

BISHOP MANOGUE CATHOLIC HIGH SCHOOL
APPLICATION FOR PRESIDENT
Please print clearly in dark ink or type.

Date _____

Dear Applicant,

Please complete the entire application. The information requested is for bonafide occupational qualifications and/or is necessary to complete a security clearance. A resume is requested. Your resume, however, cannot be substituted for any information requested. You **must** complete this application. An incomplete application may result in your not being considered. Your application and all attachments become the property of the Bishop Manogue Catholic High School Corporation and cannot be returned. If you are hired, documentation showing eligibility for employment in the United States will be required.

Last Name _____ First Name _____ Middle _____

Social Security Number _____ / _____ / _____ Other Names Used _____

Present Address _____ City _____ State _____ Zip _____

Permanent or Mailing Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Present Position or Status _____ Religion _____

If Catholic, what is your parish? _____

May we contact your present employer? o YES o NO (Please note that it may be necessary to contact your current employer prior to an offer of employment. If you check NO, you will be notified prior to us contacting your current employer.)

Are you currently licensed or qualified by the Nevada State Board of Education for school administration?

o YES o NO

Do you hold a license from any other state? o YES o NO If yes, please name the state _____

EDUCATION AND TRAINING

Please list most current graduate/undergraduate work first. Transcripts will be required. Quarter hours x 2/3 = semester hours.

Circle highest grade completed: 7 8 9 10 11 12 / 13 14 15 16 / 17 18 19 20 _____ Specify diploma/degree
Elementary/High School (Indicate name and location of last school attended) _____ Did you graduate? o YES o NO
High school equivalent: successful completion of o GED o USAF o Other _____

College, University, Professional or Technical School (List all undergraduate and graduate work. Please provide official transcripts verifying credits and degrees.)

Degree Received	Date	Major	Minor	Institution	Location	Dates (month and year)		No. of Credits	
						From	To	Qtr.	Sem.

In completing this section, please list the total number of years' experience in the following (if appropriate)

Catholic Schools _____ Position for which you are applying _____ School or general administration _____

Development/Institutional Advancement _____

Other Management _____

SPECIAL PREPARATION

Fellowships, internships, seminars, correspondence courses, etc. _____

SCHOOL ADMINISTRATIVE, FINANCIAL, AND/OR DEVELOPMENT EXPERIENCE

Please account for school administrative experience starting with your most recent position. Please go back 10 years. You are required to provide complete and accurate information. Make additional copies of this form as necessary.

Check all that apply: <input type="radio"/> Public School <input type="radio"/> Private School <input type="radio"/> Catholic School <input type="radio"/> Part-time _____% <input type="radio"/> Full-time <input type="radio"/> Other _____	Name of Employer _____	Phone number _() _____
	Address, city, state, zip _____	Employed from (month and year) _____
	Supervisor's name, title and telephone _____	To _____
	Your position, title or duties _____	Total (years and months) _____
	Reason for leaving _____	Annual Salary \$ _____

Check all that apply: <input type="radio"/> Public School <input type="radio"/> Private School <input type="radio"/> Catholic School <input type="radio"/> Part-time _____% <input type="radio"/> Full-time <input type="radio"/> Other _____	School name _____	Phone number _() _____
	Address, city, state, zip _____	Employed from (Month and year) _____
	Evaluator's name and title _____	To (Month and Year) _____
	Evaluator's phone number _____ () _____	Total (years and months) _____
	Reason for leaving _____	Annual Salary \$ _____

Check all that apply: <input type="radio"/> Public School <input type="radio"/> Private School <input type="radio"/> Catholic School <input type="radio"/> Part-time _____% <input type="radio"/> Full-time <input type="radio"/> Other _____	School name _____	Phone number _() _____
	Address, city, state, zip _____	Employed from (month and year) _____
	Evaluator's name and title _____	To (month and year) _____
	Evaluator's phone number _____ () _____	Total (years and months) _____
	Reason for leaving _____	Annual Salary \$ _____

Check all that apply: <input type="radio"/> Public School <input type="radio"/> Private School <input type="radio"/> Catholic School <input type="radio"/> Part-time _____% <input type="radio"/> Full-time <input type="radio"/> Other _____	School name _____	Phone number _____
	Address, city, state, zip _____	Employed from (month and year) _____
	Evaluator's name and title _____	To (month and year) _____
	Evaluator's phone number _____ () _____	Total (years and months) _____
	Reason for leaving _____	Annual Salary \$ _____

Check all that apply: <input type="radio"/> Public School <input type="radio"/> Private School <input type="radio"/> Catholic School <input type="radio"/> Part-time _____% <input type="radio"/> Full-time <input type="radio"/> Other _____	School name _____	Phone number _____
	Address, city, state, zip _____	Employed from (month and year) _____
	Evaluator's name and title _____	To (month and year) _____
	Evaluator's phone number _____ () _____	Total (years and months) _____
	Reason for leaving _____	Annual Salary \$ _____

TOTAL NUMBER OF YEARS _____

Name _____ Social Security Number _____

OTHER EMPLOYMENT

Please account for your LAST 10 YEARS of employment if you have not already done so. If you need additional space, please copy this form.

