

201.06 APPLICATION FOR CATHOLIC SCHOOL VICE-PRINCIPAL

DIOCESE OF PITTSBURGH

NAME _____

SCHOOL _____ SCHOOL PHONE _____

HOME ADDRESS _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

PARISH AFFILIATION _____

DIOCESAN ACCREDITATION ___ YES ___ NO CATECHETICAL CERTIFICATION ___ YES ___ NO

PENNSYLVANIA CERTIFICATION _____

INSTRUCTIONAL I DATE _____

INSTRUCTIONAL II DATE _____

ADMINISTRATIVE I DATE _____

Areas of Certification _____

Additional State Certification _____

EDUCATION UNIVERSITY DATE

Bachelor's Degree _____

Master's Degree _____

Act 48 In-service Hours _____ Professional Personnel ID _____ Date Due _____

Other _____

TEACHING EXPERIENCE

| <u>School, Address</u> | <u>Subjects and Grade Levels</u> | <u>Dates</u> |
|------------------------|----------------------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LEADERSHIP EXPERIENCE

| <u>Activity/Project</u> | <u>Location</u> | <u>Dates</u> |
|-------------------------|-----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

At least three letters of reference (name, address and position)

1. Pastor of affiliated parish: _____
2. Pastor of parish where employed: _____
3. Immediate past Principal or employer. _____
4. One other person knowledgeable of candidate: _____

PLEASE ATTACH:

1. Resume
2. Copy of your Catholic Philosophy of Education
3. Official undergraduate and graduate transcripts
4. Pennsylvania Department of Education Certificate
5. Letters of Reference (3)
6. Current Clearances dated within FIVE (5) years: (Pennsylvania Child Abuse History Clearance; Pennsylvania Criminal Record Check; FBI Fingerprinting)
7. Protecting God’s Children Workshop certificate
8. Act 126 (Mandated Reporter Training) Certificate
Visit <http://reportabusepa.pitt.edu> for training program
9. Act 168 (Sexual Misconduct/Abuse Disclosure Release Form)
(signed by former employer(s))

Signature of Applicant _____ Date: _____

Information verified by Regional Administrator:

Signature _____ Date: _____