Falls City Sacred Heart Catholic School TEACHER APPLICATION

DATE:						
GENERAL INFOR	RMATION					
Name						
Last		First		I	Middle	
Present Address	Number & Street		<u> </u>		C	
	Number & Street		Ci	ty	State	Zip
Telephone Number	()					
Cell Phone Number	()					
Church Affiliation:	Catholic	(Other:			
Name of Church wh	ere you are currently regi	stered _				
Location		Pastor _				
	**************************************	*****	*****	********	*******	*****
PROFESSIONAL						
Do you hold a valid Endorsement	NEBRASKA teaching ce	rtificate	e? E	Expiration Dat	te	
Please indicate subje	ects preferred:					
	pleted undergraduate stud					
-			icale expe		receipt of y	oui
Total years of full-ti	me teaching experience: _					
Location(s) of previo	ous teaching experience:		School	l Years at loc	ation:	

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- Official College Transcripts
- Copy of your Teaching Certificate
- Personal Resume (if you have not sent one already)
- Two Letters of Reference

All Faculty and Staff are required to complete the following before serving at the school:

- Background Check (every 5 years)
- Safe Environment Training (annual)

These can all accomplished in advance at https://lincoln.cmgconnect.org/

1. Have you use	d non-prescr	iption or illeg	al drugs	in any	form or	excessive	amounts of	alcohol?
Y	Yes	_No						

If yes briefly explain :

2. Have you ever been convicted of a crime other than a minor traffic offense? _____Yes ____No

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PLEASE INDICATE ACTIVITIES YOU ARE WILLING OR ABLE TO COACH OR SPONSOR:

Football
Drama

- □ Volleyball
- 🗆 Basketball 🗆 Track
- □ Journalism□ Speech□ Cheerleading□ NHS
- One-Act Play
- - □ Class Sponsor

Student Council

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET.

- 1. Briefly describe your philosophy of education as it relates to a faith-based school.
- 2. What gifts do you possess that will enhance the total formation of Catholic school students?
- 3. How would you integrate Catholic values into your teaching?