



# THE ARCHDIOCESE OF SAN FRANCISCO

DEPARTMENT OF CATHOLIC SCHOOLS  
ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602  
(415) 614-5666



Dear Candidate:

Thank you for your interest in employment opportunities in the schools of the Archdiocese of San Francisco. The staff of the Department of Catholic Schools looks forward to assisting you in locating a position that suits your talents, interests and experience. We anticipate working with you as you strive to make a positive contribution to our mission of providing quality Catholic education for our students.

To qualify as a candidate, you must have a baccalaureate degree and some experience working in a classroom setting. To complete your placement file, please submit all of the following items to the Department of Catholic Schools:

1. Completed Teacher Application Form.
2. Resume.
3. 2 professional reference letters (see Reference Check form; should include former employers).  
1 personal character reference letter (see Character Reference Check form; no relatives).
4. Official Transcript(s) of college and university work. *If transcripts are from foreign colleges or universities they must be reviewed by the Credentials Evaluation Service.*
5. Verification of advanced College degrees (diploma ok)
6. Verification of Public, Private or Catholic School teaching/administrative experience (see form).
7. Verification of current valid Credential(s). *If you do not possess a current valid California credential, California state law requires that you undergo a criminal records check. The clearance process will begin at the time of hire.*
8. \$25.00 non-refundable processing fee payable to the "Department of Catholic Schools".
9. T.B. clearance verification. *If this is your first employment as a teacher, California law requires that you be examined for tuberculosis within 60 days before you are hired.*
10. Confirmation by the Department of Catholic Schools will be sent after the above is received.

Files are retained for two (2) years from date of application.

We are grateful for your interest in our schools and for the opportunity to begin a rewarding professional relationship with you.

Sincerely,

Mrs. Alicia Weinman  
Office Manager

*Please direct any questions or concerns to the Employee Relations Manager:  
Ms. Christine Escobar (415) 614-5540  
[escobar@sarch.org](mailto:escobar@sarch.org)*



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## TEACHER APPLICATION

We consider applicants for all positions without regard to race, color, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, or any other consideration made unlawful by federal, state, or local laws. We are an equal opportunity employer and we offer employment on the basis of ability, experience, training, and character. Please contact the Superintendent of Schools if you have any questions regarding this policy.

### PERSONAL INFORMATION (Please indicate employment preference) →

Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Social Security Number \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Can you, after employment, submit verification of your legal right to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a practicing Catholic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have knowledge of Catholic doctrine and are you willing to teach in accordance with it?   | <input type="checkbox"/> | <input type="checkbox"/> |

*Employment (Mark 1-3)*  
 Full Time   
 Part Time   
 Substitute

*Grade Level (Mark 1-4)*  
 Primary (K-3)   
 Intermediate (4-5)   
 Junior High (6-8)   
 Secondary (9-12)

*County (Mark 1-3)*  
 San Francisco   
 Marin   
 San Mateo

*Subjects Preferred (for grades 6-12 only)*  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

### EDUCATIONAL AND PROFESSIONAL TRAINING

	Institution	Location (City, State)	Dates Attended	Graduation (Date, Degree)
College or University Undergraduate	_____	_____	_____	_____
College or University Graduate	_____	_____	_____	_____

Undergraduate Degree: Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Credential(s) held: (Give title, state of issuance, expiration date) \_\_\_\_\_

## TEACHING EXPERIENCE

(list all teaching experience chronologically, most recent first) Type = Student Teaching(S), or Regular (R)

TYPE	DATES	SCHOOL	CITY, STATE	GRADE, SUBJECT(S)

Annual salary at most recent position \_\_\_\_\_

Date available for employment \_\_\_\_\_

Please check all kind(s) of specific school experience you have had:

- Conventional                       Team Teaching                       Inner City  
 Bilingual                                       Open Classroom                       Individualized

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you ever had a teaching credential denied, suspended, or revoked?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed or refused to fulfill an employment contract with a school?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever, for any reason been suspended, dismissed, or asked to resign from a teaching position? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "Yes" answers on an attached statement if you wish.

