



290 South Arlington Ave. Reno, Nevada 89501

(775) 326-9430

TEACHER APPLICATION

Please print clearly in dark ink or type

School(s) for which you are applying: _____
Position for which you are applying: _____ 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 Diocese of Reno and cannot be returned. If you are hired, documentation showing eligibility for employment in the United States will be required. Please contact the Diocese of Reno or the school for which you are applying if you have any questions about completing this application.

If you need assistance during any step of the application and/or hiring process, please notify a representative from the Diocese of Reno in advance. Notification may be made in person or by telephoning (775)326-9430.

Last Name _____ First Name _____ Middle _____

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

Present Address _____ City _____ State _____ Zip _____

Permanent or Mailing Address _____ City _____ State _____ Zip _____

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

Email address: _____

Present Position or Status _____ Religion _____

If Catholic, what is your parish? _____

May we contact your present employer? [] YES [] 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.) Have you previously applied for a position in the Diocese of Reno? [] YES [] NO If yes, when? _____

Why are you reapplying? _____

Are you currently licensed by the Nevada State Board of Education to teach in Nevada? [] YES [] NO

Do you hold a valid license from another state? [] YES [] NO If yes, please name the state _____

In completing this section, please list only the grades and/or subjects you are or may be LICENSED to teach.

* Asterisk those you are CURRENTLY licensed to teach in NEVADA.

Designate grade(s)/subjects you can teach in order of preference.

- 1. _____
2. _____
3. _____
4. _____
5. _____

Please list any sports, activities or special subjects your are qualified to coach, advise or teach and give particulars of each in the space below:

[] Athletic Coaching (e.g. soccer, tennis, wrestling) and/or Student Activities (e.g. debate, yearbook, student government, drama, art)

Qualifications to teach Religion _____

TEACHING EXPERIENCE

Please account for **ALL** teaching experience. You are required to provide complete and accurate information. Failure to do so may result in your application being rejected. Do NOT include student teaching in this section. Begin with most recent teaching employment. If you have ever been employed by any school in the Diocese of Reno and that employment history is not listed below, complete an **Additional Teaching Experience** form with your full name at the time of your employment with the Diocese of Reno with this application. If you need additional space for your employment history, **Additional Teaching Experience** forms are available in the Diocese of Reno Department of Education office or the school office of any school in the Diocese of Reno.

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____% <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name	Subject(s)
	Address, city, state, zip	Grade(s)
	Evaluator's name and title	From _____ To _____
	Evaluator's phone number _____ (_____) _____	Number of school years
	Reason for leaving	_____
	_____	_____

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____% <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name	Subject(s)
	Address, city, state, zip	Grade(s)
	Evaluator's name and title	From _____ To _____
	Evaluator's phone number _____ (_____) _____	Number of school years
	Reason for leaving	_____
	_____	_____

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____% <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name	Subject(s)
	Address, city, state, zip	Grade(s)
	Evaluator's name and title	From _____ To _____
	Evaluator's phone number _____ (_____) _____	Number of school years
	Reason for leaving	_____
	_____	_____

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____% <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name	Subject(s)
	Address, city, state, zip	Grade(s)
	Evaluator's name and title	From _____ To _____
	Evaluator's phone number _____ (_____) _____	Number of school years
	Reason for leaving	_____
	_____	_____

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____% <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name	Subject(s)
	Address, city, state, zip	Grade(s)
	Evaluator's name and title	From _____ To _____
	Evaluator's phone number _____ (_____) _____	Number of school years
	Reason for leaving	_____
	_____	_____

Please see attached **Additional Teaching Experience** form.

TOTAL NUMBER OF YEARS _____

OTHER EMPLOYMENT/MILITARY EXPERIENCE

Please account for your LAST 10 YEARS of employment if you have not already done so on the TEACHING EXPERIENCE section. **Additionally, please account for all employment at a school or school district, and any other employment involving direct contact with children, even if it was not in the past 10 years, if you have not already done so on the TEACHING EXPERIENCE section.** If you need additional space, **Other Employment/Military Continued** forms are available for your use at the school office and the Diocese of Reno Department of Education.

