



Office of Catholic Schools
 300 Wyoming Avenue
 Scranton, PA 18503-1279
 (570)207-2251
 (570)207-2261 fax

Please print out this form and submit completed form the Schools Office.

APPLICATION FOR A TEACHING POSITION

Date: _____ SS# _____ Degree: _____

Name: _____
 (Last) *(First)* *(Middle)*

Age: _____

Address: _____ Phone: _____

Parish Affiliation: _____ Religion: _____

EDUCATION *(Name of School)*

Elementary: _____ Secondary: _____

College	Address	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification – Provisional

Year: _____ State & No.: _____ Areas: _____

Year: _____ State & No.: _____ Areas: _____

TEACHING EXPERIENCE *(list most recent first)*

School	Address	Grades	Subjects Taught
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Pastor: _____ Address: _____

Other: _____ Address: _____

Other: _____ Address: _____

TEACHING PREFERENCE

Grade Level: _____ Substitute: _____ Full-time: _____

Geographic Area: _____

Non-Teaching Experience	From		To		Reason for Leaving
	Mo.	Yr.	Mo.	Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BRIEFLY DESCRIBE YOUR PHILOSOPHY OF EDUCATION

If you are living outside the Diocese, where can you be contacted locally?

Address: _____

Phone No.: _____

I hereby affirm the information submitted here is accurate.

Signature: _____

Date: _____

PLEASE NOTIFY THIS OFFICE WHEN YOU ARE HIRED.

This application will be kept on file for two (2) years. If you are still interested at the end of that time, please file another application.