

## Diocese of Scranton **OFFICE FOR CATHOLIC SCHOOLS** 300 Wyoming Avenue Scranton, PA 18503-1279 Phone: (570) 207-2251 www.DioceseofScranton.org/CatholicSchools

## APPLICATION FOR A SCHOOL PRINCIPAL POSITION

Date:	Degree:			
Name:				
(Last)	(First) City:	(Middle)		
Home Phone:	Cell Phone:			
Email:				
Religion:	Parish Name/City & State:			
EDUCATION				
Elementary School:	Secondary School:			
College:	City/State:	Years Attended		
	PA OTHER STATE			
PA Instructional I	Subject/Area:	Year:		
PA Instructional II	Subject/Area:	Year:		
PPID # Relig	gious Education Certificate (if applicable) Dioce	se: Date:		
	n you submit your certificate for having attended Yes No ttached with this application and original must			
· -	<b>ERIENCE</b> (list the most recent first)			
School	City/State:	Grade Levels Years		

## **TEACHING EXPERIENCE** (list most recent first)

School	City/State:			Grades	Subjects Taught
	opening, please complete this se				
		Part-Time:		_ Full-Time:	
If P/T or F/T positions are	e not available, are you int	erested in wo	orking as per die	m substit	ute? YES NO
	Diocese of Scranton covers 11 of with schools in Lackawanna, L	counties in Nort	heastern and North		
ON-TEACHING EXPR	ERIENCE				
Company Name		From Mo. Yr.	To Mo. Yr.	R	eason for Leaving
REFERENCES					
astor:	Address & Phone:				
Other:	Address & Phone:				
Other:	Address & Phone:				
<ol> <li>Please describe yo</li> <li>How do you view</li> <li>How important do</li> <li>What are your con</li> </ol>	page/s of your response to our Philosophy of Education your role as a Principal in you consider your own Ca cepts of leadership and ma s the relationship between	on. a Catholic So atholic attituo anagement?	chool? les and practices	·	role as Principal?

## **PROFESSIONAL ORGANIZATIONS**

Please list your membership in professional organizations:

Diocese of Scranton Office For Catholic Schools Application for a School Principal Position

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

Address:	City:	State/Zip:
Phone:		
Cell Phone:		
I hereby affirm the information submitted here is a	ccurate.	
Signature:		
Date:		

PLEASE NOTE:

Your application will be kept on file by the Diocesan Office for Catholic Schools for a period of two (2) years from the date received. All credentials must accompany the application.