

This application must be filled in completely and accurately for processing along with the \$5 fee.

Personal Data

Application Date _____
mm / dd / yyyy

Applicant Name _____
Last First M.I.

Social Security Number _____ - _____ - _____

Other name(s) in which records might be recorded _____

Religious Affiliation _____ Practicing Catholic? Yes No

Parish _____

Address _____
Street Apt. #

City State Zip

Phone Number _____

E-mail Address _____

Years of teaching experience: _____ Contract _____ Substitute _____ Total

Years	Months	School Name / City, State
-		
Position	Grade(s) or Subject(s)	Reasons for leaving

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-		
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-		
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Would you be willing to relocate to the outlying Archdiocesan Schools? Yes No

- Sterling
 Edwards
 Longmont
 Loveland
 Louisville
 Ft. Collins
 Greeley
 Glenwood Springs

Educational Data

Of the twelve years you spent in elementary and secondary school, how many were in Catholic school? _____

Institutions of Higher Learning Attended

College / University	Location	Dates Attended	Credits / Semester Hrs.	Credits / Qtr Hrs.
		-		
		-		
		-		

Degree(s) Attained

Degree (MA, BA, etc.)	Date/Year	College / University	Major	Minor

Do you hold a valid Teacher’s License? Yes No

If Yes, please complete and provide a copy of your current license.

State _____ Type _____ Number _____ Exp. Date _____

If not, can you qualify for the Alternative Licensure program? Yes No

If you can’t qualify, why not? _____

For information concerning certification and qualification for the Alternative Licensure program, write to:
Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203
 Phone: (303) 866-6628 • www.cde.state.co.us

Special Qualifications

Do you have administrator qualifications? Yes No

If yes, please specify: Graduate Degree _____
 State Certification / License No. _____
 State _____
 Years Experience _____

If Catholic, are you interested / willing to teach elementary school religion at the present? Yes No

Do you have a major / minor in theology or religious studies? Yes No

If yes, please specify: College / University _____
 Date _____

Do you have diocesan certification for teaching religion in the schools?

Yes No

If yes, please specify:

Diocese _____

Year _____

Safe Environment Training

Have you attended a Safe Environment Training Session?

Yes No

If yes, please specify and provide a copy of the certificate.

Date _____

Location _____

References

Have you ever been employed by the Archdiocese of Denver Catholic Schools?

Yes No

If yes, under what name? _____

If yes, which schools?

_____ - _____
School Years

_____ - _____
School Years

_____ - _____
School Years

List three (3) references below. If you have had teaching experience, name all principals under whom you have taught within the last eight (8) years. If you have had no teaching experience, list the names of previous employers and/or supervisory teachers.

Name	Address/City/State	Phone Number	Institution / Organization	Position

I hereby attest to the accuracy and completeness of all information provided above. I understand references will be contacted, and a reference check may be made to verify information provided.

Applicant Signature

Date

Applicants are responsible for notifying the Office of Catholic Schools when they take a position or when, for some reason, they wish to have their application withdrawn from the active files. Applications, if properly completed, will be kept at the Office of Catholic Schools for two (2) school years, or until the applicant is hired, whichever comes first. If the applicant is not hired by the end of the two years and he/she still wishes to be considered for a position, the applicant must reapply.

Return the completed application, all paperwork requested, and the application fee of \$ 5.00 to:



Archdiocese of Denver
Office of Catholic Schools - Teacher Applications
1300 South Steele Street, Denver, CO 80210
(303) 715-3200

The Archdiocese of Denver Catholic Schools is an investment in the future of our children and our Catholic faith.