

The \$5 application fee, along with a completed application, must be received in order for your information to be added to the centralized Teacher Database at the Archdiocese of Denver Office of Catholic Schools.

Personal Data

Application Date _____
mm / dd / yyyy

Applicant Name _____
Last First M.I.

Address _____
Street Apt. #

City State Zip

Phone Number _____

E-mail Address _____

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

Religious Affiliation _____ Practicing Catholic? Yes No

Parish _____

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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Position	Grade(s) or Subject(s)	Reasons for leaving

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

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

Professional Data

Position Preferred

Full-time

Part-time

Level(s) Qualified to teach

PS - PK (Early Learning Center)

Middle (Grades 6 - 8)

Kindergarten

Junior High (Grades 7 - 8)

Primary (Grades 1 - 3)

Senior High (Grades 9 - 12)

Intermediate (Grades 4 - 6)

Check the subjects you are capable of teaching, either by training or experience, in the areas below.

Art

Reading

Counselor

English

Religion

Media Specialist / Librarian

Math

Science

Special Education

Music

Social Studies

Technology / Computers

PE / Health

Language Arts

Other: _____

Bilingual:

Yes

No

Language(s):

Spanish

French

German

Latin

Other _____

Can you perform the essential functions required for the teacher's position with reasonable accommodation?

Yes

No

If you need an accommodation, indicate and explain the accommodation required.

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.

Yes

No

If "yes", provide details below. (A conviction will not necessarily disqualify an applicant for employment.)

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 the information below and **provide a copy of your current license.**

State	Type	Number	Exp. Date

If not, do you qualify for the State of Colorado Alternative Licensure program? Yes No

If you can’t qualify, why not?

For information concerning certification and qualification for the Alternative Licensure program:
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 principal/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 (preferred) or a minor in Theology or Religious Studies? Yes No

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

Do you have an Archdiocese of Denver Catechetical Provisional Certificate required to teach Religion in the Catholic schools? Yes No

If yes, please specify: Year _____

Safe Environment Training

Have you attended a “Called to Protect” Safe Environment Training Session? Yes No

If yes, please specify date 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 in the central files 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 at 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.