

**St. Theodore Holy Family Catholic School  
PARAPROFESSIONAL**

**APPLICATION FOR EMPLOYMENT**

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap. There may occasionally be positions vacant, which require knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.*

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street City State Zip How Long?

**TELEPHONE:** \_\_\_\_\_  
Home Other

**D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PLACE:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_ **U.S. CITIZEN?**  YES  NO

**EMERGENCY CONTACT** (Name & Phone): \_\_\_\_\_

List any relatives or friends working for us: \_\_\_\_\_

**POSITION DESIRED:**  Secretary  Financial Secretary  Aide  Other \_\_\_\_\_

**FULL TIME**  **PART TIME**  **Date available to start work:** \_\_\_\_\_

**Days & Hours available for PART-TIME work:** \_\_\_\_\_

**OPTIONAL INFORMATION**

**STATUS**  Single  Married  Separated  Divorced  Widowed

**SPOUSE=S NAME** \_\_\_\_\_ **Place of Employment** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**ANY CHILDREN:**  YES  NO **IF YES, HOW MANY?** \_\_\_\_\_

**REQUIRED INFORMATION**

**Do you have a valid driver=s license?**  YES  NO **Driver's License #** \_\_\_\_\_

**Has your driver=s license ever been suspended or revoked?**  YES  NO

**Do you use illegal Drugs?**  YES  NO

**Have you ever been accused of, or has a civil or criminal complaint ever been filed against you, alleging sexual abuse, or neglect of a minor?**  YES  NO

**Have you ever been convicted of a felony?**  YES  NO

**If yes, please give details:** \_\_\_\_\_

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Are you a high school graduate?  YES  NO

**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL / UNIVERSITY CITY, STATE & ZIP CODE	DATES ATTENDED	MAJOR	MINOR	DEGREE or NUMBER OF HOURS	DATE RECEIVED

**OTHER TRAINING RECEIVED**

(Special courses, work training programs, armed forces training, workshops)

TYPE OF TRAINING	LOCATION & <i>COMPLETE</i> MAILING ADDRESS <small>(Include Zip Code)</small>	NUMBER OF TRAINING HOURS

**SPECIAL QUALIFICATIONS AND SKILLS**

List all qualifications and skills you possess that are required for the position in which you are applying.


**LIST LAST TWO EMPLOYERS**  
(The following must be completed in its entirety.)

EMPLOYER CITY,STATE,ZIP	TELEPHONE NUMBER	POSITION (S) HELD	DATES EMPLOYED	CONTACT PERSON

**ANSWER THE FOLLOWING QUESTIONS BY MARKING A YES@ OR ANO@.**

**ALL AYES@ ANSWERS MUST BE EXPLAINED FOR THIS APPLICATION TO BE CONSIDERED.**

1. Have you for any reason been suspended, dismissed or asked to resign your position?  YES  NO

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2. Have you ever refused or failed to fulfill an employment contract at any school?  YES  NO

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3. Have you ever been discharged from the military for any reasons other than honorable?  YES  NO

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\_\_\_\_\_

4. Have you ever been found guilty of immoral conduct?  YES  NO

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\_\_\_\_\_

**ANSWER ALL OF THE FOLLOWING QUESTIONS. USE A SEPARATE SHEET IF NECESSARY.**

1. Why do want to work in a Catholic School?

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2. Describe the issues facing Catholic education today.

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3. From your personal and professional experience what could you bring to this Catholic School?

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***THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY.***

I understand that the information I have provided shall be verified by contacting any person or organization that may have information concerning me. I also understand that if my responsibilities/ministry involves contact with minors, I must undergo a criminal background check. I agree to abide by the rules, policies, and Code of Professional Conduct of the Diocese of Lake Charles and the school and while the school may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the school=s use or failure to use them, creates any obligation between the school and myself.

I authorize the Diocese of Lake Charles and/or the school to verify any statements made by me on this application and on any other form(s) completed by me. I authorize all persons having knowledge of myself or my records to release such information to the school. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Lake Charles, the school and the officers, employees, and volunteers thereof, from any and all liability or claims that may arise from such disclosures or investigations.

I certify that the statements made by me on this application are true, complete and correct and it is further understood that should any falsification be discovered it will constitute grounds for non-acceptance or for dismissal.

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Applicant=s Signature

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Date