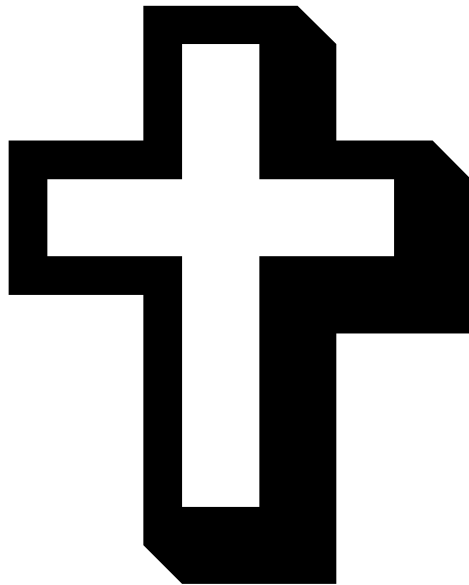


# **CATHOLIC DIOCESE OF SPOKANE PRINCIPAL APPLICATION**



**CATHOLIC SCHOOLS OFFICE  
1023 W. Riverside, #314  
PO Box 1453  
Spokane, WA 99210-1453  
(509) 358-7330**

**[dschafer@dioceseofspokane.org](mailto:dschafer@dioceseofspokane.org)**  
**[www.dioceseofspokane.org](http://www.dioceseofspokane.org)**

In order for your application to be considered complete; the following items must be included with your completed application.

- ◆ All information must be completed in order for you application to be considered complete. *Note: Transcripts will not be accepted in lieu of the Personnel Worksheet being completed*
- ◆ Copy of your current Washington Teaching/Administrative Certificate (out-of state certificates will be accepted if noted your Washington Certificate is in progress)
- ◆ Transcripts (copies will be accepted unless you are offered a contract)
- ◆ Verification of prior contracted teaching experience (required before a contract will be issued)
- ◆ Disclosure Statement
- ◆ Washington State Patrol Background Check (*return to Diocesan School Office **do not** mail to Washington State Patrol*)
- ◆ College Placement File or letters of reference

# CATHOLIC DIOCESE OF SPOKANE PRINCIPAL APPLICATION

Date of Application: \_\_\_\_\_

Date Available: \_\_\_\_\_

Diocesan School Office  
Catholic Diocese of Spokane  
1023 W. Riverside  
PO Box 1453  
Spokane, WA 99210-1453  
(509) 358-7330  
(509) 358-7302 – Fax  
E-Mail: dschafer@dioceseofspokane.org

<b>Office Use Only</b>
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Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen? YES NO

Religious Preference: \_\_\_\_\_ Parish Affiliation: \_\_\_\_\_

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## CERTIFICATES

List all teaching/administrative certificates that you have ever received, Washington State or other, and **enclose** a copy of each.

State	Type	Number	Date Granted	Expires

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# PROFESSIONAL ORGANIZATIONS

**Name of Organization**

**Office Held**

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## PROFESSIONAL PREPARATION

*List specific names and dates of courses taken in the following areas:*

*School Administration:*

*Date:*

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*Supervision and Staff Development:*

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*Curriculum Development Evaluation:*

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*Instructional Theory Strategies:*

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## REFERENCES

LIST REFERENCES WHO HAVE FIRST HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, SCHOLARSHIP, TEACHING ABILITY, AND ADMINISTRATIVE ABILITY. PREFER TO HAVE AT LEAST THREE EMPLOYMENT REFERENCES.

