



CATHOLIC DIOCESE OF SPOKANE

APPLICATION OF EMPLOYMENT FOR SUBSTITUTE TEACHER

*****Please complete, print, sign and mail or e-mail to:*

Office of Education

1023 W. Riverside Ave., Suite 303
Spokane, WA 99210-1453

Mailing Address:

PO Box 1453
Spokane, WA 99210-1453
(509) 358-7330

Thank you for your interest in employment with the Catholic Diocese of Spokane!

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION

1. Please send completed application to Office of Education.
2. Attach cover letter and resume.
3. You will be notified when you are placed on the substitute list.

AUTHORIZATION TO WORK

The Diocese of Spokane hires only individuals who are legally eligible to work in the United States. If you accept an offer of employment, you will be required to document that you are a US Citizen or an alien who is authorized to work in the United States before being placed on the payroll.

Are you a United States Citizen or a lawful permanent resident? _____ Yes _____ No

What type of visa and employment authorization do you have? _____

EQUAL OPPORTUNITY STATEMENT

The Diocese of Spokane promotes equal opportunity in all employment decisions and does not unlawfully discriminate against any applicant on the basis of race, national origin, sex, disability or medical condition, age, religion, veteran’s status, genetic information, marital status, or any other criteria protected by Federal and State law. The diocese reserves the right to favor Catholic applicants and to consider Catholic teachings in employment decisions which directly impact the church’s pastoral mission.

In accordance with the Americans with Disabilities Act, applicants are welcome to request needed accommodations for any portion of the application process by contacting the Office of Education.

Application Date: _____

Full Name: _____
Last First Middle

Street Address: _____ City _____ State ____ Zip Code _____

E-Mail Address: _____ Phone: _____

Religious Preference: _____ Parish Affiliation: _____

CERTIFICATION: List all certificates you hold.

State	Type of Certificate	Date Issued	Certificate Number	Expiration

Please indicate grade level preference: _____

Please indicate school preferences by checking the boxes below:

C h e c k B o x	Spokane Schools	C h e c k B o x	Schools outside of Spokane
	All Saints Catholic School Primary (K-4) 3510 East 18 th Avenue Spokane, WA 99223 Middle School (5-8, Pre-K) 1428 East 33 rd Spokane, WA 99223		Assumption Catholic School (Walla Walla) 2066 East Alder Walla Walla, WA 99362
	Assumption Catholic School 3618 West Indian Trail Road Spokane, WA 99208		DeSales Catholic School (Walla Walla) 919 East Sumach Walla Walla, WA 99362
	Cataldo Catholic School 455 West 8 th Avenue Spokane, WA 99203		Guardian Angel-St. Boniface Catholic School PO Box 48 Colton, WA 99113
	St. Aloysius Gonzaga Catholic School 611 East Mission Spokane, WA 99202		Holy Family Catholic School 1002 Chestnut Clarkston, WA 99403
	St. Charles Catholic School 4515 North Alberta Spokane, WA 99205		
	St. John Vianney Catholic School 501 North Walnut Road Spokane Valley, WA 99206		
	St. Mary Catholic School 14601 East Forth Spokane Valley, WA 99216		
	St. Thomas More Catholic School 515 St. Thomas More Way Spokane, WA 99208		
	Trinity Catholic School 1306 West Montgomery Spokane, WA 99205		All Catholic Schools within Spokane

REFERENCES

List three professional references who have first-hand knowledge of your character, scholarship, teaching ability, and/or administrative ability.

1. Name: _____
Company _____ Title: _____
Work Phone Number: _____ Home or Cell Number: _____
E-mail address: _____
Relationship: Former Supervisor Co-Worker Other

2. Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home or Cell Number: _____
E-mail address: _____
Relationship: Former Supervisor Co-Worker Other

3. Name: _____
Company Name: _____ Title: _____
Work Phone Number: _____ Home Phone Number: _____
E-mail address: _____
Relationship: Former Supervisor Co-Worker Other

I authorize and consent to my current and previous employers, educational institutions, and persons organizations named in the application (or accompanying resume) to release any information to the Catholic Diocese of Spokane that may be required to make an employment decision. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the Catholic Diocese of Spokane and/or its agents. A photocopy of this authorization is as effective as the original.

CONVICTION RECORD

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (Includes a plea bargain or no contest.) NO YES

If YES, list all convictions below, from the oldest to the most recent.

Date of Conviction (Month And Year)	Mark Appropriate Box		Offense (Do Not Use Abbreviations)
	Misdemeanor	Felony	

As an applicant for employment with the Catholic Diocese of Spokane I understand that:

- A misrepresentation, falsification of information, or significant omissions will be cause for my application to be rejected or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- My employment depends upon the results of a criminal history background check; these results may disqualify me or result in termination of my employment.
- If my application for employment is accepted, the effective date of my employment is the first day of my contract.
- If I am employed, I agree to comply with and be bound by the diocesan Code of Conduct and the Lay Employee *Handbook*.
- No diocesan representative is authorized to make any verbal assurance or promise of continued employment. All contracts are for one year.
- All application information is subject to verification.

Please print, sign, and mail or email to:

Office of Education

Catholic Diocese of Spokane
 PO Box 1453
 Spokane, WA 99210-1453
 (509) 358-7330
 Email: education@dioceseofspokane.org

Signature: _____