Application for Cathedral High School Principal

Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PLEASE PRINT OR TYPE (Use black ink)

1. Name_____
Last First Middle

2. If Religious, state Congregation & address_____
Name of Congregation

_____
Address

3. Permanent Address_____
Street and Number City Zip Code

4. Home Phone_____ **Cell Phone** _____ **Email** _____

5. Social Security No._____/____/_____

6. Colleges/Universities Attended

Name of Institution	Location City & State	Major Area of Concentration	Number Credits Rec.	Degree or Diploma Rec.	Date Received

7. I am a practicing Catholic __ Yes __ No Parish _____

8. List the Undergraduate / Graduate Courses you have taken in Theology or Religious Education:

Title of Course	College/University	Credits Received	Date Received

9. List the Courses in Administration, Supervision and Curriculum you have taken:

Title of Course	College/University	Credits Received	Date Receive

10. Teaching Certificates or Licenses Issued to you

Title of Certification or License	Issuing State or City	Effective Date	Expiration Date	Valid for what Subject Areas?

11. Teaching and/or Administrative Experience

From		To		District	Location City, State	Grades/ Subjects	Reason for Leaving this Position
Month	Year	Month	Year				

12. Enter Total Number of Teaching Years_____
Enter Total Number of Administrative Years_____

13. Other Work Experience Outside Education

From		To		Location Firm or Business	City, State	Job Duties	Reason for Leaving this position
Month	Year	Month	Year				

14. References

List names of Professional References (Superintendent, Principal, Supervisor, College Professors) capable of giving information about your teaching and preparation for teaching. List at least one Administrator in each of your teaching positions.

Professional References

Full Name of Reference	Address	City/State	Zip	Telephone	Position

Character References

Full Name of Reference	Address	City/State	Zip	Telephone	Position

15. List Below Professional Organization to which you belong:

16. Write a brief statement regarding your strengths and weaknesses as you see your position as Principal.

17. Philosophy of Education

Please state your philosophy of education.

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that falsification of facts in this application will be considered sufficient cause for disqualification, or if I am employed, will constitute grounds for immediate discharge.

I understand that the involvement of the Diocese of El Paso in the application process is to ensure that I meet the criteria for accreditation by the Texas Catholic Conference Education Department and to conduct a criminal background check. I thereby authorize the Diocese of El Paso to conduct a criminal background check.

_____ _____

Signature of Applicant **Date**