1. Reference's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship:  Former Supervisor  Co-Worker  Other
2. Reference's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship:  Former Supervisor  Co-Worker  Other
3. Reference's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship:  Former Supervisor  Co-Worker  Other
4. Reference's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship:  Former Supervisor  Co-Worker  Other
5. Reference's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship:  Former Supervisor  Co-Worker  Other

**DISCLOSURE STATEMENT  
Supplement to staff employment application**

Full Legal Name \_\_\_\_\_  
 Other Names Used \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

1. Have you ever been convicted of any of the following crimes against persons(s):

Yes	No		Yes	No	
___	___	Aggravated murder	___	___	Second-degree statutory rape
___	___	First-degree murder	___	___	Third-degree statutory rape
___	___	Second-degree murder	___	___	First-degree robbery
___	___	First-degree kidnapping	___	___	Second-degree robbery
___	___	Second-degree kidnapping	___	___	First-degree arson
___	___	First-degree assault	___	___	First-degree burglary
___	___	Second-degree assault	___	___	First-degree manslaughter
___	___	Third-degree assault	___	___	Second-degree manslaughter
___	___	First-degree rape	___	___	First-degree extortion
___	___	Second-degree rape	___	___	Second-degree extortion
___	___	Third-degree rape	___	___	Indecent liberties
___	___	First-degree statutory rape	___	___	Incest
___	___	First-degree promotion prostitution	___	___	Simple Assault
___	___	Communication with a minor	___	___	First-degree criminal mistreatment
___	___	Vehicular homicide	___	___	Second-degree criminal mistreatment
___	___	Unlawful imprisonment	___	___	Or any of these crimes as they be renamed in the future
___	___	Sexual exploitation of minors	___	___	

If your answer is "yes" to any of the above, please describe and provide the date(s) of the convictions and the sentence(s) imposed.

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been found to have sexually assaulted or exploited a minor, or to have sexually abused a minor in a Dependency Action, a Domestic Relations Proceeding, or Disciplinary Board Final Action

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If your answer is "yes," please describe and provide the date(s) of the finding(s) and the penalty(s) implied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you been convicted of any crime in the past seven years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," please provide details:

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We may request your fingerprints to obtain, from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within 10 days after we receive the report. We will make a copy of the report available to you upon your request.

**UNDER PENALTY OF PERJURY**, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Applicant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**CONVICTION RECORD**

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (This includes a plea bargain or no contest.)

NO

YES

If YES, list all convictions below, from the oldest to the most recent.

Date of Conviction (Month And Year)	Mark Appropriate Box		Offense (Do Not Use Abbreviations)
	Misdemeanor	Felony	

As an applicant for employment with the Catholic Diocese of Spokane I understand the following:

- This application will remain on active file (if completed properly) for 2 years. If I am hired within this period, this will be transferred to my individual personnel file.
- **Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.**
- **My employment is contingent upon the results of a criminal history investigation. The results of such an investigation may be grounds for disqualifying me or terminating my employment.**
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin work. If I am employed, I agree to comply with and be bound by the rule of conduct of the Catholic Diocese of Spokane.
- **My employment is not guaranteed for any term, and my employment may be terminated by the Diocese of Spokane or myself at any time and for no reason. No representative of the Diocese is authorized to make any oral assurance or promise of continued employment. Teacher and Principal contracts are based on year to year only.**
- All information (including information on any accompanying resume, transcripts, etc. is subject to verification.
- **I authorize and consent to my current and prior employers, educational institutions, and person or organization named in the application (or accompanying resume) to release any information to The Catholic Diocese of Spokane that may be required to make an employment decision. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the Catholic Diocese of Spokane and/or it's agents.**
- **A photocopy of this authorization is as effective as the original.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

<i>Office Use Only</i>		
Received by: _____	Date: _____	Updated: _____

# WASHINGTON STATE PATROL

## Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.840

**INSTRUCTIONS:** Please return the completed form along with a LEGIBLE copy of the applicant's current Washington State Drivers License.

Non-Profit Business/Organization

**REQUESTOR INFORMATION** – To be completed by the school principal Please PRINT

School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**I certify that this request is made pursuant to and for the purpose indicated.**

Principal Signature \_\_\_\_\_

**Applicant of Inquiry** – Please PRINT

Applicant Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW10.97.050

**SUBMIT TO:**  
**DIOCESAN SCHOOL OFFICE**  
**PO BOX 1453**  
**SPOKANE, WA 99210-1453**