Certified Employment Application

Full Name: _____ Social Security No.: _____
Last *First* *M.I.*

Mailing Address: _____

Physical Address: _____

Home/Cell Phone: _____ E-mail Address: _____

Are you a citizen of the United States? Yes ☐ No ☐ If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If so, when? _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain: _____

Present Position: _____

Have you ever been non-renewed or dismissed? _____ Where: _____

If so, state reasons? _____

Position Applied for: _____ Desired Salary: _____

Grades or subjects desired in order of preference

a. _____ b. _____ c. _____

List the areas you are currently licensed to teach in North Dakota:

a. _____ b. _____ c. _____

Activities you are qualified and willing to handle, in order of preference

a. _____ b. _____ c. _____

List Organizations in which you hold membership: _____

In what community activities have you been active: _____

Hobbies or special interests:
_____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company & Address: _____

Previous Employment

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company & Address: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Narrative Questions

Explain how you, as an instructor, could differentiate learning to meet the needs of all students in your classroom?

_____

_____

_____

_____

How should technology be integrated into all areas of curriculum?

_____

_____

_____

_____

What are the most critical talents or skills that new teachers bring to the Dickinson Catholic Schools?

_____

_____

_____

_____

Disclaimer and Signature

If employed, the applicant agrees to accept assignment to building, subjects and activities as made by the school board or designated by administration. My signature certifies that all the information I have provided is factual.

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Dickinson Catholic Schools and its agents with any and all information in their possession regarding me, in connection with an application for or retention of employment. I also give the ND Dept. of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the ND Child Abuse & Neglect Index, for a period not to exceed one year. I hereby release from liability and hold harmless all persons and corporations supplying this information to the Dickinson Catholic Schools and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.

_____ _____

Signature of Applicant Date