Diocese of Gary

Teacher Application & Credential File Packet 1 of 2
Teachers who are hired to teach at any schools in the Diocese of Gary must complete and submit to the Diocese of Gary Schools Office the items below in order to complete their certified teacher credential file.

1. Teacher Application (3 pages) on website
2. Letters of Reference (2 required) on website
3. Resume
4. Transcripts
5. Pastor / Spiritual Leader Approval Form on website
6. Verification of Experience Form- must be completed by previous employer
7. Indiana Teaching License
8. Expanded Child Protection Check Form on website
9. Drug Screen Results - signed authorization issued by Diocesan Schools Office; please call.
10. Fingerprint Scan Results information on website
11. Verification of VIRTUS training verified by hiring principal
12. Intent to Hire Form submitted by hiring principal

All forms listed above are to be submitted to the Diocese of Gary Schools Office before a teaching contract can be issued.

All documents are due in the Diocese of Gary Schools Office no later than August 15th.
APPLICATION FOR EMPLOYMENT
DIOCESE OF GARY CATHOLIC SCHOOLS
9292 Broadway
Merrillville, Indiana 46410-7088
www.degary.org  219-769-9292

PERSONAL INFORMATION

Full Name: _______________________________________________________________________________________________
Please Print! (Last) (First) (Middle)

Current Address: ________________________________________________________________________________________
Apt. No. ____________
City: _____________________________________________________________State: ____________ Zip Code: ___________
1st Telephone # (________) _______________________________2nd Telephone # (________) ___________________________

Permanent Address: ______________________________________________________________________________________
Apt. No. ____________
City: ____________________________________________________________ State: ______________ Zip Code: ___________

Religious Preference: _______________________________________________________________________________________
(Affiliation) (Church attended) (Location)

Date Available for Work: ____________________________ Social Security #: __________ - __________ - __________

Why have you chosen to apply for a Catholic school teaching position? ________________________________________________________________

Email address: ____________________________________________________________________________________________

INDIANA TEACHER CERTIFICATION

Indiana Teacher License Number ____________________________ Expiration Date __________ / __________ / __________

Subjects Certified to Teach ____________________________________________________________

Have you applied for an Indiana Teaching License? Yes _____ No _____ Date ____________________________

Semester Hours needed to receive an Indiana Teacher License? _______

Other license: please specify state and expiration date __________________________________________________________

Additional Information

Have you been employed by a parish/school in the Diocese of Gary in the past? YES NO

If yes: Location ____________________________ From: ____________ To: ____________
Parish/School, City Month/Year Month/Year

Have you lived outside the state of Indiana in the last five years? YES NO

Are you a U.S. citizen or an alien legally eligible to work in the U.S.? YES NO

Were you ever convicted of a felony or a misdemeanor (other than a minor traffic violation)? YES NO

If yes, describe. A conviction of a crime will not automatically preclude employment.

__________________________________________________________________________________________
## POSITION DESIRED

<table>
<thead>
<tr>
<th>Position</th>
<th>Subjects or Grades Preferred #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School / Kindergarten</td>
<td></td>
</tr>
<tr>
<td>Primary Grades (1-3)</td>
<td># 1 ___________________________</td>
</tr>
<tr>
<td>Intermediate Grades (4-6)</td>
<td># 2 ___________________________</td>
</tr>
<tr>
<td>Junior High (7-8)</td>
<td># 3 ___________________________</td>
</tr>
<tr>
<td>High School (9-12)</td>
<td></td>
</tr>
</tbody>
</table>

## EDUCATIONAL BACKGROUND

- **HIGH SCHOOL** ________________ City/State _______________________________

- **COLLEGE** __________________ City/State _______________________________
  Major ____________________ Minor ___________ Degree ____________________

- **COLLEGE** __________________ City/State _______________________________
  Major ____________________ Minor ___________ Degree ____________________

- **COLLEGE** __________________ City/State _______________________________
  Major ____________________ Minor ___________ Degree ____________________

- **STUDENT TEACHING** School __________________ City/State________________
  Grades/Subjects ________________ Supervisor _________________________

## REFERENCES (Professional)

Please list three individuals who are familiar with your professional work including your most recent employer. If you are a beginning teacher, please include college instructors, cooperating/supervising teachers, faculty advisor.

