



Santa Margarita Catholic High School
The Diocese of Orange
 22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
 (949) 766-6000 • (949) 766-6005 (Fax)



APPLICATION FOR EMPLOYMENT

Certificated Employment Application

We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Today's Date: _____

Please type or print, fill out completely and accurately, and submit to the above address.

PERSONAL INFORMATION

Name:			
Address:			
City:	State:	Zip:	E-mail:
Home Phone:	Work Phone:	Cell Phone:	
Fax:	Pager:		

How long at above address? _____ If the above address is not your permanent address or you have lived there less than five years, please provide the following information:

Previous/Permanent Address:		
City:	State:	Zip:

Please list any other former name(s) or alias you may be using, or have used in the past: _____

Catholic: Yes No Practicing: Yes No Parish: _____

Have you worked for the Diocese of Orange before? Yes No If so, when: _____

Name(s) of relative(s)/friend(s) working for the Diocese of Orange: _____

List of parish involvement/activities: _____

Describe ministerial experiences of stewardship and service in the parish and beyond: _____

If non-Catholic, are you willing to support Catholic teaching and philosophy? Yes No

Important: Before consideration will be given for employment, the candidate must have on file a complete set of transcripts (copies will be accepted during application process; **however, originals will be required if applicant is hired**), a copy of applicant's **current** California Teaching Certificate, two professional and one character reference.

You will be notified when all of these items have been received. The file will be placed in the active applicant file and will receive consideration for openings for which the applicant is certified and has expressed an interest.

It is the policy of the Diocese of Orange Catholic Schools not to discriminate in hiring on the basis of age, race, gender, disability or national origin. THIS APPLICATION WILL BE KEPT ON FILE FOR TWO SCHOOL YEARS OR UNTIL HIRED (WHICHEVER COMES FIRST).

OFFICE USE ONLY

APPLICATION	RESUME	TRANSCRIPTS	CREDENTIAL	CHARACTER REFERENCES	PROFESSIONAL REFERENCES	FILE COMPLETE

TEACHING PREFERENCE

EMPLOYMENT:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Substitute	
GRADE:	<input type="checkbox"/> Primary (K-3)	<input type="checkbox"/> Intermediate (4-6)	<input type="checkbox"/> Junior High (7-8)	<input type="checkbox"/> High School (9-12)
LOCATION:	<input type="checkbox"/> Will Relocate	<input type="checkbox"/> Will Travel	<input type="checkbox"/> Near Home	
SUBJECT(S):	<input type="checkbox"/> Religion	<input type="checkbox"/> Reading	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Art
	<input type="checkbox"/> Science	<input type="checkbox"/> Technology	<input type="checkbox"/> Mathematics	<input type="checkbox"/> English
	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Music	<input type="checkbox"/> Other _____	

1. Are you certified to teach Religion? Yes No
2. If "NO", are you willing to pursue a course of studies leading to basic certification? Yes No
3. Do you have the legal right to work in the United States? (Proof of U. S. Citizenship or immigration status will be required upon employment.) Yes No
4. Do you have a valid California Teaching Certificate? Yes No

Type of Certificate: _____

Certificate Number: _____

Expiration Date: _____

Certification in another State: State of _____

5. Copies of transcripts and certificates verifying my credentials and degrees are enclosed. Yes No
(Note: For the application to be considered, a copy of your California Teaching Certificate must be attached.)

EDUCATIONAL PREPARATION (Schools Attended)

Name of School	Location	Dates	Year of Graduation/Degree
Elementary:			
High School:			
Undergraduate:			
Graduate:			

Total number of upper division/graduate SEMESTER units after bachelor's degree (convert quarter units by multiplying by .667) _____

Highest Degree Earned: _____ Graduate Semester Hours Earned After Highest Degree: _____

Undergraduate: _____ Major: _____

Minor: _____ Other Hours: _____

Overall GPA: _____ Graduate Degree(s) in: _____

ACTIVITIES AND HONORS

Please list any activities or sports which you are able to direct or coach successfully at the high school level:

List any college activities engaged in and any honors received (professional activities, interest, organizations, extent of participation):

List any community activities, organizations or clubs: _____

STUDENT TEACHING EXPERIENCE

Name of School	City, State, and Telephone	Grades or Subject	Dates	Cooperating Teacher

TEACHING EXPERIENCE (Attach Additional Pages if Needed)

Grade/Subject Taught	School & Supervisor Name	City, State and Telephone	Dates
Salary:			
Salary:			
Salary:			
Salary:			
Salary:			
Salary:			

