



# 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*

Position you are applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Complete on-line or print and submit to the above address*

#### PERSONAL INFORMATION

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

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 Address:		
City:	State:	Zip:
Permanent Address:		
City:	State:	Zip:

Please list any other former name(s) or AKAs 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)/friends(s) working for the Diocese of Orange: \_\_\_\_\_

If Catholic, list of parish involvement/activities: \_\_\_\_\_

Describe ministerial experiences of stewardship and service in your Catholic Parish or Church: \_\_\_\_\_

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

**Important: If hired, you will be required to provide Original transcripts, current California Teaching Certificate, two professional references, and one character**

*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.*

## POSITION PREFERENCE

<b>EMPLOYMENT:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Substitute			
<b>LOCATION:</b>	<input type="checkbox"/> Will Relocate	<input type="checkbox"/> Will Travel	<input type="checkbox"/> Near Home			
<b>SUBJECT(S):</b>	<input type="checkbox"/> Computer Science	<input type="checkbox"/> English	<input type="checkbox"/> Nurse	<input type="checkbox"/>	<input type="checkbox"/> Science	<input type="checkbox"/> Visual Arts
	<input type="checkbox"/> Counselor	<input type="checkbox"/> Library	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Religion	<input type="checkbox"/> Social Studies	<input type="checkbox"/> World Languages
	<input type="checkbox"/> Dean	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Other	_____	

- If you are applying to teach Religion, are you Diocesan certified?  Yes  No If yes, Diocese of: \_\_\_\_\_
- 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
- Do you have a valid Teaching Credential?  Yes  No Have you completed the CA BTSA Program?  Yes  No  
 Preliminary  Clear   
 Authorized Credential areas: \_\_\_\_\_ Credential Expiration Date: \_\_\_\_\_  
 Certificate in another State: State of \_\_\_\_\_

## EDUCATIONAL PREPARATION (Schools Attended)

Name of School	Location		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: \_\_\_\_\_

Graduate Degree(s) in: \_\_\_\_\_

## ACTIVITIES AND HONORS

Please list any activities or sports that 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	Grade Level or Subject	Master Teacher

## EMPLOYMENT

Employer:	Dates Employed		Subject / Grades taught
	From	To	
Address:			
Telephone Number(s):			
Supervisor:			
Reason for Leaving:			

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	From	To	
Address:			
Telephone Number(s):			
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Reason for Leaving:			

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	From	To	
Address:			
Telephone Number(s):			
Supervisor:			
Reason for Leaving:			

**Please address the following questions in the space below:**

1. Explain what attracted you to the ministry of teaching.

2. Explain why you wish to teach in a Catholic School.

2. What do you think are the challenges for today's educators?

## 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):	

## CURRENTLY EMPLOYED

Two references are required, including reference from principals and immediate supervisor 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 (most recent Principal/Supervisor):			
Address:			
City:	State:	Zip:	Phone:

## CHARACTER REFERENCE ( If Catholic from Pastor of Current Parish, Non-Catholic, Other Character Reference )

Name:			
Position:		Church or Organization:	
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 that 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 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:***

2. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended? Have you in any way been sanctioned by, or have any change or complaint now 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 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:***

3. 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:***

4. 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 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: \_\_\_\_\_

**FOURTH:** 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 as deemed necessary by the employer (after a job offer), to a five-panel hair drug test, finger printing and online safe environment training. These examinations and test are at the employer'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/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 SMCHS requires that I be hired exactly as my name appear 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: \_\_\_\_\_