<input type="checkbox"/> Part-time _____ hours/week <input type="checkbox"/> Full-time 40 hours/week Reason for leaving _____	Employer _____ Address, city, state, zip _____ Type of work/title _____ Major responsibilities and % of time spent on each responsibility _____	Supervisor's name and title _____ Supervisor's phone number _____ Length of experience: Employed from month/year _____ To month/year _____ TOTAL, years/months _____
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<input type="checkbox"/> Part-time _____ hours/week <input type="checkbox"/> Full-time 40 hours/week Reason for leaving _____	Employer _____ Address, city, state, zip _____ Type of work/title _____ Major responsibilities and % of time spent on each responsibility _____	Supervisor's name and title _____ Supervisor's phone number _____ Length of experience: Employed from month/year _____ To month/year _____ TOTAL, years/months _____
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Please see attached **Other Employment/Military Experience Continued** form. TOTAL YR/MO EXPERIENCE _____

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: 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? YES NO
 High school equivalent: successful completion of GED USAF 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.

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 be addressed to the attention of the school principal or the Superintendent of Catholic Schools, Diocese of Reno. Please place your written explanation in a sealed envelope and attach it to your application.

ARRESTS/CONVICTIONS/SEXUAL OFFENSES

In answering the following questions, be advised that if you are offered employment with any school in the Diocese of Reno, a criminal background check is required. The Diocese of Reno reserves the right to request fingerprints to be processed. 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 the Diocese of Reno Department of Education, complete the form accurately and completely, and include it with this application. Failure to do so may result in the rejection of your application.

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: _____

Have you ever, except as otherwise provided in the following sentence, been the subject of an investigation concerning an alleged sexual offense conducted by an employer, licensing agency, law enforcement agency, agency which provides child welfare services, agency which provides child protective services or a similar agency? You are not required to provide this information if, after investigating the alleged violation, the employer or agency determined that the allegations were false, unfounded, unsubstantiated, or inconclusive.

YES (please initial) _____

NO (please initial) _____

If yes, please explain and include applicable dates: _____

Have you been discharged, disciplined, had a contract not renewed, asked to resign from employment, resigned from employment, or otherwise separated from employment while an investigation concerning an alleged sexual offense was pending or upon conclusion of such an investigation, and were found, upon conclusion of the investigation, to have committed the sexual offense?

YES (please initial) _____

NO (please initial) _____

If yes, please explain and include applicable dates: _____

Have you had a license or certificate suspended or revoked or been required to surrender a license or certificate while an investigation concerning an alleged sexual offense was pending or upon conclusion of such an investigation and were found, upon conclusion of the investigation, to have committed the sexual offense?

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 Diocese of Reno Department of Education 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. Additionally, I understand that if I knowingly provide false information or willfully fail to disclose required information regarding sexual offences, this is a misdemeanor pursuant to NRS 394.16065(3) and I will be subject to discipline, including, without limitation, a civil penalty pursuant to NRS 394.161. 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 is found to be false, untruthful, misleading, or incomplete, this shall be sufficient cause for disqualification or dismissal from employment.

I hereby authorize the Diocese of Reno 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

DIOCESE OF RENO DEPARTMENT OF EDUCATION

CPR CERTIFICATION REQUIREMENT

<p style="text-align: center;">IMPORTANT NOTICE PHYSICAL EDUCATION TEACHER APPLICANTS</p>

Nevada Revised Statute 391.092 has mandated that all teachers of physical education be required to have a CPR Certification as a condition of employment. If you have any questions about whether your assignment requires this Certification, please contact the Superintendent of Catholic Schools at 775-326-9430.

In order for you to be employed in any of the above-listed positions, you must obtain this Certification. The cost of the Certification will be borne by the employee. The Certification can be obtained at the following locations:

Provider	Duration of Credit
American Red Cross 1190 Corporate Blvd. 856-1000	1 year
American Heart Association 322-7065	2 years

Or other approved trainers.

AN APPLICANT BEING OFFERED A PHYSICAL EDUCATION POSITION MUST HAVE CPR CERTIFICATION, RECORDED IN PERSONNEL, PRIOR TO COMMENCING EMPLOYMENT.

DIOCESE OF RENO DEPARTMENT OF EDUCATION

LICENSURE INFORMATION

Thank you for your interest in the school(s) of the Diocese of Reno. This information is supplied as a courtesy to the applicant. In order to receive a Teaching or an Administrative contract, the applicant must hold a valid license in the State of Nevada.

