

ST. JOSEPH CATHOLIC SCHOOL

APPLICATION FOR EMPLOYMENT

Contact Information

Name (Last, First, Middle, Maiden) _____
Address (Street, City, State, Zip) _____
Home Phone _____
Cell Phone _____
Email _____

I. Personal & Background Information

- Are you at least 18 years of age? ☐ Yes ☐ No
- Are you now or have you ever been employed at St. Joseph? ☐ Yes ☐ No
- If hired, can you provide verification of your legal right to work in the US? ☐ Yes ☐ No
- Date available to start work: _____
- How did you hear about this position?
☐ School Website ☐ College/University Posting ☐ Employment Website
☐ Current Employee ☐ Current Family ☐ Other: _____

Note: You will be disqualified from employment if convicted of certain crimes or if listed in a sex offender database, per Michigan law.

II. Position Preferences

- ☐ Administration ☐ Substitute Teacher
☐ Office Staff/Attendance ☐ Intervention Specialist
☐ Instructional Aide Other (Please Describe): _____
☐ Teacher _____

Grade Level Preference (Teacher Applicants):

- ☐ Preschool/PreK ☐ Kindergarten ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade
☐ 4th Grade ☐ 5th Grade ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade
Other: _____

III. Educational Background

High School:

School Name: _____ City: _____ State: _____
Did you graduate? ☐ Yes ☐ No Graduation Year: _____

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College/University 1:

Name: _____
City: _____ State: _____
Major: _____ Degree: _____

College/University 2:

Name: _____ Dates Attended: _____ to _____
City: _____ State: _____
Major: _____ Degree: _____

Note: Please send transcripts to St. Joseph Catholic School.

IV. Student Teaching, Certification & Licensure

- Do you hold or plan to obtain a Michigan certificate/licensure?
☐ Yes – Valid Michigan Certificate DOE #: _____ Expiration: _____
☐ Temporary ☐ Professional ☐ Other: _____
☐ Yes – Plan to Obtain
☐ No
- Do you hold a certificate/licensure from another state?
☐ Yes – State: _____ DOE #: _____ Expiration: _____
☐ Temporary ☐ Professional ☐ Other: _____
☐ No

Subjects shown on certificate: _____

Have you ever had your certificate/license suspended or revoked?

☐ Yes ☐ No

If yes, please explain: _____

V. Professional Experience

Most Recent Employer:

Employer Name/Address: _____
Are you currently under contract? ☐ Yes ☐ No If yes, expiration: _____
Position Title: _____
Dates of Employment: _____ to _____
Supervisor's Name: _____
Reason for Leaving: _____
Phone: _____
Starting Salary: _____ Ending Salary: _____

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Previous Employer:

Employer Name/Address: _____

Position Title: _____

Dates of Employment: _____ to _____

Supervisor's Name: _____

Reason for Leaving: _____

Phone: _____

Starting Salary: _____ Ending Salary: _____

VI. Other Areas of Interest

Please indicate activities you are willing and able to direct, coach, or advise:

Athletics

☐ Baseball ☐ Basketball ☐ Cross-Country ☐ Football ☐ Soccer ☐ Softball ☐ Track ☐ Volleyball

Clubs & Arts

<input type="checkbox"/> Art	<input type="checkbox"/> Dance	<input type="checkbox"/> Science Olympiad
<input type="checkbox"/> Band/Orchestra	<input type="checkbox"/> Drama/Theater	<input type="checkbox"/> Speech/Debate
<input type="checkbox"/> Chess	<input type="checkbox"/> Jr. National Honor Society	<input type="checkbox"/> Student Council
<input type="checkbox"/> Choral	<input type="checkbox"/> Newspaper/Journalism	<input type="checkbox"/> Talent Show
<input type="checkbox"/> Computer	<input type="checkbox"/> Power of the Pen	<input type="checkbox"/> Yearbook/Photography
	<input type="checkbox"/> Quiz Bowl	<input type="checkbox"/> Service Coordinator

Other Roles

☐ Detention Supervisor

☐ Tutoring

☐ Before/After Care

Other: _____

VIII. Applicant Statement & Authorization for Release of Information

I understand that any misrepresentation or material omission on this application may be grounds for cancellation of employment or immediate dismissal.

I acknowledge that employment may be subject to a full background check, including FBI and state investigations, as well as possible drug testing.

I authorize the employer to verify all education, employment history, and references, and release any person or entity providing such information from liability.

Applicant's Signature: _____

Date: _____

Required Professional Documents for Employment (please attach with your application)

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Submit Completed Application and Professional Documents to:

Anastasia Desmond

Principal

principal@stjosepherie.com

