

**DIOCESE OF VENICE
APPLICATION FOR EMPLOYMENT**

I. PERSONAL INFORMATION

Date _____

Name _____ Social Security No. _____

Present Address _____
STREET CITY STATE ZIP

If Less than one year - Previous Address _____
STREET CITY STATE ZIP

Phone No. _____ Cell Phone No. _____

Are you at least 18 years of age? Yes No Email Address _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Please identify canonical status: Lay Clergy Religious Catholic? Yes No

Have you ever entered a plea of guilty or nolo contendere, or been convicted of a crime? Yes No

If yes, please explain type of crime, date, place, and penalty imposed: _____

Are there presently any criminal charges pending against you? Yes No

If yes, please give details: _____

Do you agree to disclose any future criminal violations if hired? Yes No

Have you ever been a defendant in a civil action for intentional tort? Yes No

If yes, please identify the nature of the tort, date and disposition of the action: _____

II. EMPLOYMENT DESIRED

Diocesan entity _____ Position _____

Date you can start _____ Wage/Salary desired _____

Ever applied to the Diocese before? _____ Where? _____ When? _____

III. EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

Your name, if different while attending school: _____

Special Skills: _____

IV. LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver's License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

V. PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

<p>Ø Name of Present or Last Employer: _____</p> <p>Address: _____ Phone No.: () _____</p> <p>Your Job Title: _____ Supervisor's Name: _____</p> <p>FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____ (_____)</p> <p style="text-align: center; font-size: small;">Month Year Month Year Your name if different during employment</p> <p>Duties and Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>SALARY: STARTING _____ ENDING _____</p>
<p>Ù Name of Next Previous Employer: _____</p> <p>Address: _____ Phone No.: () _____</p> <p>Your Job Title: _____ Supervisor's Name: _____</p> <p>FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____ (_____)</p> <p style="text-align: center; font-size: small;">Month Year Month Year Your name if different during employment</p> <p>Duties and Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>SALARY: STARTING _____ ENDING _____</p>

Ú Name of Next Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____ (____)
 Month Year Month Year Your name if different during employment

Duties and Responsibilities: _____

Reason for Leaving: _____

SALARY: STARTING _____ ENDING _____

VI. REFERENCES (GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS)

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

VII. PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any of the essential job duties of the position for which you are applying? Yes No

If yes, please describe _____

In case of emergency notify: _____

NAME	ADDRESS	PHONE
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Applicant Authorization and Release

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if employed, any omission, misrepresentation or falsification shall be grounds for termination.

I hereby authorize investigation of all statements contained herein. I consent to the release of information about my abilities, fitness for employment, and character, from all schools, previous employers, personal references, and law enforcement agencies, and hereby release all parties from liability for any damages that may result from furnishing this information to you. I understand that employment is conditioned on a satisfactory background check and agree to complete an attestation of good moral character, a fingerprint card, and/or an employment inquiry release to facilitate this background investigation. If hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

Signature _____

Date _____

The Diocese of Venice is an Equal Opportunity Employer. The diocese shall not discriminate against a present or prospective employee because of race, color, sex, national origin, age, disability, or veteran or marital status. A hiring preference may be exercised for persons of the Catholic faith. The diocese will comply with the equal employment opportunity policy in all areas, including hiring, placement, promotion, transfer or demotion, recruitment, employment ads, wage rates, and other forms of compensation and selection for training, layoff, or termination.

EMPLOYER USE ONLY:

Interviewed by: _____ Title: _____ Date: _____

Interviewer's observations: _____

Employer Reference Check (written or telephone)

Person Contacted	Date	Assessment
1.		
2.		
3.		

Personal Reference Check (written or telephone)

Person Contacted	Date	Assessment
1.		
2.		
3.		