**OTHER EXPERIENCE (Non-teaching)**

(list all experience chronologically, most recent first including volunteer work, summer camps, youth activities)

DATES	EMPLOYER	CITY, STATE	PHONE	POSITION

**MILITARY EXPERIENCE**

Branch of service: \_\_\_\_\_

What skills did you acquire in the service that would be relevant to this job? \_\_\_\_\_

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**REFERENCES**

**Professional References (2)**

(Submit most recent Principal, if applicable or immediate supervisor)

Name                                      Professional Status                                      Address,                                      Phone

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**Character Reference (1)**

(Not relatives)

Name                                      Professional Status                                      Address,                                      Phone

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**HEALTH AND PHYSICAL CONDITION**

Do you have any physical condition or handicap which may limit your ability to perform the job for which you applied? If yes, what can be done to accommodate your limitation?

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Do you have any medical history which would limit your ability to perform the job for which you applied or to perform the job without endangering your health and safety or the health and safety of others? If yes, what can be done to accommodate you limitation?

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**ARCHDIOCESAN STATEMENT OF NON-DISCRIMINATION**

The Archdiocese of San Francisco adheres to the following policy:

“All school staff of Catholic schools of the Archdiocese of San Francisco shall be employed without regard to race, color, sex, ethnic or national origin.” (Administrative Handbook #4111.4)

**CERTIFICATION**

I hereby certify under penalty of perjury under the laws of the state of California to the best of my knowledge the information presented in this application is true and complete. I understand that any false statements shall be sufficient cause for disqualification or, if hired, dismissal from employment for the Archdiocese of San Francisco. My permission is given for contact to be made with references and employers listed herein, except where specifically indicated to the contrary. I also understand that the law requires and/or allows the Archdiocese to perform a criminal background records check after a live interview or after a conditional offer of employment has been made and I will comply with all Archdiocesan policies and procedures pertaining thereto.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## REFERENCE CHECK

**Applicant Name:** \_\_\_\_\_

**Dates you have known the applicant:** \_\_\_\_\_

**Your relationship to the applicant:** \_\_\_\_\_

**Do you know of any reason why this person should not be a teacher? Yes/No**  
**If Yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

Applicants job title:

What were the applicant's duties and responsibilities?

What were the applicant's demonstrated areas of strength? Give a specific example.

What opportunities for improvement did you see in this candidate?

Please describe the applicant's interpersonal relationships with his/her superiors. Subordinates? Peers?

Please comment on his/her:

- Ability to handle ordinary stresses of the job
- Quality of work
- Organizational skills
- Communication and rapport
- Reliability

Would you have any hesitancy in having this individual work with children or young people?

Would you rehire the applicant? Yes/No  
If no, please explain:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

*Please complete and return this form directly to:  
Ms. Christine Escobar  
Department of Catholic Schools  
One Peter Yorke Way  
San Francisco, CA 94109-6602*



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- Ability to handle ordinary stresses of the job
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- Reliability

Would you have any hesitancy in having this individual work with children or young people?

Would you rehire the applicant? Yes/No  
If no, please explain:

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Signature

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Date

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Position/Title

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## CHARACTER REFERENCE CHECK

**Applicant Name:** \_\_\_\_\_

**Dates you have known the applicant:** \_\_\_\_\_

**Your relationship to the applicant:** \_\_\_\_\_

**Do you know of any reason why this person should not be a teacher? Yes/No**

**If Yes, please explain:** \_\_\_\_\_

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Please discuss the applicant's areas of strength and possible areas for growth.

Please comment on his/her:

- Self-Confidence
  
- Integrity
  
- Dependability
  
- Flexibility

Would you have any hesitancy in having this individual work with children or young people?

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Signature

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Date

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Position/Title

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**VERIFICATION OF PUBLIC, PRIVATE OR  
 CATHOLIC SCHOOL TEACHING EXPERIENCE**

This certifies that \_\_\_\_\_ was employed  
 (Name) (Social Security Number)  
 during the periods stated below:

Please list service for each school year separately.  
 Duplicate this form for each diocese/school district.

Name of School and Address	Classification: i.e./ Regular or Long Term Substitute	School Year	Grade/ Subject Taught	Full-Time	Part-Time in F.T. Equivalence	No. of Days in School Year	No. of Days Service Rendered

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Position of Verifier

Salary step will be established from returned forms.  
 Return this form to the Department of Catholic Schools Attn: Ms. Christine Escobar