<input type="radio"/> Part-time _____ hours/week <input type="radio"/> Full-time 40 hours/week Total monthly salary \$ _____ Reason for leaving _____	Employer _____	Supervisor's name and title _____
	Address, city, state, zip _____	Supervisor's phone number _____
	Type of work/title _____	Length of experience: Employed from month/year _____
	Major responsibilities and % of time spent on each responsibility _____	To month/year _____
	_____	TOTAL, years/months _____

<input type="radio"/> Part-time _____ hours/week <input type="radio"/> Full-time 40 hours/week Total monthly salary \$ _____ Reason for leaving _____	Employer _____	Supervisor's name and title _____
	Address, city, state, zip _____	Supervisor's phone number _____
	Type of work/title _____	Length of experience: Employed from month/year _____
	Major responsibilities and % of time spent on each responsibility _____	To month/year _____
	_____	TOTAL, years/months _____

<input type="radio"/> Part-time _____ hours/week <input type="radio"/> Full-time 40 hours/week Total monthly salary \$ _____ Reason for leaving _____	Employer _____	Supervisor's name and title _____
	Address, city, state, zip _____	Supervisor's phone number _____
	Type of work/title _____	Length of experience: Employed from month/year _____
	Major responsibilities and % of time spent on each responsibility _____	To month/year _____
	_____	TOTAL, years/months _____

O Please see attached **Other Employment Continued** form. TOTAL YR/MO EXPERIENCE _____

REFERENCES Is placement file being sent? YES NO

A resume or placement file may not be substituted for this section. Please list four references (do not include relatives or neighbors) who are familiar with your work experience, character, education and general abilities. At least two of these must be current or previous supervisors (please asterisk*).

(1) Name _____	Title _____	Phone _____ () _____
Address, city, state, zip _____		
(2) Name _____	Title _____	Phone _____ () _____
Address, city, state, zip _____		
(3) Name _____	Title _____	Phone _____ () _____
Address, city, state, zip _____		
(4) Name _____	Title _____	Phone _____ () _____
Address, city, state, zip _____		

PREVIOUS RESIGNATION/DISMISSAL INFORMATION

If you have been dismissed, terminated, asked to resign, or asked to resign in lieu of discipline by a previous (or current) employer, or if you are under investigation by your current employer for possible disciplinary action, a full and complete explanation must accompany your application. Please FAX a written explanation to Father Robert Chorey: 866-329-6009.

ARRESTS/CONVICTIONS

In answering the following questions, be advised that if you are offered employment with any school in the Diocese of Reno, a background check will be performed, and a set of your fingerprints may be taken and will be forwarded to the Nevada Repository and Federal Bureau of Investigation (FBI) for processing. The Diocese of Reno will then receive a report from the FBI which will contain a complete listing of any arrest and/or conviction that is on your FBI criminal history file. It is essential, therefore, that you answer each question with complete honesty. If you are unsure about a past event, you should list it. Please note that a "yes" answer to these questions may not necessarily disqualify you from consideration for employment. The Diocese will consider the nature and date of the conviction, your intervening conduct, and the relationship between the conviction and the position for which you are applying.

Have you ever been CONVICTED of any criminal offense other than a minor traffic violation (this includes, but is not limited to a felony, gross misdemeanor, misdemeanor, DUI, etc.)? Conviction means the final judgment of a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere in any court, regardless of whether an appeal is pending or could be taken.

YES (please initial) _____ NO (please initial) _____

Do you have any outstanding arrests for which you are awaiting trial or for which a final judicial determination has not been made?

YES (please initial) _____ NO (please initial) _____

If YES to EITHER of the above questions, you must request a **CONVICTION INFORMATION** form from Father Robert Chorey.

Have you ever had any credential or driver's license suspended or revoked?

YES (please initial) _____ NO (please initial) _____

If yes, please explain and include applicable dates: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION.

I hereby certify that all information provided by me on this employment application and all other information provided by me in the course of applying for employment with the Bishop Manogue Catholic High School Corporation is truthful, accurate, and complete. I understand that if any information provided to me on this employment application or any other information provided by me in the course of applying for employment with the Diocese of Reno is found to be false, untruthful, misleading, or incomplete that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee in the Diocese of Reno and at any time thereafter it is discovered that any information provided by me on this employment application or any other information provided by me in the course of applying for employment with the Diocese of Reno Department of Education or the Bishop Manogue Catholic High School Corporation is found to be false, untruthful, misleading, or incomplete shall be sufficient cause for disqualification or dismissal from employment.

I hereby authorize the Diocese of Reno and the Bishop Manogue Catholic High School Corporation to obtain information relating to my current and previous employment, education, criminal or personal history records. I agree to release the Diocese of Reno, its employees, representatives, and agents from any and all liability claims or damages for the obtaining and use of information obtained from these sources or developed as a result of contacting these sources.

I hereby authorize any and all organizations, including but not limited to my current or previous employers, educational institutions, etc., their employees, representatives, and agents to provide any and all information regarding my employment or education to the Diocese of Reno, its employees, representatives, and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, release or omission of any such information by and person or party, whether such information is favorable or unfavorable to me. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

I hereby certify that I have read and understand the above.

Applicant's Name (please print)

Applicant's Signature

Date