General comments/assessment from references:

Hired? Yes 9 No 9 Salary/Wage _____ Start Date _____

Approved by: _____

Approved by: _____

Date New Employee Checklist Complete: _____

Date of Criminal Clearance: _____

**DIOCESE OF VENICE
DEPARTMENT OF EDUCATION**

Application for Administrative Employment - Supplementary Page # 1

TEACHING/ADMINISTRATIVE EXPERIENCE			
School	Position	Responsibility	Dates

TEACHING CERTIFICATES OR LICENSES

RELIGIOUS AFFILIATION/DENOMINATION

Parish _____

Pastor _____

Address _____

Phone _____



DIocese OF VENICE IN FLORIDA
Department of Education

PERSONAL AND PROFESSIONAL REFERENCE

NAME OF ADMINISTRATIVE APPLICANT: _____

The administrative applicant listed above has submitted your name as someone qualified to give a recommendation of his/her leadership potential for a principalship in the Catholic schools of the Diocese of Venice in Florida.

We appreciate your thoughtful appraisal of this person's qualifications. Please rate your perception of the degree of the applicant's possession of the personal and professional qualities needed for the important responsibility of Christian leadership in a Catholic school. Feel free to leave any uncertain ratings blank.

Your immediate response is greatly appreciated. A self-addressed envelope is enclosed for your convenience.

HOW LONG HAVE YOU KNOWN THE APPLICANT? FROM _____ TO _____

WHAT POSITION DID THE APPLICANT THEN OCCUPY? _____

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? _____

_____ I do not know the applicant well enough to complete this form.

_____ I prefer to write a letter which is attached.

Please rate the degree of the applicant's possession of the indicated qualities with an "X" on a continuum of 1 - 5, with 5 being the highest quality rating.

QUALITIES	1	2	3	4	5
1. WITNESS TO FAITH COMMITMENT					
2. COMMITMENT TO CATHOLIC EDUCATION					
3. EVIDENT MORAL VALUES					
4. VISION OF SOUND EDUCATIONAL PRACTICES					
5. ADMINISTRATIVE ABILITY/POTENTIAL					
6. LEADERSHIP ABILITY					
7. ABILITY TO WORK WITH: a) FACULTY/STAFF					
b) PARENTS					
c) STUDENTS					
8. DECISION-MAKING ABILITY					
9. ABILITY TO DEVELOP CURRICULUM					
10. COMMUNICATION SKILLS					
11. INITIATIVE AND CREATIVITY					
12. PROFESSIONAL ATTITUDE AND GROWTH					

QUALITIES	1	2	3	4	5
13. DEPENDABILITY					
14. COOPERATION					
15. CONSISTENCY					
16. ADAPTABILITY					
17. PERSONALITY					
18. EMOTIONAL STABILITY					
19. HEALTH, VIGOR, ENERGY					
20. PERSONAL GROOMING					

Are there any special skills, qualities or traits possessed by the applicant which you think make this person especially well-suited for the role of principal?

Are there any physical limitations or weaknesses concerning leadership ability which would hinder the effectiveness of the applicant in the role of principal?

OVERALL RECOMMENDATION

_____ I recommend the applicant without reservation as an excellent prospect for principalship in the Diocese of Venice.

_____ I have some reservations but would recommend the applicant as a good prospect for principalship in the Diocese of Venice.

_____ I might have substantial doubts but think the applicant might be given a chance to prove himself/herself.

_____ I feel the applicant is unsuited for the principalship.

Other: _____

Date: _____

Signature: _____

Address: _____

Position: _____

Phone Number: _____

Please be advised that any information contained on this reference will be held in strictest confidence prior to the employment of this applicant.



DIOCESE OF VENICE IN FLORIDA

Department of Education

PERSONAL AND PROFESSIONAL REFERENCE

NAME OF ADMINISTRATIVE APPLICANT: _____

The administrative applicant listed above has submitted your name as someone qualified to give a recommendation of his/her leadership potential for a principalship in the Catholic schools of the Diocese of Venice in Florida.

We appreciate your thoughtful appraisal of this person's qualifications. Please rate your perception of the degree of the applicant's possession of the personal and professional qualities needed for the important responsibility of Christian leadership in a Catholic school. Feel free to leave any uncertain ratings blank.

Your immediate response is greatly appreciated. A self-addressed envelope is enclosed for your convenience.

