



# DIOCESE OF WILMINGTON

Catholic Schools Office • 1626 N. Union Street • Wilmington, DE 19806  
 (302) 573-3133 - Phone • (302) 573-6945 - Fax • www.cdow.org

## ADMINISTRATOR APPLICATION

### PERSONAL INFORMATION

Last Name	First	Middle	Last 4 Digits Social Security Number
Present Street Address	City	State	Zip
Email Address	Home Phone	Cell Phone	

I have been employed in the Catholic Schools in the Diocese of Wilmington  Yes  No      If yes, complete the following information:

Name of School \_\_\_\_\_ Dates employed From \_\_\_\_\_ To \_\_\_\_\_

Position(s) held \_\_\_\_\_

Position desired: (please check all that apply)

Elementary Administration \_\_\_\_\_ (PreK through Grade 8)

Secondary Administration \_\_\_\_\_ (Grade 9 through Grade 12)

I am eligible for employment in the United States  Yes  No

### EDUCATION AND PROFESSIONAL LICENSING

NAME AND LOCATION OF SCHOOL	Years Attended	Date of Graduation	Degree Received
High School			
College(s)			
Postgraduate School			
Student Teaching	Grade Level (s) / Subject (s)		

I hold a current Delaware or Maryland Teaching License/Certificate  Yes  No      State \_\_\_\_\_

Area(s) of Certification \_\_\_\_\_      Expiration Date \_\_\_\_\_

I hold a current license/certificate from a state other than DE or MD  Yes  No      State \_\_\_\_\_

<b>EMPLOYMENT HISTORY</b>	
<b>Employer Name</b>	Phone Number
Address	Employed (Month & Year) From:                      To:
Position Description (Admin, Teacher, Grade/Subject, etc.)	Supervisor
Reason for Leaving	
<b>Employer Name</b>	Phone Number
Address	Employed (Month & Year) From:                      To:
Position Description (Admin, Teacher, Grade/Subject, etc.)	Supervisor
Reason for Leaving	
<b>Employer Name</b>	Phone Number
Address	Employed (Month & Year) From:                      To:
Position Description (Admin, Teacher, Grade/Subject, etc.)	Supervisor
Reason for Leaving	
<b>Employer Name</b>	Phone Number
Address	Employed (Month & Year) From:                      To:
Position Description (Admin, Teacher, Grade/Subject, etc.)	Supervisor
Reason for Leaving	
<b>Employer Name</b>	Phone Number
Address	Employed (Month & Year) From:                      To:
Position Description (Admin, Teacher, Grade/Subject, etc.)	Supervisor
Reason for Leaving	

We may contact employers you have listed. Please indicate those you would prefer we not contact, and the reason.

<b>Employer</b>	Reason
<b>Employer</b>	Reason

**PROFESSIONAL REFERENCES** – Please list three persons who have first-hand knowledge of your professional ability to succeed in your position of interest (supervisor, principal, department head, etc.).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL DATA**

1. Have you ever failed or refused to fulfill an employment agreement?  Yes  No
2. Have you ever, for any reason, been suspended, dismissed, or asked to resign from a position?  Yes  No
3. Will you now or in the future require the Diocese of Wilmington to commence an immigration case in order to employ you (for example, H-1-B or other employment-based immigration case)?  Yes  No

Please read carefully and initial each section, then sign and date below:

I understand that it is my responsibility to send (or request that the following documents be sent) directly to the Diocese of Wilmington Catholic Schools Office and that documentation may be verified by the Catholic Schools Office or designated school with the providing source:

- Resume
  - Official Transcript(s)
  - State of DE/MD Teaching License/Certificate
  - Criminal Background Check from the Delaware or Maryland State Police
- Initial: \_\_\_\_\_

I agree to participate in a pre-employment drug test, as required by the Diocese of Wilmington. Initial: \_\_\_\_\_

I hereby certify that all of the above statements are true, correct, and complete to the best of my knowledge and hereby agree that any employment agreement based upon this application is not valid unless all conditions for employment have been fulfilled and that any deliberate falsification of facts may be grounds for revocation of my employment agreement and dismissal from employment. I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, school officials and individuals from any liabilities for any damage whatsoever resulting from giving such information. Further, I grant permission to the Diocese of Wilmington to release this application and attendant documents to the appropriate principals, pastors, search committees and prospective employers within the Diocese of Wilmington.

Initial: \_\_\_\_\_

The Catholic schools in the Diocese of Wilmington comply with the Civil Rights Act of 1964 and do not discriminate on the basis of race, color, national and ethnic origin, handicap, sex, age, disability, or political beliefs in the administration of their admissions, athletic, education, loan, personnel, scholarship programs or other administered programs. Acceptance of this form does not constitute an agreement of employment nor is it a commitment to the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date