



DIOCESE of FALL RIVER
**CATHOLIC SCHOOLS
ALLIANCE**

373 Elsbree Street Fall River, MA 02720
P: (508) 687-7301
www.CatholicSchoolsAlliance.org

Professional Faculty Employment Application

(To be used for the position of Head of School, Administrator, Assistant Administrator,
Teacher, Substitute Teacher or Other Professional)

AN EQUAL OPPORTUNITY EMPLOYER

The Diocese of Fall River is committed to a policy of nondiscrimination and equal opportunities for all employees and qualified applicants without regard to race, color, marital status, national origin, ancestry, sex, age, disability, military status or any other characteristic or status protected by law. NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Date of application ____/____/____

Title Mr. Mrs. Miss Ms.

Name _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Telephone # (_____) _____ Email _____

Religion _____ Parish _____

Address of Parish _____
 STREET CITY STATE ZIP CODE

Name of Pastor _____

Marital Status ____ Single ____ Married ____ Divorced

If you are married, this question is used to determine if your marriage is recognized as valid by the Roman Catholic Church.

If you are a member of a religious community:

____ Sister ____ Brother ____ Rev. (Religious) ____ Rev. (Diocesan)

Religious Community (if applicable): _____

Position Desired: ____ Teacher ____ LD/Resource Teacher ____ School Nurse
 ____ Librarian ____ Guidance Counselor ____ Other: _____

Level of the position for which you are applying:
 ____ Elementary (PreK-5) ____ (Gr. 6-8) ____ Secondary (9-12)

Work Preference: _____ Full-Time _____ Part-Time _____ Substitute

Subjects/Grades Qualified to Teach: 1. _____ 2. _____

Date available for work..... _____ / _____ / _____

Are you applying for a position with a specific school?..... Yes No

If yes, please identify the school and city: _____

Geographic area to which you are willing to travel: (check as many as apply)

- Fall River New Bedford area (refers to New Bedford, Acushnet, Fairhaven, Dartmouth)
- Taunton Cape Cod area (refers to Buzzards Bay, Hyannis, South Yarmouth)
- Attleboro area (refers to Attleboro, North Attleboro, Mansfield)

Ordinarily professional educators must possess a current Massachusetts' Educator License for appropriate grade, class and subjects being taught, or be actively working toward licensure.

Are you currently licensed in Massachusetts as a Teacher or Administrator?..... Yes No

If yes, please provide the following information: Certificate number _____

Issue Date _____ Expiration Date _____

Field(s) & Level(s) _____

Type Temporary Preliminary Initial Professional

If no, are you currently licensed in any other state as a Teacher or Administrator? Which state? _____

Please explain your plan to acquiring licensure in MA. _____

Educational Background

A. List last three (3) schools attended, starting with most recent.-include name, city and state of the schools **B.** List dates attended **C.** Indicate degree or diploma earned, if any. **D.** Major field of study.

A. SCHOOL NAME, CITY & STATE	B. DATES ATTENDED	C. DEGREE/ DIPLOMA	D. MAJOR

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

References

Please list three employment references from previous employers and one character reference whom you will ask to submit WRITTEN and SIGNED recommendations. References should have a specific knowledge of your professional preparation and experience and/or character.

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
Employment reference	()	

Employment reference	()	
Employment reference	()	
Character reference	()	

- Have you submitted an application here before?..... Yes No
 If yes, give date(s)..... _____ / _____ / _____
- Have you ever been employed here before?..... Yes No
 If yes, give date(s)..... _____ / _____ / _____
- Is it your intent to work in a school in the Diocese of Fall River for at least two years?..... Yes No
- Are you willing to perform employment responsibilities in accordance with Catholic doctrine and uphold the teachings of the Roman Catholic Church?..... Yes No
- Have you ever, for any reason, been suspended, dismissed, or asked to resign a position? Yes No
- If you are applying for a teaching, administrative, or “other professional” position, have you ever had a teaching, administrative or other credential denied, suspended or revoked?..... Yes No
 If yes, please explain: _____

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, The Diocese of Fall River will verify the status of every individual offered employment with the organization. In this connection, all offers of employment are subject to verification of the applicant’s identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

- Do you have the legal right to work and remain in the United States?..... Yes No

- On an additional page, please provide your statement of interest in working in a Catholic school in the Diocese of Fall River.
- Please attach resume and attach, or forward, official transcripts from college, and if applicable, graduate school.
- Please forward four signed letters of recommendation as noted in the References section of this application.

- Please present the Pastor’s Recommendation Form to your parish priest for completion and have that completed form forwarded to this office as well.

All submissions can be returned to: Diocese of Fall River-Catholic Schools Office
373 Elsbree Street
Fall River, MA 02720

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. I understand that the schools of the Diocese of Fall River do not participate in COBRA or the Massachusetts Unemployment Compensation Program. I certify that if married, my marriage is recognized as valid by the Roman Catholic Church.

It is my understanding that this employment application, or granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at -will in nature and may be terminated, with or without cause, at any time, by myself or my employer. I also understand that this written statement supersedes any and all oral representations made by the agents or representatives of this organization.

I understand that my employment is dependent upon a satisfactory, as determined by the Superintendent, criminal background investigation report and national fingerprints report.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize this organization to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form or accompanying resume shall be sufficient cause for denial of employment or discharge.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants and employees. This data is for analysis and affirmative action purposes only. Submission of information is strictly voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group:

White Black or African American Hispanic or Latino

Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Two or More Races

Check one of the following (if applicable):

Vietnam Era Veteran Disabled Veteran Disabled