Total years of full-time contractual teaching: _____ Number of those years in Catholic Schools: _____

OTHER WORK EXPERIENCE (Attach Additional Pages if Needed)

Employer:		Dates Employed: <i>From:</i> _____ <i>To:</i> _____	
Address:		Telephone Number(s):	
Job Title:	Supervisor:		
Hourly Rate: <i>Starting:</i> _____ <i>Final:</i> _____	Reason for Leaving:		
Work Performed:			

Employer:		Dates Employed: <i>From:</i> _____ <i>To:</i> _____	
Address:		Telephone Number(s):	
Job Title:	Supervisor:		
Hourly Rate: <i>Starting:</i> _____ <i>Final:</i> _____	Reason for Leaving:		
Work Performed:			

CURRENTLY EMPLOYED

If employed, when can you begin work? _____

If you are presently employed, may we contact your employer? Yes No

If no, please explain: _____

Name of Employer:	Phone:
Present Position:	
Reason for Leaving Position:	
Present (or most recent) Administrative Supervisor(s):	

PROFESSIONAL REFERENCES

Two references are required, including reference from superintendents and/or principals under whom you have taught, who have firsthand knowledge of your character, personality, scholarship and teaching ability.

Name (most recent Principal/Supervisor):			
Address:			
City:	State:	Zip:	Phone:

Name:			
Address:			
City:	State:	Zip:	Phone:

CHARACTER REFERENCE (Pastor of Current Parish Preferred)

Name:			
Position:		Church:	
Address:			
City:	State:	Zip:	Phone:

CONVICTION STATEMENT

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

1. Have you ever been convicted of or admitted 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:

2. 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:

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

Explanation:

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, or 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:

5. 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 conviction. Yes No

Explanation:

Use this space for any additional comments or information:

READ THIS BEFORE SIGNING THIS APPLICATION

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

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

Signature: _____ Date _____

IMPORTANT

There are several important aspects of employment with Santa Margarita Catholic High School (SMCHS) which you should be aware of before completing this Application for Employment.

FIRST: Employment with SMCHS is at-will, which means that either the employee or SMCHS can terminate the employment relationship at any time, for any (or no) reason, with or without notice. This at-will employment relationship can only be modified in a writing signed by you and signed, for SMCHS, by the Principal.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

SECOND: In consideration for my employment by your school, I agree to conform to the rules and regulations of the school and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

THIRD: SMCHS may seek to verify the information you have provided in this Application for Employment. By signing below, you authorize SMCHS and any of its (their) employees or agents (collectively referred to as SMCHS) to contact the persons or organizations you have listed and to discuss your background with them. By signing below you also release SMCHS, and all of the persons, organizations and their agents who are contacted by SMCHS for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of verifying the information you have provided.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

FORTH: I certify that all of the information which I have provided on this Application for Employment is true, and I understand that if any of the information is determined to be false, even if the determination is made years later, it will result in my immediate discharge from employment with SMCHS.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

FIFTH: I consent to a physical examination (after a job offer) and to a drug test (either prior or commencement of employment or after I have become employed) as deemed necessary by the employer. These examinations and test are at the employee's expense and are to be done at the SMCHS facility of choice.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

SIXTH: I understand that in accordance with Education Code 45125, which states that all persons to be employed must be fingerprinted prior to employment and Education Code 49406, which states that no person shall be initially employed by a school in a certificated or classified position unless the person has submitted to an examination within the past 60 days to determine that he 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 SMCHS requires that I be hired exactly as my name and number appears on my Social Security Card and I must provide this card as proof of the same.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

Do you know any reason that the applicant should not work with children? Yes No (If "Yes", please explain):

Would you re-employ the applicant? Yes No Not Applicable

Give Three (3) Strengths of Applicant:
Areas of Growth:
Overall Recommendation:
Other Comments (attach additional pages as needed):

TO BE COMPLETED BY ALL REFERENCES

I would recommend this candidate with enthusiasm with reservations. I do not recommend this candidate.

Relationship to Applicant: _____

Years Known _____ From _____ To _____

Reference Name:		Title:	
Address:	City:	State:	Zip:
Signature:		Date:	
Day Phone:	Evening Phone:		

Thank you for your cooperation in evaluating the suitability of the applicant. All information herein stated will be treated as confidential and will not be shared with the applicant. Please add any pertinent remarks on a separate sheet of paper and attach to this form. **Return this reference directly to the following:**

**Office of Human Resources
Santa Margarita Catholic High School
22062 Antonio Parkway
Rancho Santa Margarita, CA 92688
(949) 766-6005 FAX**