



THE ARCHDIOCESE OF SAN FRANCISCO  
DEPARTMENT OF CATHOLIC SCHOOLS  
ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602  
(415) 614-5660, FAX (415) 614-5664

Dear Candidate:

Thank you for your interest in employment opportunities in the schools of the Archdiocese of San Francisco. The staff of the Department of Catholic Schools looks forward to assisting you in locating a position that suits your talents, interests and experience. We anticipate working with you as you strive to make a positive contribution to our mission of providing quality Catholic education for our students.

To qualify as a candidate, you must have a baccalaureate degree and some experience working in a classroom setting.

To complete your placement file, please submit the following to the Department of Catholic Schools:

- 1. Completed Application
- 2. Resume
- 3. Official transcript(s) of college and university work. *If transcripts are from foreign colleges or universities they must be reviewed by the Credentials Evaluation Service (the form will be mailed to you).*
- 4. Verification of current/valid credential(s).  
*- If you do not possess a current valid California credential, you are required to complete a process to obtain your California credential within the first three years of teaching.*  
*- California state law requires that you undergo a criminal records check. The clearance process will begin at the time of hire.*
- 5. Verification of advanced college degrees, if applicable
- 6. Verification of teaching/administrative experience. Form enclosed
- 7. Two professional reference letters (1 from a former employer) and one personal character reference (no relatives).
- 8. TB Clearance verification.
- 9. \$25.00 **non-refundable** processing fee payable to the "Department of Catholic Schools"

Files are retained for two (2) years from the date of receipt of application.

We are grateful for your interest in our schools and for the opportunity to begin a rewarding professional relationship with you.

Sincerely,

Ms. Maureen Huntington  
Superintendent of Catholic Schools

Please direct any questions or concerns to my assistant:  
Mrs. 'Ofa Po'oi (415) 614-5668  
[pooio@sfarchdiocese.org](mailto:pooio@sfarchdiocese.org)



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# TEACHER APPLICATION FORM

## PERSONAL INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) (evening) \_\_\_\_\_

Social Security Number \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Can you, after employment, submit verification of your legal right to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a practicing Catholic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have knowledge of Catholic doctrine and are you willing to teach in accordance with it?   | <input type="checkbox"/> | <input type="checkbox"/> |

*Employment (Mark 1-3)*  
 Full Time \_\_\_\_\_  
 Part Time \_\_\_\_\_

*Grade Level (Mark 1-4)*  
 Primary (K-3) \_\_\_\_\_  
 Intermediate (4-5) \_\_\_\_\_  
 Junior High (6-8) \_\_\_\_\_  
 Secondary (9-12) \_\_\_\_\_

*County (Mark 1-3)*  
 San Francisco \_\_\_\_\_  
 Marin \_\_\_\_\_  
 San Mateo \_\_\_\_\_

*Subjects Preferred (for grades 6-12 only)*  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

College or University (Undergraduate)	Location (City, State)	Dates Attended	Graduation (Date, Degree)
_____	_____	_____	_____
_____	_____	_____	_____

College or University (Graduate)	Location (City, State)	Dates Attended	Graduation (Date, Degree)
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Degree: Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Credential(s) held: (Give title, state of issuance, expiration date): \_\_\_\_\_

**TEACHING EXPERIENCE**

(list all teaching experience chronologically, most recent first) Type = Student Teaching(S), or Regular (R)

TYPE	DATES	SCHOOL	CITY, STATE	GRADE, SUBJECT(S)

Annual salary at most recent position \_\_\_\_\_

Date available for employment \_\_\_\_\_

Please check all kind(s) of specific school experience you have had:

- Conventional   
  Team Teaching   
  Inner City  
 Bilingual   
  Open Classroom   
  Individualized

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you ever had a teaching credential denied, suspended, or revoked?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed or refused to fulfill an employment contract with a school?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever, for any reason been suspended, dismissed, or asked to resign from a teaching position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a violation of law other than a minor traffic violation?              | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "Yes" answers on an attached statement if you wish.

