

Application for Faculty Position

Date:	Teachi	ing Fields:		
Last Name	First	MI	Name Preferred	
Street Address	City	State	Zip Code	
Home Phone		Office Phone	E-Mail	
Marital Status		Spouse's Name/Occupation	# of Dependent Children	
Religion		Place of Birth		
Hobbies, Areas of Interest				
U.S. Citizen Yes	No			
Have you ever been charged	with a misdeme	anor or felony? Yes	No	
If yes, please explain on a sep	parate sheet.			
Is there any reason, including	those related to	p physical or mental health, that r	night keep you from effectively	
working with children or that	might cause a c	child potential harm?	Yes No	
Educational Backgroun	nd (Please com	plete or submit resume.)		

High School	City		Diploma	Year
College/University	City		Degree/Major	Year
College/University	City		Degree/Major	Year
College/University	City		Degree/Major	Year
Honors, Awards, Grants				
Further Studies/Professional I	Development			
Teacher Certification	tate	Level	Subject(s)	Date

Cistercian Preparatory School makes employment decisions without regard to race, color, creed, age, national or ethnic origin, disability or veteran status.

Teaching Experience (Please complete or submit resume.)

1.			
	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed
2.			
	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed
3.			
	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed

Other Employment Experience (Please complete or submit resume.)

Employer #1	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed
Employer #2	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed
Employer #3	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed

Personal References (Please complete or submit resume.)

1.			
	Name	Occupation	Telephone No.
	Address	City	State/Zip
2.			
	Name	Occupation	Telephone No.
	Address	City	State/Zip
3.			
	Name	Occupation	Telephone No.
	Address	City	State/Zip

Personal Statement

On the back of this application, please compose a brief statement in which you explain how you would contribute to the education of boys at Cistercian.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record and history. I release all such persons from any liability or damages on account of having furnished or requested such information.

Signature of Applicant

Date

Return the completed form to the Safe Environment Coordinator/Assistant to the Headmaster.

AUTHORIZATION FOR RECORDS CHECK AND RELEASE OF RECORDS

The undersigned has applied for employment or volunteer work with Cistercian Preparatory School, a private school in Irving, Texas. I hereby authorize the release of any information or records held by any law enforcement agency or records-maintenance agency to Cistercian Preparatory School or its agent. This authorization expressly includes, but is not limited to, records or information pertaining to any criminal convictions, charges, or inquiries. I further authorize Cistercian Preparatory School to regularly process complete or partial updates of this information, as necessary, according to the schedules expressed in the School's Child Abuse Policy.

I further state that this authorization has been carefully read, and I fully understand the contents thereof, and have signed the same as my own free act. By signing below I hereby agree to release and hold harmless Cistercian Preparatory School for any action taken pursuant to this Authorization. I authorize Cistercian Preparatory School to rely on any information obtained pursuant to this Authorization in determining whether or not to offer me employment, whether gainful or volunteer, with the school.

Date:	Printed Full Name:	
	Soc. Sec. No.:	
	Date of Birth:	
	Driver's License No.:	
Addresses for the last sev	ven (7) years (use back if necessary):	
I certify that all of the inf	formation above is true and correct.	
	Signature:	

Signatur

Date: _____