip Code	
Social Security No.	Email	Home Phone	Cell Phone	Religion	

If employed, can you submit verification of your legal right to work in the United States?

Yes No If no, explain _____

POSITION DESIRED

Check position ✓ (See enclosed sheet for Educational Qualifications for Catholic School Professional Staff)

Classroom Teacher Substitute Teacher Librarian Library Manager Counselor Nurse
 Specialized Instructor (e.g. ESL, foreign language, fine arts, physical education)

If teaching position, indicate grade preferences and secondary subject preferences:

Early Childhood (3-4-yr. old PK-5K)	1 st	2 nd	3 rd
Elementary (5K-5)	1 st	2 nd	3 rd
Secondary 6-8	1 st	2 nd	3 rd
Secondary 9-12	1 st	2 nd	3 rd

Check one ✓ : Full-time Part-time Date available for employment:

Check Geographic Preferences ✓

Houston Area: Central N NE NW S SE SW W E Harris County Galveston County
 Montgomery County Fort Bend County Brazoria County Environmental Education (Camp Kappel) Grimes County

EDUCATIONAL BACKGROUND

List Colleges or *Agency (see * below)	City, State	Degree & Major	Grad. Date	G.P.A.

*Applicants educated in another country: Credentials must be evaluated by a U.S. agency that is affiliated with one of the following national organizations: National Association of Credential Evaluation Services (NACES), the American Association of Collegiate Registrars and Admissions Officers (AACRAO), or the National Council on the Evaluation of Foreign Educational Credentials (NCEFEC).

Approx. semester hours Elementary Education _____ Secondary Education _____	Expiration Date: State Certification: _____ Montessori Certification: _____
R.N. License Exp. Date: _____	Catechist Certification: Yes No In Process Name of (Arch) Diocese: _____
Include copies of State / Montessori Certificates and Diocesan Catechist	

FOR OFFICE USE ONLY

Date Received _____	Placement Folder _____
Transcript Received _____	References Received _____
U.S. Equivalency _____	Initial Interview _____
Background Check _____	Schools Referred To _____

EDUCATIONAL BACKGROUND (continued)

Theological or religious education courses taken in the past five years :

Name of Course	Location	Credit /Clock Hours

List professional development including workshops, seminars, grants or summer programs that you have attended in the past five years (do not include conventions or meetings):

TEACHING BACKGROUND

STUDENT TEACHING School Name	City, State	Supervisor & Phone #	Grade Level(s)	Date

All areas must be completed.

SCHOOL (include address and phone number)	Identify Principal/Manager(s) for the past two employers	Grade/ Subject(s)	Dates (Mo./Yr.) From To	Reason For Leaving

OTHER EMPLOYMENT

All areas must be completed.

EMPLOYER (Name, address, phone) Resume may be sent; but also complete below	Name of supervisor and phone number	Positions held	Dates (Mo./Yr.) From - To	Reason For Leaving

You may contact my current employer Yes No

PROFESSIONAL REFERENCE INFORMATION

APPLICANT, PLEASE REQUEST THREE PROFESSIONAL REFERENCES (FROM PRINCIPALS, COLLEGE PROFESSORS, FORMER OR CURRENT SUPERVISORS OF PAID OR VOLUNTEER WORK) AND ONE PERSONAL REFERENCE, OTHER THAN A RELATIVE. HAVE REFERRAL FORMS MAILED DIRECTLY TO THIS OFFICE AT THE ADDRESS ON PAGE ONE. FOR BEGINNING TEACHERS, A COLLEGE PLACEMENT FOLDER FROM THE CAREER PLACEMENT OFFICE WILL SUFFICE FOR PROFESSIONAL REFERENCES.