**OTHER EXPERIENCE (Non-teaching)**

(list all experience chronologically, most recent first including volunteer work, summer camps, youth activities)

DATES	EMPLOYER	CITY, STATE	PHONE	POSITION

**MILITARY EXPERIENCE**

Branch of service: \_\_\_\_\_

What skills did you acquire in the service that would be relevant to this job?: \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES**

**Professional References (2)**

(Submit most recent Principal, if applicable, or immediate supervisor)

Name                                      Professional Status                                      Address, Phone

\_\_\_\_\_

\_\_\_\_\_

**Character Reference (1)**

(Not relatives)

Name                                      Professional Status                                      Address, Phone

\_\_\_\_\_

**HEALTH AND PHYSICAL CONDITION**

Do you have any physical condition or handicap which may limit your ability to perform the job for which you applied? If yes, what can be done to accommodate your limitation?

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Do you have any medical history which would limit your ability to perform the job for which you applied, or to perform the job without endangering your health and safety, or the health and safety of others? If yes, what can be done to accommodate your limitation?

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**ARCHDIOCESAN STATEMENT OF NON-DISCRIMINATION**

The Archdiocese of San Francisco adheres to the following policy:

“All school staff of Catholic schools of the Archdiocese of San Francisco shall be employed without regard to race, color, sex, ethnic or national origin.”  
(Administrative Handbook #4111.4)

**CERTIFICATION**

I hereby certify that the information presented in this application form is true and complete. I understand that any false statements shall be sufficient cause for disqualification or, if hired, dismissal. My permission is given for contact to be made with references and employers listed herein.

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SIGNATURE

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DATE



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### REFERENCE CHECK

**Applicant Name:** \_\_\_\_\_

**Dates you have known the applicant:** \_\_\_\_\_

**Your relationship to the applicant:** \_\_\_\_\_

**Do you know of any reason why this person should not be a teacher? Yes/No**

**If Yes, please explain:** \_\_\_\_\_

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Applicant's job title:

What were the applicant's duties and responsibilities?

What were the applicant's demonstrated areas of strength? Give a specific example.

What opportunities for improvement did you see in this candidate?

Please describe the applicant's interpersonal relationships with his/her superiors. Subordinates? Peers?

Please comment on his/her:

- Ability to handle ordinary stresses of the job
  
- Quality of work
  
- Organizational skills
  
- Communication and rapport
  
- Reliability

Would you have any hesitancy in having this individual work with children or young people?

Would you rehire the applicant? Yes/No

If no, please explain:

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SIGNATURE

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DATE

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POSITION/TITLE

*Please complete and return this form directly to:  
Department of Catholic Schools, Personnel  
One Peter Yorke Way  
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**CHARACTER REFERENCE CHECK**

**Applicant Name:** \_\_\_\_\_

**Dates you have known the applicant:** \_\_\_\_\_

**Your relationship to the applicant:** \_\_\_\_\_

**Do you know of any reason why this person should not be a teacher? Yes/No**

**If Yes, please explain:** \_\_\_\_\_

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Please discuss the applicant's areas of strength and possible areas for growth.

Please comment on his/her:

- Self-Confidence

- Integrity

- Dependability

- Flexibility

Would you have any hesitancy in having this individual work with children or young people?

---

SIGNATURE

---

DATE

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VERIFICATION OF PUBLIC, PRIVATE OR  
CATHOLIC SCHOOL TEACHING EXPERIENCE

This certifies that \_\_\_\_\_ was employed during the  
(Name) (Social Security Number)  
periods stated below:

**Please list service for each school year separately. Duplicate this form for each diocese/school district.**

Name of School and Address	Classification: i.e./ Regular or Long Term Substitute	School Year	Grade/ Subject Taught	Full-Time	Part-Time in F.T. Equivalence	No. of Days in School Year	No. of Days Service Rendered

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position of Verifier