

Falls City Sacred Heart Catholic School

TEACHER APPLICATION

DATE: _____

GENERAL INFORMATION

Name _____
Last
First
Middle

Present Address _____
Number & Street
City
State
Zip

Telephone Number (_) _____

Cell Phone Number (_) _____

PROFESSIONAL INFORMATION

Do you hold a valid NEBRASKA teaching certificate? _____
 Endorsement _____ Expiration Date _____

Please indicate subjects preferred: _____

If you have not completed undergraduate studies, indicate expected date for receipt of your Bachelor's degree: _____

Total years of full-time teaching experience: _____

Location(s) of previous teaching experience:	School Years at location:	

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