Have you previously filed an application with the Catholic schools of this archdiocese? Check one : Yes No
 If yes, please state which school and the approximate date that an application was submitted:

Have you previously been employed within the Catholic schools of this archdiocese? Check one : Yes No
 If yes, please state which school(s) and approximate date(s) and in what capacity:

Have you attended the Virtus training within the Archdiocese of Galveston-Houston? Yes No

If "Yes" give date and location: Date: _____ Location: _____

Please list supervisors (including principals, asst. principals) who will provide professional references beginning with the most recent:

Name and Title	Name of School or Business	Address & Phone Number
1)		
2)		
3)		

PERSONAL EXPERIENCE AND BACKGROUND

Have you ever served in any branch of the U.S. Military Service? Check one : Yes No

Are you currently a member of a reserve component unit? Check one : Yes No

Please check if you have experience in any of the following:

VISTA Peace Corp Teacher Corp Teaching Migrant Dependent Schools (Military)
 Community Youth Program or Summer Camp Religion Teacher in a Parish

For volunteer experience checked above, please give details if within the last five years (locations, dates, supervisors, phone numbers):

Have you ever been discharged or disciplined by an employer for theft, sexual harassment, disruptive behavior, using or possession of a weapon on school or company premises and / or using drugs or illegal substances? Check one : Yes No

Have you ever plead guilty or *nolo contendere* (no contest) to or been convicted of a felony or misdemeanor involving moral turpitude, regardless of the disposition?

(A crime of moral turpitude is one involving dishonesty, misrepresentation, deliberate violence, or contrary to good morals. Conviction is the adjudication of guilt or the assessment of probation or community service for violation of the Penal Code. Deferred adjudication is deferral of further proceedings and adjudication of guilt by the Court after receiving a plea of guilty or *nolo contendere* by the Defendant.)

Check one : Yes No

If you answered yes to either of the above two background questions, describe in full on a separate sheet.

PLEASE COMPLETE THE AUTHORIZATION FORM TO AUTHORIZE THE CATHOLIC SCHOOL OFFICE OF THE ARCHDIOCESE OF GALVESTON-HOUSTON TO OBTAIN PERSONAL BACKGROUND INFORMATION INCLUDING CRIMINAL HISTORY FROM THE TEXAS DEPARTMENT OF PUBLIC SAFETY OR OTHER GOVERNMENTAL AGENCIES. CLEARANCE WILL BE REQUIRED FOR THE VALIDATION OF A CONTRACT WITH A CATHOLIC SCHOOL. THE COST OF THE BACKGROUND CHECK VARIES AND MUST BE PAID WHEN AN OFFER OF EMPLOYMENT BY AN ARCHDIOCESAN CATHOLIC SCHOOL IS MADE.

Please answer the following:

What are the strengths you bring to the educational profession?

Why specifically, would you like to serve in a Catholic school?

Would your involvement (attendance, participation, supervision) in religious activities, make you feel uncomfortable or compromise any of your own personal beliefs?

Yes No Explain, briefly: _____

VERIFICATION

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

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, AND I HEREBY GIVE PERMISSION TO THE ARCHDIOCESAN OFFICE TO FORWARD THIS APPLICATION AS WELL AS OTHER CREDENTIALS TO PROSPECTIVE EMPLOYERS WITHIN THE ARCHDIOCESE OF GALVESTON-HOUSTON. I FURTHER UNDERSTAND THAT ANY, MISTATEMENT, FALSIFICATION OR OMISSION OF INFORMATION SHALL BE THE GROUNDS FOR REFUSAL TO HIRE OR, IF HIRED, TERMINATION. I ACKNOWLEDGE THAT THE APPLICATION BECOMES THE PROPERTY OF THE ARCHDIOCESE OF GALVESTON-HOUSTON AND THAT THE ARCHDIOCESE RESERVES THE RIGHT TO ACCEPT OR REJECT IT.

Signature of Applicant

Date

Mail (do not fax) completed application along with the authorization form for a criminal history check to:

**Catholic School Office
Teacher Personnel Consultant
Archdiocese of Galveston-Houston
2403 Holcombe Blvd.
Houston, TX 77021**

Applications of qualified applicants will be placed on file for consideration as vacancies occur. Applications are removed from the files after one year and re-application must be made.

THANK YOU FOR APPLYING FOR A POSITION WITHIN THE CATHOLIC SCHOOLS OF THE ARCHDIOCESE OF GALVESTON-HOUSTON



**CATHOLIC
SCHOOLS**

educating mind ♥ heart ♥ spirit

Archdiocese of Galveston-Houston

Schools Office

REGISTRAR:

I have applied for a position with the Catholic Schools of the Archdiocese of Galveston-Houston.

**Please forward an official transcript along with this form to:
Susan Robenolt, Teacher Personnel Consultant at the address below.**

My signature below signifies permission for you to release my transcript.

