

Catholic Education Office

Diocese of Rockford

555 Colman Center Drive

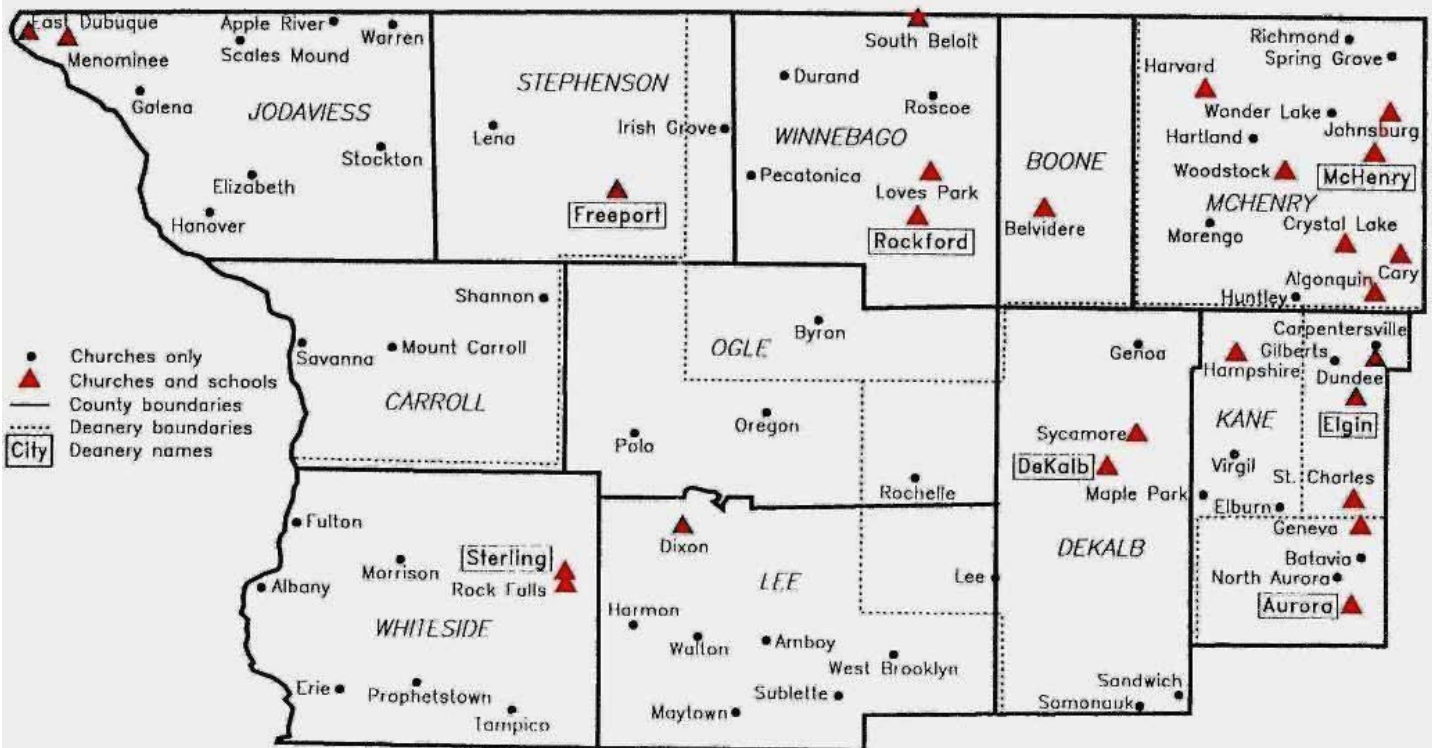
P.O. Box 7044

Rockford, IL 61125

Phone: 815.399.4300 – Fax: 815.399.6278

E-Mail Catholiceducationoffice@rockforddiocese.org

The Catholic Diocese of Rockford Highlighting Cities with Catholic Schools



Catholic Education Office
 Diocese of Rockford
 P.O. Box 7044
 Rockford, Illinois 61125

TEACHER APPLICATION

Applicant Information

First Name	MI	Last Name
Street Address	Apt #	City/State/ZIP
Primary Phone #	Cell Phone #	
Email Address	Social Security Number	
Religion	Parish or Church Name	
Date Available for Employment	Today's Date	

*You must be able to verify legal US citizenship at time of hiring by providing a copy of either your birth certificate or your social security card.

Education (copy of transcript from each college/university attended must accompany this application or follow as soon as possible)

	Name of Institution	Location of Institution	Dates Attended	Degree	Major/Minor
<u>Elementary School</u>					
<u>Middle/Junior High</u>					
<u>High School</u>					
<u>College/University</u>					
<u>College/University</u>					
<u>College/University</u>					

Teacher License (copy of license must accompany this application or follow as soon as possible)

License #	Issue Date	Expiration Date
State	Subject Area	Grade Validity/School Setting

Position Desired (please check all that apply)

<u>Elementary</u> PS-3 _____	4-6 _____	7-8 _____
<u>Middle School</u> _____	1 st Subject _____	2 nd Subject _____
<u>High School</u> _____	1 st Subject _____	2 nd Subject _____

Would you be interested in a part-time position if no full time position was available? _____ Yes _____ No

Are you interested in substitute teaching? _____ Yes _____ No

Teaching Experience* (please list chronologically, beginning with student teaching)

<u>Job Title</u> (e.g. student teacher, teacher, etc.)	<u>School</u>	<u>School District</u>	<u>Grade Level or Subject Area</u>	<u>Employment Dates</u>

Please describe any additional experience you have with children, such as Religious Education teacher, camp counselor, coach, etc.