Responsibility for securing, maintaining and reviewing licenses rests solely with the professional employee.

Please refer to the State of Nevada Licensure webpage for the most current requirements and procedures: <http://teachers.nv.gov/>

IMMIGRATION REFORM AND CONTROL ACT

DIOCESE OF RENO DEPARTMENT OF EDUCATION

IMPORTANT NOTICE

This law is intended to prevent employers from knowingly hiring illegal aliens and contains severe civil and criminal penalties for violations.

This law requires us to examine certain documents you must show to (1) establish your identity and (2) confirm that you are legally entitled to work in the United States.

Below and on the back side of this sheet is a list of documents you can show in order to meet requirements of this law. In the event you are employed by this School, please be advised that you will be asked to provide the necessary documents within 24 hours of the time you are offered employment.

If you are employed by this School on the basis of acceptable documentation of your status, the law will require you to sign a government form affirming the nature of documents you presented and that they are genuine. Your failure or refusal to sign such a statement when requested will result in your immediate suspension so that you can reconsider your refusal and be reminded of the law. Continued refusal will result in your termination.

ACCEPTABLE DOCUMENTS. The individual may present either a document which established both employment authorization or identity as defined in 274A(b)(1)(B) of the Act **or** an original document which establishes employment authorization as defined in 274A(b)(1)(C) **and** a separate original document which establishes identity as defined in 274(b)(1)(D).

1. The following are acceptable documents to establish **both identity and employment authorization** (for the purpose of 274(b)(1)(B):
 - A. United States passport
 - B. Certificate of Citizenship, issued by the U.S. Immigration and Naturalization Service.
 - C. U.S. Citizen Identification Card, issued by the U.S. Immigration and Naturalization Service.
 - D. Certificate of Naturalization.
 - E. A current foreign passport which:
 - (1) contains a current stamp therein which reads, "processed for 1-551..." or
 - (2) has attached thereto a Form I-94 in the same name (with identical biographic information) on which is an employment authorization stamp so long as the period so long as the period of endorsement has not yet expired and the limitations identified on the Form I-94.
 - F. An Alien Registration Card, provided that it contains a photograph of the bearer.
 - G. A current Work Permit, issued by the U.S. Immigration and Naturalization Service.

- OVER -

2. The following are acceptable documents to establish **employment authorization** (for purposes of 274(b)(1)(C):
 - A. **Social Security account number card**, issued by the Department of Health and Human Services or previously issued by Health, Education and Welfare (other than such a card which specified on the face that the issuance of the card does not authorize employment in the United States).
 - B. **A certificate of birth in any State.** The certificate must contain the given surname, name, date of birth, place of birth, a date the birth record was filed, and an official seal or other certification by the official custodian of such record. Official custodian refers to the governmental agency with which the birth is registered.
 - C. Report of U.S. Citizenship Birth Abroad, issued by the U.S. Department of State.
 - D. Form I-94 with employment authorization stamp.

3. The following are acceptable for the purpose of establishing **identity of the individual** (for the purposes of 274A(b)(1)(d):
 - A. An original driver's license issued by any state which:
 - (1) bears a photograph of the individual, or
 - (2) contains personal identifying information which, at a minimum, includes his/her full name, date of birth, height, weight, color of eyes, and residence address.
 - B. An original identity document issued by any State (or for the purpose of identification which either:
 - (1) bears a photograph of the individual, or
 - (2) contains personal identifying information which, at a minimum, includes his/her full name, date of birth, height, weight, color of eyes, and residence address.
 - C. In the case of individuals residing in a state which does not provide for issuance of an identification document (other than a driver's license), the following:
 - (1) Notice of discharge from the U.S. Armed Forces.
 - (2) Document evidencing active duty or reserve status in the U.S. Armed Forces.
 - (3) (to be developed)

DIOCESE OF RENO DEPARTMENT OF EDUCATION

EMPLOYMENT QUESTIONNAIRE

The completion of this questionnaire is completely VOLUNTARY. If you choose to complete it, please return it to the school with your application. Your participation would be greatly appreciated. Please do not sign this form or in any way identify yourself.

The information on this questionnaire will be used by the school and the diocese for research and statistical purposes only. This questionnaire will be kept confidential and separate from your application and will not be used to make any employment decision.

