



# Diocese of Providence

## Catholic School Office

One Cathedral Square

Providence, Rhode Island 02903

Tel: (401) 278-4550 • Fax: (401) 278-4596

### Principal/Vice Principal/Assistant Principal

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Other name under which employment/academic records may be listed \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street) (City/State) (Zip)

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Eligible to work in the U.S. \_\_\_\_\_

Position Desired: \_\_\_\_\_ Principal \_\_\_\_\_ Vice Principal \_\_\_\_\_ Assistant Principal

Please indicate the level(s) of the position for which you are applying: Elementary (PreK-8) \_\_\_\_\_ Secondary (9-12) \_\_\_\_\_

When will you be available to accept a position? \_\_\_\_\_ Minimum Salary Expectation \_\_\_\_\_

#### Colleges and Universities Attended:

Name of School/Location	Dates Attended	Year of Graduation	Degree	Major	Minor

How many graduate semester hours have you earned in educational administration? \_\_\_\_\_

Have you served an administrative internship? \_\_\_\_\_ If so, where and in what capacity? \_\_\_\_\_

List the name, address, and phone number of your supervisor. \_\_\_\_\_

Have you successfully completed a Catholic School Principal Leadership Program? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

List the name, address and phone number of the person in charge of the program: \_\_\_\_\_

Are you certified as a teacher? \_\_\_\_\_ State \_\_\_\_\_ Type of Certificate \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you certified as a principal? \_\_\_\_\_ State \_\_\_\_\_ Type of Certificate \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please list any other certifications you hold:

State \_\_\_\_\_ Type of Certificate \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Type of Certificate \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EDUCATIONAL WORK EXPERIENCE:** (Please list the most recent first.)

School	City/State	Position Grade/Subject Taught	Dates From/To	Salary	Principal's Name/Phone

\*If you were the principal of a school, list the name of the person to whom you were directly responsible.

**WORK EXPERIENCE OUTSIDE OF EDUCATION:** (Please list the most recent first)

Name of Institution	Position	Dates	Salary	Supervisor's Name/Phone

**REFERENCES:**

List the individuals whom you will ask to submit recommendations: References should have specific knowledge of your professional preparation and experience. In addition, religious candidates must present a letter of concurrence from their superiors, and lay Roman Catholic candidates must present a Certificate of Parish Registration from their pastors.

Name	Position	Address	Phone

**STATEMENT OF PHILOSOPHY OF EDUCATION:**

On an additional page, please provide a statement of your personal philosophy of education.

**STATEMENT OF INTEREST IN EMPLOYMENT IN A CATHOLIC SCHOOL:**

On an additional page, please provide your statement of interest in working in a Catholic school in the Diocese of Providence.

**STATEMENT ON RENEWING OUR COMMITMENT TO CATHOLIC ELEMENTARY & SECONDARY SCHOOLS IN THE THIRD MILLENNIUM:**

Please read the Bishops' statement, Renewing Our Commitment to Catholic Elementary & Secondary Schools in the Third Millennium, available on-line at <http://www.usccbpublishing.org/searchproducts.cfm>) On an additional page, please provide a paragraph stating your understanding of, and how you agree with the statement.

## Part A

In compliance with Rhode Island General Laws 16-2-18.1 – 16-2-18.2, as well as the policy of the Diocese of Providence, all individuals offered employment in a Catholic school in the Diocese of Providence will be required to successfully complete a state and national criminal background check (Triple I). The Triple I background check must be initiated prior to or within one week of receiving a conditional offer of employment. Triple I clearances are obtained by contacting the Office of Education and Compliance. New hires must then obtain fingerprinting at the Attorney General's Office. If the criminal background check identifies the existence of any disqualifying information as defined by statute, the contract will be rendered null and void, and employment will be terminated immediately.

**Have you been convicted of a crime involving moral turpitude or any other criminal act which would disqualify you for a position in education?**

**Please check one**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

## Part B

In employment practices, Catholic schools within the Diocese of Providence do not discriminate on the basis of race, color, sex, national origin, mental or physical disability, or veteran status. The school and/or parish employer will make a reasonable accommodation for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship will result.

Please note that application documents are gathered for the exclusive use of the Catholic School Office of the Diocese of Providence and schools in the Diocese. Copies of this application and its supporting documents (transcripts and letters of recommendations) will be sent to any school in the Diocese that requests them for the purpose of considering the applicant for a position. Neither the application nor the supporting documents will be sent to anyone else, even at the applicant's request.

I authorize any school considering me for employment to investigate all statements contained in this application, to contact the references and employers listed, except where specifically indicated to the contrary, and I release all employers, schools and other references listed on this application from any liability involved in providing this information.

### DECLARATION AND SIGNATURE

I certify that all information furnished on this application is true, accurate and complete to the best of my knowledge and that any falsification, omission, or misrepresentation of information by me will be sufficient cause for rejection of my application and/or termination of my employment.

**Please sign and date this application form only after reviewing each section to ensure that all information and answers to questions are correct and complete.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_