

**EMPLOYMENT APPLICATION
ST. JOSEPH/MARQUETTE CATHOLIC SCHOOL
202 N 4TH ST
YAKIMA, WA 98901**

TEACHER APPLICATION FORM

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1. Print or type neatly 3. Submit a resume as well as photocopies of all transcripts &
2. Fill in all appropriate blanks professional licenses.
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1. PERSONAL DATA

NAME Circle: Dr./Ms./Mrs./Mr.	Last	First	Middle	SOC. SEC. #
PERMANENT ADDRESS	No. & Street	City	State	Zip
				TELEPHONE # ()
BIRTHDATE (Optional) Mo. Day Yr. / /	CELL PHONE # ()	RELIGION PREFERENCE _____ Parish: (if Catholic) _____		

2. POSITION APPLYING FOR:

First Preference	OTHER EMPLOYMENT SPECIFICS Preference 1. ___Full Time 2. ___Part-Time 3. ___Either Date available for employment: _____ Are you interested in being a substitute? ___Yes ___No
Second Preference	
Third Preference	

3. EDUCATIONAL BACKGROUND

High School	City and State	Date of Graduation			Attended	Degree Received	
College	City and State	Minor	Major	From	To	Type	Date
College	City and State	Minor	Major	From	To	Type	Date
College	City and State	Minor	Major	From	To	Type	Date
Other	City and State	Minor	Major	From	To	Type	Date

4. STUDENT TEACHING/INTERNSHIP EXPERIENCE (NO OTHER FORMAL EXPERIENCE)

School and District	City and State	Grade(s) or Subjects	From Mo.	Yr.	To Mo.	Yr.

5. TEACHING EXPERIENCE (If less than full time, give particulars. Begin with the most recent experience.)

School and District	City and State	Grade(s) or Subjects	From Mo.	Yr.	To Mo.	Yr.

6. RELATED WORK EXPERIENCE (List only positions directly related to your major field and/or teaching.)

Employer	City and State	Grade(s) or Subjects	From Mo.	Yr.	To Mo.	Yr.

7. EXTRACURRICULAR INTERESTS

<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Leadership
<input type="checkbox"/> Boys Track	<input type="checkbox"/> Girls Track	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Boys Baseball	<input type="checkbox"/> Girls Volleyball	
<input type="checkbox"/> Boys Soccer	<input type="checkbox"/> Girls Soccer	

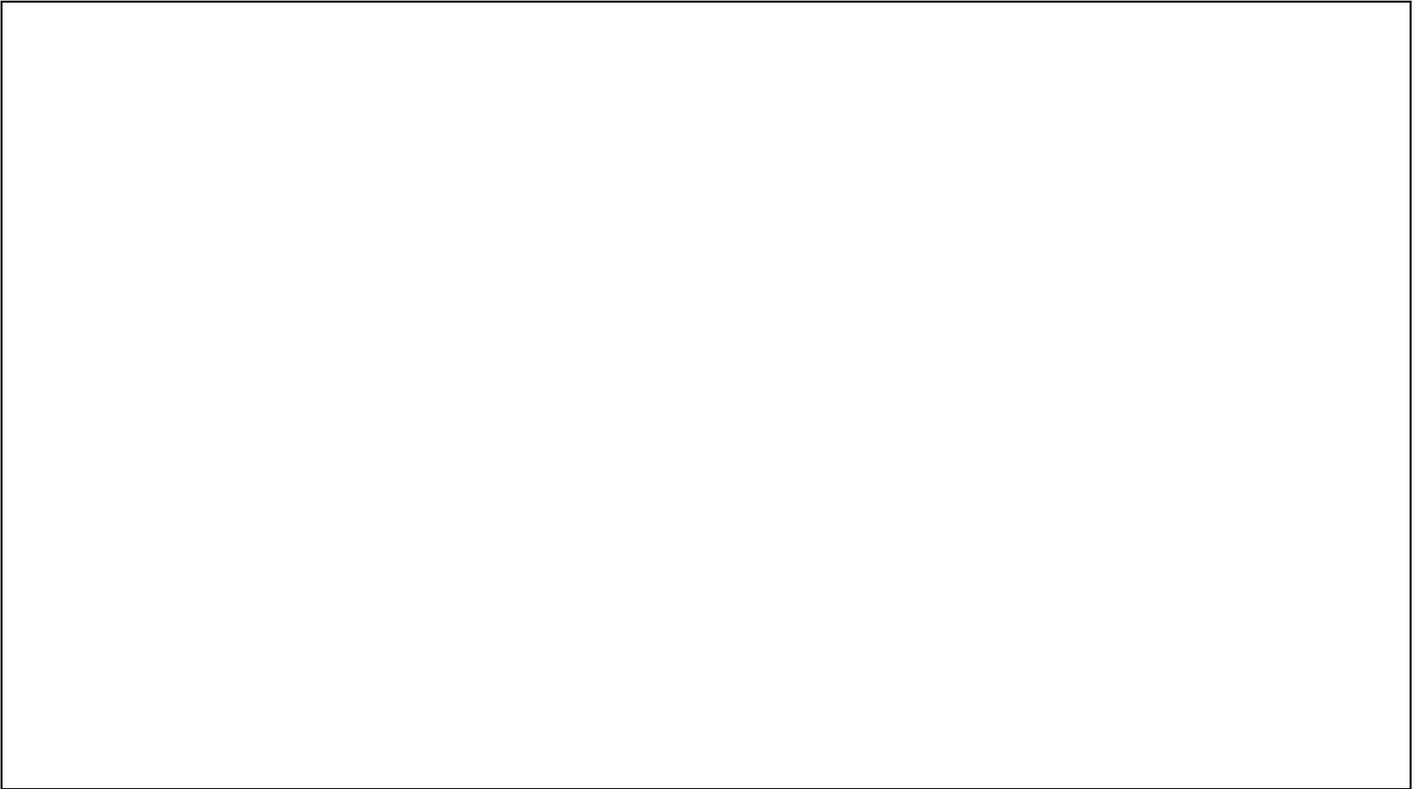
8. PROFESSIONAL REFERENCES (These individuals may be contacted for verification.)
EXPERIENCED APPLICANTS (Confidential Professional Reference Forms are to be completed your references.)

<p>Reference #1</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>
<p>Reference #2</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>
<p>Reference #3</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>

STUDENT TEACHERS/INTERNS

<p>College Supervisor</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>
<p>Cooperating Teacher</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>
<p>Cooperating Teacher</p> <p>Name _____</p> <p>Work Phone # () _____</p> <p>Home Phone# () _____</p>	<p>Address of Reference</p> <p>School _____</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>

9. WHAT IS YOUR PHILOSOPHY OF EDUCATION?



10. IN YOUR OPINION WHAT IS THE VALUE OF THE CATHOLIC SCHOOL?



11. WHY DID YOU LEAVE YOUR LAST POSITION?

12. CONVICTION OR DISMISSAL

Have you ever been convicted of a crime other than a minor traffic violation, received a probation before judgment, or received a not criminally responsible disposition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the subject of pending criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed, asked to resign, or refused employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had your teaching certificate suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

13. AFFIRMATION

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application or discharge if I have been employed. I further understand that appropriate salary credit will be determined from the official transcript provided by the applicant and work experience. (A maximum of 3 yrs. of employment in public schools will be credited.)

 Date

 Signature of Applicant