Position for which you are applying: _____

Please check the appropriate box: Male Female

Date of Birth: _____
Month Date Year

Please check the box which most closely describes your ethnic background:

- White, not of Hispanic origin. (All persons having origins in any original people of Europe, North Africa, or the Middle East.)
- Black, not of Hispanic origin. (All persons having origins in any of the Black racial groups.)
- Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.)
- Asian/Pacific Islander. (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)
- American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America.)

CONVICTION INFORMATION FORM PROCESSING
(Internal Use Only)

Administrator: I have reviewed the information on the reverse side of this document, discussed such with the applicant, and recommend hiring this applicant based on the following explanation:

Name (please print)

Signature

Date

.....

SCHOOL PRINCIPAL/SUPERINTENDENT: I have reviewed this document and recommend the following:

Approve hiring of this applicant: _____

Disapprove hiring of this applicant: _____

Comments:

Name (please print)

Signature

Date

APPLICATION WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE SCHOOL PRINCIPAL OR THE DIOCESE OF RENO DEPARTMENT OF EDUCATION
Please print all information.

Application Date: _____

 Last Name First Name MI

 Address Social Security Number

 City State Zip Code Area Code Telephone
 Number

 Undergraduate Major Undergraduate Minor

 Graduate Major Graduate Minor

I have completed my student teaching. YES NO Dates: _____

Teaching experience: _____ Substitute Teaching Experience: _____
 Years Months Years Months

Type of Teaching Experience: Hourly Day to Day Contracted

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SECTION 1: ELEMENTARY LICENSE (K-8)

Grade level you prefer to teach in order of preference: _____

Endorsements or areas of specialty: _____

SECTION 2: SECONDARY EDUCATION LICENSE (7-12)

Grade level(s) you prefer to teach: _____

Major area(s) you are licensed or will be licensed to teach:

_____ Art _____ Business _____ Communications _____ Driver Ed _____ English
 _____ Foreign Language _____ Math _____ Music _____ P.E. _____ Science
 _____ Social Studies

SECTION 3: SPECIFIC SUBJECT AREA(S) – Please use codes on the back to identify the specific area(s) you are or may be licensed to teach:

	SECONDARY			OCCUPATIONAL EDUCATION

200	Agriculture		404	Ornamental Horticulture
201	Anthropology		414	Business & Office Occupations
202	Art		415	Accounting
203	Business Education		416	Business Data Processing
204	Computer Literacy		417	Clerical Services
206	Computer Applications		418	Secretarial Services
208	Driver Education		419	Typing
210	American Literature		422	Communications & Media Occupations
212	Drama		430	Advertising
213	English		431	Marketing
214	English Composition		443	Fine Art & Humanities
216	English Literature		449	Health Occupations
218	General Survey Literature		458	Child Care & Guidance
219	Journalism		460	Clothing Management & Production
220	Linguistics		463	Food Productions & Management
223	Speech		468	Hotel & Motel Occupations
226	ESL		469	Recreation Occupations
232	French		490	Architectural Technology
233	German		491	Electrical Technology
234	Italian		493	Electronic Technology
235	Japanese		494	Engineering Technology
237	Russian		497	Drafting
328	Spanish		499	Trade & Industry Occupations
240	Health		500	Automotive Service Occupations
242	Industrial Arts		502	Construction Occupations
245	Math		503	Fabrication, Installation & Repair Occupations
246	Math w/Calculus		505	Manufacturing Occupations
250	Music		506	Graphic Arts
255	Physical Education		508	Printing/Newspaper
260	Reading		525	Cooperative Occupational Education (Career & Occupational Guidance)
262	ROTC			
263	Physical Science			
264	Biological Science			ADMINISTRATION
265	Biology		702	K-12 Principal
266	Botany		707	K-12 Assistant Principal
267	Chemistry		735	Superintendent
268	Earth Science		737	Assistant Superintendent
273	Environmental Science		738	Associate Superintendent
274	General Science		739	Secondary Dean
276	Physics		740	Administrative Coordinator
280	Life Science			
284	Social Studies			
285	Economics		802	K-12 Counselor
286	Ethnic Studies			
287	Geography			
288	History			
289	Political Science			
290	Psychology			
291	Sociology			
299	Bilingual Education			