- **Name** __________________ Position ________________________________
  School/Firm ___________________________ Phone No. ___________________
  Address __________________________________________________________________

---
I state and affirm that I am not currently obligated or bound under an employment contract or other agreement which would interfere with my ability to perform duties as an employee of The Diocese of Gary or any of its agencies. No person, partnership or corporation has a contractual right under any employment contract or other agreement to bring an action against me in the event that I accept employment with The Diocese of Gary or any of its agencies.

I understand that any employment or offer of employment is contingent on my meeting the employment eligibility requirement of the Immigration Reform and Control Act of 1986. I further understand that my employer may at its discretion, modify, amend or terminate present or future policies or practices relating to wages, hours, benefits, or other terms and conditions of employment.

The information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of the information I have provided in this application will result in my discharge should I be employed by The Diocese. I further authorize you and any interested party to verify any information I have provided in this application. This information may include present and former employers, educational and training institutions, verification and information checks with the Social Security Administration, criminal courts, state and county repositories of criminal records, Department of Motor Vehicles, credit bureaus, and employer mutual associations. I also authorize my present employer and any previous employers, present or previous fellow employees, educational and training institutions, and any other persons to furnish any information concerning my personal character, habits, or employment records to you and hereby release all such persons from any liability for furnishing such information. I understand that any employment or offer of employment is contingent on the results of a criminal history check.

Signed ___________________________ Date ___________________________
WORK EXPERIENCE

List all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant volunteer and/or part-time work experience. Use additional sheets if necessary.

1) Organization Name: ____________________________________________________________

   Address: _____________________________________________________________________

   Dates of Employment: From _____/_____/_____ to _____/_____/_____

   Final Salary _______________________ Last Position Held:______________________________

   Reason for leaving: ___________________________________________________________________________

   Description of your Work:
   __________________________________________________________________________________________

   Name/Title of Supervisor: ______________________________________________________________________

2) Organization Name: ____________________________________________________________

   Address: _____________________________________________________________________

   Dates of Employment: From _____/_____/_____ to _____/_____/_____

   Final Salary _______________________ Last Position Held:______________________________

   Reason for leaving: ___________________________________________________________________________

   Description of your Work:
   __________________________________________________________________________________________

   Name/Title of Supervisor: ______________________________________________________________________
3) Organization Name: ________________________________

Address: ________________________________________

Dates of Employment: From _____/_____/_____ to _____/_____/_____

Final Salary _____________________ Last Position Held: ________________________________

Reason for leaving: __________________________________________

Description of your Work:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Name/Title of Supervisor:

_________________________________________________________________________________________
Reference Form

(Please deliver this form to individuals who are familiar with your professional work including your most recent employer. If you are a beginning teacher, please include college instructors, cooperating/supervising teachers, faculty advisor.)

May we have your evaluation of __________________________________________________________ who is applying for a position with the Diocese of Gary Catholic Schools. Your reply will be appreciated and treated confidentially. Please check each of the items below in one of five columns. (Items which do not apply should be omitted). Please return this form to the above address.

<table>
<thead>
<tr>
<th>Personal Qualities:</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Reliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Traits:</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in School Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapport with Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classroom Management:</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline and Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Interest in Pupils</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technique of Teaching:</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of A-V Materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology Integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to Students’ Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In what capacity have you known the applicant? ____________________________________________

Has the applicant any physical, mental, or social peculiarities which could make him/her undesirable as a teacher? Explain: ________________________________________________________________

Would you employ the applicant for a similar position?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Signature & Title: ___________________________  School/Firm: ___________________________

Address: ___________________________  City: ___________________________  State: __________  Zipcode: __________

Date: ___________________________  Telephone #: ___________________________
To Applicant:

This form is an important part of your application for a teaching position in a Catholic school of the Diocese of Gary since our schools are primarily concerned with offering the best possible Catholic education. Please take this form to your pastor or appropriate spiritual leader and ask them to complete this form and return it directly to the Diocesan Schools Office.

NAME OF APPLICANT
____________________________________________________________________

ADDRESS ___________________________________________________________________________________

TELEPHONE    (________) ______________________

Applying for a teaching position in: Elementary School _______     High School _______

To Pastor / Spiritual Leader:

Your signature indicates that this applicant is known to you and is a practicing member of your faith community. Any comments you care to make will be appreciated and respected in confidence. This form should be returned directly to the Diocesan Schools Office rather than sent through the applicant.