Theological/Catechetical Education (please list any catechetical or theological courses you have taken since high school)

<u>Course Name</u>	<u>Name of Institution</u>	<u>Location of Institution</u>	<u>Date Completed</u>

Professional Status

Has your teaching license ever failed to be renewed? _____ Yes _____ No

Have you ever resigned, or been compelled to resign, a teaching position? _____ Yes _____ No

Have you ever been arrested for, indicted for or complained of in any felony or misdemeanor? _____ Yes _____ No

If you answered 'yes' to any of the above questions, please explain: _____

Employment will be subject to, among other things, satisfactory reference checks.

I understand that, if employed in a part time or temporary position, I may not be eligible to participate in any of the diocesan group insurance, medical insurance or retirement plans.

To assist in the evaluation of my employment qualifications, I authorize the Diocese to request and receive any information from past employers or personal references concerning evaluations of my work performance and other matters of opinion. I also authorize any of the references, past employers or schools listed above except those noted, to furnish the Diocese any or all information requested above. I further release them and the Diocese and its affiliates from any and all responsibility arising out of the release of any such information.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the school unless made in writing. If an employment relationship is established, I understand that it is pursuant to the terms of my applicable contract. If I am not bound by a contract, I understand I have the right to terminate my employment at any time and that the Diocese retains a similar right.

I certify that information contained in this application is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration, or for dismissal from employment.

Signature of Applicant

Date

Personal Response Form

NAME _____

**In what area(s) would you consider accepting a teaching position (see map on first page of application)
(Please select your preference i.e. 1, 2, 3):**

Aurora	DeKalb	Elgin	Freeport	McHenry	Rockford	Sauk Valley (Sterling)

Please respond to the following questions.

1. What do you believe about the role of the teacher in the learning process?

2. What do you consider the mission of a Catholic school to be?

3. What strengths could you contribute to fulfill the mission of the Catholic school?

4. In what activities (retreats, prayer groups, etc.) have you participated that have enabled you to deepen or express your faith?

5. How would you describe yourself as a person of faith whose commitment to Christ is alive, conscious and active?

Diocese of Rockford
APPLICATION: AUTHORIZATION AND RELEASE
FOR BACKGROUND CHECK INFORMATION

I authorize the Diocese of Rockford ("Diocese") to request and receive background information on me from my current and/or past employers, schools that I attended, and any personal professional references which I identified on my diocesan employment/volunteer application. I authorize any of my current and/or past employers, schools, and the personal and professional references to release information to the Diocese in order to assist the Diocese in arriving at a decision on my employment/volunteer application.

I also authorize the Diocese to conduct any criminal history background checks on me as may be allowed under federal, state or local law, in order to assist the Diocese in arriving at a decision on my employment/volunteer application. To the extent that such inquiries require my consent, I hereby give my consent for the diocese to request and obtain such information, and I consent to the provision of such information by any person, entity of any federal, state, or local agency contact by the Diocese.

I verify that the identifying information provided below and any photographic identification that I have provided are true and correct.

I release the Diocese, and its employees and agents, and any person or entity and its employees and agents, from any and all liability. Any duplicate of the Authorization and Release shall be considered valid as an original.

Name:

(Printed)

Signature:

Social Security Number or
Other official identification
Number (please specify):

Date of Birth:

Address:

(Street)

(City)

(State)

(Zip)

Applicant's Name: _____ Phone: _____

PROFESSIONAL REFERENCE

TO BE COMPLETED BY REFERENCE			
NAME OF REFERENCE			TELEPHONE
ADDRESS	CITY	STATE	ZIP
SIGNATURE		YEARS KNOWN	SIGNATURE DATE DATE / /
WHAT HAS BEEN YOUR PROFESSIONAL RELATIONSHIP TO THE APPLICANT?			
NAME OF FACILITY/SCHOOL			

The applicant, whose name appears at the top of this form, has applied to be considered as a teacher in the Diocese of Rockford School System. Quality education depends, to a great extent, upon the personal and professional talents of a teacher. We ask for a candid appraisal of the applicant.

PERSONAL QUALIFICATIONS	Below Expectations	At Expectations	Exceeds Expectations	Not Observed
Ethical and moral values	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Intellectual ability	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Judgment and decision making	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Acceptance of responsibility	↓ ↓	↓ ↓	↓ ↓	↓ ↓

PROFESSIONAL QUALIFICATIONS	Below Expectations	At Expectations	Exceeds Expectations	Not Observed
Ability to relate to staff	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Ability to relate to students	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Teaching performance	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Classroom management	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Professional growth	↓ ↓	↓ ↓	↓ ↓	↓ ↓

COMMENTS

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