



**DIOCESE OF TOLEDO
LOCAL SUPERINTENDENT APPLICATION FOR EMPLOYMENT**

Note: All administrators in the Diocese of Toledo must be practicing Roman Catholics.

I. BACKGROUND:

Date: _____ Applied by: Letter ___ Phone ___ Person ___

This application will be kept on file in the Sandusky Central Catholic School Office for one year from the date received.

Name: _____ Date of Birth: _____
(Last) (First)

Address: _____
(Street) (City, State, Zip)

Phone: Home: _____ Work: _____

Marital Status: _____ Maiden Name: _____

Religious Community: _____

Are you willing to relocate? YES NO (Circle one)

II. EDUCATION

Institution: _____ From: _____ To: _____
(Name & Location) (Month, Year) (Month, Year)

Degree obtained: _____ Semester Hours: _____

Major Field: _____ Minor Field: _____

Institution: _____ From: _____ To: _____
(Name & Location) (Month, Year) (Month, Year)

Degree obtained: _____ Semester Hours: _____

Major Field: _____ Minor Field: _____

Institution: _____ From: _____ To: _____
(Name & Location) (Month, Year) (Month, Year)

Degree obtained: _____ Semester Hours: _____

Major Field: _____ Minor Field: _____

Institution: _____ From: _____ To: _____
(Name & Location) (Month, Year) (Month, Year)

Degree obtained: _____ Semester Hours: _____

Major Field: _____ Minor Field: _____

State Certification

Date of Expiration

Type of Certificate

Certificate Number

V. EXPERIENCE

School/Institution: _____
(Name) (City/State)

From: _____ To: _____
(Month/Year) (Month/Year)

Grades/Subject(s) Taught: _____

Name & phone of person to whom you reported:

School/Institution: _____
(Name) (City/State)

From: _____ To: _____
(Month/Year) (Month/Year)

Grades/Subject(s) Taught: _____

Name & phone of person to whom you reported:

School/Institution: _____
(Name) (City/State)

From: _____ To: _____
(Month/Year) (Month/Year)

Grades/Subject(s) Taught: _____

Name & phone of person to whom you reported:

(Experience continued)

List work experience other than education:

Employer: _____
(Name & location) (City, State)

To: _____ From: _____
(Month/Year) (Month/Year)

Duties/Responsibilities:

Name & number of direct supervisor:

Employer: _____
(Name & location) (City, State)

To: _____ From: _____
(Month/Year) (Month/Year)

Duties/Responsibilities:

Name & number of direct supervisor:

Professional organizations to which you belong:

(Experience continued)

Civic activity involvement:

List any foreign language proficiency:

Briefly state future educational plans:

VI. REFERENCES: references are needed in each of the following areas:

IMMEDIATE SUPERVISOR:

(Name)	(Position)
(Address, City, State, Zip)	(Phone)

FAITH COMMITMENT:

(Name)	(Position)
(Address, City, State, Zip)	(Phone)

PROFESSIONAL COMPETENCE:

(Name)	(Position)
(Address, City, State, Zip)	(Phone)

Personal Qualities:

VII. PERSONAL REFLECTION:

1. What do you think the role of a Catholic School Administrator/Local Superintendent is?

2. Why have you chosen a Catholic School Administrator/Local Superintendent position?

3. What personal and professional qualifications do you specifically feel you would bring to this position?

The applicant gives permission to the Board of Directors to disseminate all information pertaining to the review of this application.

Application Approval Does Not guarantee employment.

Signature of Applicant

Date:

Return to:

Sandusky Central Catholic School
Attention: School Board
410 W. Jefferson Street
Sandusky, OH 44870