HOW LONG HAVE YOU KNOWN THE APPLICANT? FROM _____ TO _____

WHAT POSITION DID THE APPLICANT THEN OCCUPY? _____

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? _____

_____ I do not know the applicant well enough to complete this form.

_____ I prefer to write a letter which is attached.

Please rate the degree of the applicant's possession of the indicated qualities with an "X" on a continuum of 1 - 5, with 5 being the highest quality rating.

QUALITIES	1	2	3	4	5
1. WITNESS TO FAITH COMMITMENT					
2. COMMITMENT TO CATHOLIC EDUCATION					
3. EVIDENT MORAL VALUES					
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5. ADMINISTRATIVE ABILITY/POTENTIAL					
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QUALITIES	1	2	3	4	5
13. DEPENDABILITY					
14. COOPERATION					
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19. HEALTH, VIGOR, ENERGY					
20. PERSONAL GROOMING					

Are there any special skills, qualities or traits possessed by the applicant which you think make this person especially well-suited for the role of principal?

Are there any physical limitations or weaknesses concerning leadership ability which would hinder the effectiveness of the applicant in the role of principal?

OVERALL RECOMMENDATION

_____ I recommend the applicant without reservation as an excellent prospect for principalship in the Diocese of Venice.

_____ I have some reservations but would recommend the applicant as a good prospect for principalship in the Diocese of Venice.

_____ I might have substantial doubts but think the applicant might be given a chance to prove himself/herself.

_____ I feel the applicant is unsuited for the principalship.

Other: _____

Date: _____

Signature: _____

Address: _____

Position: _____

Phone Number: _____

Please be advised that any information contained on this reference will be held in strictest confidence prior to the employment of this applicant.



DIOCESE OF VENICE IN FLORIDA
Department of Education

CLERGY REFERENCE

NAME OF ADMINISTRATIVE APPLICANT _____

The administrative applicant listed above has submitted your name as pastor to give a recommendation of his/her Christian leadership potential for a principalship in the Catholic schools of the Diocese of Venice in Florida.

We appreciate your thoughtful appraisal of this person's qualifications. Please answer the following questions to the best of your knowledge from your pastoral perspective. Because the responsibility of leadership in a Catholic school is a serious one, we appreciate your candid opinion of this applicant.

Your immediate response is greatly appreciated. A self-addressed envelope is enclosed for your convenience. Thank you.

How long have you known the applicant? From _____ to _____

In what capacity do you know this applicant? _____

_____ I do not know the applicant well enough to complete this form.

_____ I prefer to write a letter which is attached.

1. TO YOUR KNOWLEDGE, IS THE APPLICANT A PARTICIPATING MEMBER OF YOUR PARISH? _____ YES _____ NO
2. DOES THE APPLICANT GIVE WITNESS TO FAITH COMMITMENT BY PERSONAL EXAMPLE?

3. DOES THE APPLICANT DEMONSTRATE VALUES WHICH ARE CONSISTENT WITH THE PHILOSOPHY OF THE CATHOLIC CHURCH?

4. ARE THERE ANY SPECIAL SKILLS, QUALITIES, OR TRAITS POSSESSED BY THE APPLICANT WHICH YOU THINK MAKE THIS PERSON ESPECIALLY WELL-SUITED FOR THE ROLE OF PRINCIPAL?

5. DOES THE APPLICANT HAVE ANY LIMITATIONS WHICH MAY, IN YOUR OPINION, HINDER THE EFFECTIVENESS OF HIS/HER ROLE AS PRINCIPAL?

OVERALL RECOMMENDATIONS

_____ I recommend the applicant without reservation as an excellent prospect for principalship in the Diocese of Venice in Florida.

_____ I have some reservations but would recommend the applicant as a good prospect for the principalship in the Diocese of Venice in Florida.

_____ I might have substantial doubts but think the applicant might be given a chance to prove himself/herself.

_____ I feel the applicant is unsuited for the principalship.

_____ Other: _____

Date: _____

Signature: _____

Address: _____

Title: _____

Phone Number: _____

Please be advised that any information contained on this reference will be held in strictest confidence prior to the employment of this applicant.