

**DIOCESE OF MEMPHIS  
DEPARTMENT OF EDUCATION - CATHOLIC SCHOOLS  
EMPLOYMENT APPLICATION**

GENERAL INSTRUCTIONS: You are requested to fill in all the blanks. If an item does not apply, use NA. For all sections if added space is needed, please attach additional sheets.

**PERSONAL DATA**

**CHECK TITLE:**

<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev. (Diocesan)
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Brother	<input type="checkbox"/> Rev. (Religious Order)
<input type="checkbox"/> Mr.	<input type="checkbox"/> Sister	

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Last Name	First	Middle	SS#
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If Priest, Brother or Sister - religious community and initials	City & State or Province
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Home address: number, street, city, state, zip	Home phone
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Business address: firm/school; number, street, city, state zip	Business phone
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Religion\* \_\_\_\_\_ \*(Religion is a bonafide requirement and information solicited meets requirements of Federal law.)

Are you eligible to work in the United States?  Yes  No

**EDUCATIONAL BACKGROUND**

Type of School	Name of School	City & State	Dates Attended	Degree Earned

List major workshops, seminars, internships, grants, summer programs in which you have participated in the last five years and which are not normally part of a degree program. (Do not include conventions, single meetings, etc.)

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Program/Place	Sponsor	Date	Field
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Program/Place	Sponsor	Date	Field
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**PRESENT EDUCATIONAL ASSIGNMENT AND EXTRA-CURRICULAR INVOLVEMENT**

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School where presently employed	Position(s) held
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Street address City, State, Zip	Grade(s) taught
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Subject taught if departmentalized	Total number of students taught this year
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Hours spent in teaching weekly

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Hours spent in other school related (not preparation) tasks. Specify.

If your present teaching situation is unique (e.g., team teaching), please explain:

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Please circle any of these extra-curricular activities in which you are engaged as a part of your present assignment or as an extension: sports, dramatics, music, forensics, school paper/yearbook, community programs, other.

Specify and give details of your participation here: \_\_\_\_\_

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Enter below any PRE or other formally organized out-of-school religious education programs, for either children or adults, in which you assist.

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Name of parish/school \_\_\_\_\_

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Grade level \_\_\_\_\_ Hours per week \_\_\_\_\_ Number of students \_\_\_\_\_

Comments: \_\_\_\_\_

**Student Teaching:** \_\_\_\_\_

School	Address	Dates	Grade/Subject
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School	Address	Dates	Grade/Subject
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**Licensure:** \_\_\_\_\_

State	Type	Endorsement	Number	Date Issued	Expiration
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State	Type	Endorsement	Number	Date Issued	Expiration
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**HAVE YOU EVER HELD A TENNESSEE LICENSE OR PERMIT?** \_\_\_\_\_

List all teacher organizations and professional association memberships:

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List all positions for which you are qualified to hold and wish to be considered in order of precedence:

Grade Level	Subject/Specialty	Full Time	Part Time	Substitute
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## EMPLOYMENT HISTORY

List employment for the last 10 years beginning with the most current. Previous employers will be contacted. Please list **all** teaching experience.

Number of years teaching experience: \_\_\_\_\_

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Employer	Address	Phone	Job Title	Grades/Subjects	Employment Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## REFERENCES

List three persons other than relatives who are able to give information about your qualifications for the position for which you are applying:

Name	Address	Phone	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How soon will you be available? \_\_\_\_\_ How long will you be available? \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_