NAME OF PARISH  _______________________________________________________________________

ADDRESS __________________________________________________________

CITY ___________________________    STATE ________________ ZIP ______________

TELEPHONE  (_____) _______________________

PASTOR/SPRITUAL LEADER NAME (please print) ___________________________________________

PASTOR/SPRITUAL LEADER SIGNATURE ___________________________________________

DATE _____________________________

REMARKS
_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
VERIFICATION OF EXPERIENCE RECORD
(Please send this form to the school at which you taught)

Dear Teacher,

The Indiana State Board of Education has ruled it is necessary for each teacher to have on file in the office of the Superintendent of Schools a certified copy of his/her teaching experience as described below. Do not include student or practice teaching, substitute teaching, college or university teaching. Begin with your first year of teaching. Place each year’s teaching experience consecutively (do not group the years of experience). Send this to the certifying official (Superintendent of Schools) for their signature. You may make copies of this form if needed. Enclose a stamped envelope, addressed to the address above.

NAME OF TEACHER: (please print) ________________________________________________________________  DATE: _________________________________

HOME ADDRESS: _______________________________________________________________________________________________________________________

CITY: _______________________________________  STATE: _________________ ZIPCODE: ______________________ PHONE: (_______)__________________

<table>
<thead>
<tr>
<th>YEAR</th>
<th>EMPLOYING CORPORATION</th>
<th>CITY &amp; STATE</th>
<th>CALENDAR YEAR</th>
<th>GRADES/ SUBJECTS TAUGHT</th>
<th>FULLTIME PART-TIME</th>
<th>TOTAL DAYS EMPLOYED</th>
<th>SIGNATURE OF SUPERINTENDENT OR DESIGNATED OFFICIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised August 2018
EXPANDED CHILD PROTECTIVE INDEX

- Go to https://www.in.gov/dcs/3928.htm

- Scroll down to the area that states: “Individuals may also initiate a “CPI/CPS Check” request to obtain data related to him/herself. To create a request, click this link: “Self-CPI/CPS Check”.

- Click on that link.

- Fill in all the required information to complete the request, and then click SUBMIT.

- Please allow ten (10) working days, excluding State holidays, to receive complete results. Notification of completion is sent to all parties via e-mail from KidTraks@dcs.in.gov. For school results, please allow up to seventeen (17) Indiana State working days during the summer and seasonal peaks.

- Check your SPAM folder for email from KidTraks@dcs.in.gov for status updates and results.

- You will receive two emails. The first email gives you a passcode to enter the sight, and the second email gives you a link to the portal and to your results.

- Print out the results you receive and make a copy to submit to the Diocese of Gary Schools office.

- You can scan and email, send in the mail, or drop off to the Schools Office.

- Email results to: ehynes@dcgary.org

- Snail Mail: Schools Office c/o Emily Hynes 9292 Broadway Merrillville, IN 46410
DIOCESE OF GARY
DRUG TESTING POLICY

The Diocese of Gary requires all newly hired teachers to be responsible for a negative Pre-employment drug test prior to beginning a teaching position within the Diocese of Gary Catholic Schools.

Please follow the procedure below, which gives instructions for drug screening.

Call the schools office (219-769-9292 ext. 232) to obtain an authorization form which will be sent as an email attachment to your email address provided. You can also pick a form up from the schools office at the Diocese of Gary Pastoral Center, 9292 Broadway, Merrillville, IN.

Present this form to the Working Well facility of your choice (the list is on the bottom of the form). This fee will be paid by the Diocese of Gary. Your results will be forwarded to the schools office.

DIOCESE OF GARY
FINGERPRINT SCAN INSTRUCTIONS

The Department of Education is working with the Indiana State Police and its live scan fingerprint vendor, IdentoGo. Applicants for employment can register online through IdentoGo to schedule a fingerprint appointment at one of 63 locations around the state. Applicants can register online at www.l1enrollment.com (L-1 Identity Solutions) or call toll-free 1-877-472-6917.

The applicant is responsible for the cost of the fingerprint scan. Results will be forwarded to the schools office.