Falls City Sacred Heart Catholic School TEACHER APPLICATION

| DATE: | | | | |
|--|-------------|--------------------------------|-----------------|--|
| GENERAL INFORMATION | | | | |
| Name | | | | |
| Last | Fi | rst M | Middle | |
| Present Address | | | | |
| Number & Street | City | State | Zip | |
| Telephone Number () | | | | |
| Cell Phone Number (_) | | | | |
| ************************************** | ***** | ******* <mark>*</mark> ******* | **** | |
| Do you hold a valid NEBRASKA teaching c Endorsement | ertificate? | Expiration Dat | e | |
| Please indicate subjects preferred: | | | | |
| If you have not completed undergraduate stud Bachelor's degree: | | te expected date for 1 | receipt of your | |
| Total years of full-time teaching experience: | | | | |
| Location(s) of previous teaching experience: | | School Years at loca | ation: | |
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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)
- Defensive Driving Training (one time)

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

1. Have you used non-prescription or illegal drugs in any form or excessive amounts of alcohol? _____Yes ____No

If yes, briefly explain:

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

If yes, briefly explain:

PLEASE CIRCLE THE ACTIVITIES YOU ARE WILLING OR ABLE TO COACH OR SPONSOR:

| Football | Volleyball | Basketball | Track |
|-----------------|--------------|------------|---------------|
| Speech | Journalism | Speech | One Act/Play |
| Student Council | Cheerleading | NHS | Class Sponsor |