

Roman Catholic Diocese of Covington

Department of Catholic Schools

1125 Madison Avenue, Covington, KY 41011-3115

Telephone: 859/392-1500 FAX: 859/392-1589 E-mail: skoplyay@covdio.org

SCHOOL ADMINISTRATOR APPLICATION

Date of Application: _____

Date of Availability: _____

Level Preference:

____ Elementary

____ Secondary

- Applicants **must** be practicing Roman Catholics. Please provide a recent (no more than six months old) copy of your baptismal certificate.
- As part of this application please include complete transcripts of your educational preparation as a student and a written statement describing your *Philosophy of Catholic Education*.
- **Complete the application form thoroughly.**



PERSONAL INFORMATION

NAME _____
Last First M.I. Maiden

STREET ADDRESS _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____ TELEPHONE (_____) _____

SOCIAL SECURITY NUMBER _____ / _____ / _____ SEX _____ BIRTHDATE (Month/Day) _____

RELIGION _____ MARITAL STATUS _____

PARISH NAME & LOCATION _____ PASTOR _____

Are you a citizen of the United States of America? Yes _____ No _____ If not, separately provide evidence of your eligibility for employment in the U.S.

Have you ever been convicted of violating any law (except minor traffic violations)? Yes _____ No _____
If "Yes", separately list all convictions showing offense, where convicted, and date of conviction. Disclosure of a criminal record may not automatically disqualify you from employment consideration.

Have you ever had any education certificate/license revoked or suspended for any reason? Yes _____ No _____ If "Yes", please explain separately.

As defined under the *American's with Disabilities Act*, do you require any "reasonable accommodation" in order to perform the job for which you have applied?
Yes _____ No _____ If "Yes", please explain separately.

What are the reasons for your leaving your present (or most recent) educational employment? (Use an additional sheet if necessary) _____



EDUCATION

Use an additional sheet if necessary.

COLLEGE / UNIVERSITY	DATES OF ATTENDANCE	MAJOR	MINOR	DEGREE / SEMESTER HOURS



CERTIFICATION

(If your Kentucky certificate has expired, or if you only hold certification from another state, please include a photocopy of it with this application.)

If you hold a currently valid Kentucky certificate, please indicate all certification Codes and Expiration Dates from the certificate:

Code _____	Expiration _____	Code _____	Expiration _____	Code _____	Expiration _____
Code _____	Expiration _____	Code _____	Expiration _____	Code _____	Expiration _____

If you do not presently hold a Kentucky certificate, have you applied for one yet? Yes____ No____ (Download a Form TC-1 application at www.kyepsb.net)



EXPERIENCE

Begin with most recent experience first and list chronologically. Be specific and leave no gaps in dates. Attach a resume if appropriate.

A. TEACHING, ADMINISTRATIVE AND/OR SUPERVISORY EXPERIENCE:

Name and address of School/District	Position Held	DATES: From/To	Approximate Salary

B. OTHER WORK EXPERIENCE: Include non-education employment (paid or volunteer).

Employer Name	DATES: From/To	Nature of Experience

Can you coach athletics, direct music or dramatics, sponsor clubs, or participate in any other activities? Yes____ No____

If "Yes" please specify _____



REFERENCES

Give names and addresses of individuals who have knowledge of your professional education experience. We may contact current and former employers and supervisors (even if not listed) unless you specifically direct us not to do so.

NAME AND TITLE	COMPLETE ADDRESS	TELEPHONE
1.-----	-----	-----
2.-----	-----	-----
3.-----	-----	-----
4.-----	-----	-----
5.-----	-----	-----



RELIGIOUS EDUCATION BACKGROUND

A. CERTIFICATION:

Arch/Diocese	Type/Name of Certificate	Validity Period

B. COURSES: *Unless transcripts are enclosed, list below all college-level courses in Religious Education or Theology. Attach an additional sheet if necessary.*

Name of Course	Dates Taken	College/University	Credit Hours Earned

C. WORKSHOPS: *List any Religious Education or Theology workshops attended. Attach an additional sheet if necessary.*

Name of Course	Dates Taken	College/University	Credit Hours Earned

The Department of Catholic Schools screens and approves all candidates for administrative positions prior to an interview by a Local Board of Education. The application material you have submitted will be made available to Local Boards seeking an administrator. Total compliance with the Diocese of Covington’s *Safe Environment* requirements, which include a formal background check, is a pre-requisite to beginning employment.

I certify that all information given or referred to in this application, including accompanying statements and documentation, is true and correct to the best of my knowledge. I understand that obtaining employment through willful misrepresentation of facts is grounds for dismissal.

APPLICANT SIGNATURE (Required) _____ DATE _____

Return to: Department of Catholic Schools
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