Thank you.

Printed Name of Applicant (include Maiden if applicable)

Signature of Applicant

Date of Graduation

Social Security Number

APPLICANT:

Most universities require a signed request from the student to release transcripts. This form is to assist you in making that request. Please send it to the registrar with the required fee so the university may send your official transcript to my attention. Thank you.

Registrar:

Please mail official transcripts to:

**Attention: Sue Robenolt, Teacher Personnel
Catholic Schools Office**

Catholic Schools Office · Archdiocese of Galveston-Houston · Chancery at St. Dominic Center
2403 Holcombe Boulevard · Houston, TX 77021-2098
Phone (713) 741-8704 · Fax (713) 741-7379
www.archgh.org

1-25-07



**CATHOLIC
SCHOOLS**

Archdiocese of Galveston-Houston

educating mind ♥ heart ♥ spirit

SS# XXX – XX - _____

Professional Referral Form

Date _____

_____ has applied for the position of _____ in the Archdiocese of Galveston-Houston. Please provide an assessment of this person’s performance in your employ. Please mail (do not fax) this form to the **Director of Teacher Personnel, Catholic Schools Office, 2403 Holcombe Blvd., Houston, TX 77021**. Do not return this form to the above named applicant.

Thank you,

Susan Robenolt, Director of Teacher Personnel

Applicant, please read, sign and duplicate both pages of this form. Give form to three former supervisors to complete, sign and mail: “I hereby give the Catholic School Office permission to make inquires of former employers and references concerning my professional performance and general character. I further agree that the information will not be disclosed to me but will be treated as confidential, and waive my right to see this information.”

APPLICANT’S SIGNATURE

Please ✓ check the category that best applies to the applicant’s qualifications:

All Applicants	SUPERIOR	STRONG	AVERAGE	FAIR	POOR	UNKNOWN
Personal Appearance (attractive, neat)						
Attendance/ Dependability						
Personality / Enthusiasm						
Character (integrity)						
Emotional Stability /Resiliency						
Community Involvement						
Communication Skills (oral and written)						
Positive Attitude Toward Children						
On-going Professional Growth						
OVERALL RATING						

Assessment of a Teacher Applicant	SUPERIOR	STRONG	AVERAGE	FAIR	POOR	UNKNOWN
Provides opportunities for students to participate actively						
Evaluates and provides feedback on student progress						
Organizational skills						
Maximizes use of time for instruction						
Manages student behavior						
Teaches for cognitive, affective, and/or psychomotor learning						
Presents information accurately and clearly						
Uses acceptable communication skills (written & oral)						
Uses strategies to motivate students						
Provides a supportive environment						
Evaluates student progress						
Plans for and engages in professional development						
Timely and frequent communication with parents						
Complies with policies, rules and regulations						

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Librarian or Library Managers (only)	SUPERIOR	STRONG	AVERAGE	FAIR	POOR	UNKNOWN
Knowledge of library/media procedures						
Knowledge of cataloguing technical services						
Inventory and materials selection						
Basic reference skills						
Proficient in English language communication skills						
Proficient in information technology resources (automation, Internet access, electronic resources, multimedia delivery systems)						

School Nurse (only)	SUPERIOR	STRONG	AVERAGE	FAIR	POOR	UNKNOWN
Knowledge of school nursing						
Generalist clinician skills						
Ability to provide primary care						
Case management skills						
Health records management						
Administrative skills including implementation of the total school health program						

School Counselor (only)	SUPERIOR	STRONG	AVERAGE	FAIR	POOR	UNKNOWN
Knowledge of school guidance & counseling						
Rapport with faculty, co-workers, students and parents						
Pro-active in addressing student needs						
Familiar with community agencies and specialized programs available to students/families						
Case Management						

How long have you known the applicant? _____

Official relationship to applicant:

- Principal University Supervisor
- Asst. Principal College Professor
- Supervisor Other _____

Would you employ (or re-employ) this applicant ___ Yes ___ No

Other Comments: _____

Institution/Agency

Name (Print)

Address

Title/Position

City State Zip Country

Phone #

Mail to: Director of Teacher Personnel
(Do not Fax) Catholic Schools Office
 Archdiocese of Galveston-Houston
 2403 Holcombe Blvd.
 Houston, TX 77021

Signature

