



## **St. Catherine of Siena Academy**

### Pre-employment Questionnaire

Your interest in St. Catherine of Siena Academy is appreciated. We invite you to fill out this application and return it to our office. If there is an opening for which you are qualified, we will notify you and arrange an interview. We will also contact your references.

We realize that the key to a successful Catholic school is its staff. We are seeking applicants who are qualified, who love teaching, and who, by the pattern of their lives, are Catholic Christian role models.

**INSTRUCTIONS:** You must complete this entire form (print or type), date and sign the last page, to be considered for employment. If there is not sufficient space on this form to supply all requested information, please attach additional pages.

We look forward to receiving your completed application. Thank you for your interest in our Academy.

Submit this application to:

**St. Catherine of Siena Academy  
Attention: Kathy Isgro  
28200 Napier Road  
Wixom, MI 48393**

or

**[kisgro@saintcatherineacademy.org](mailto:kisgro@saintcatherineacademy.org)**



**POSITION**

Position Desired:

Salary Expectation:

Type of Employment \_\_\_\_ Full-time \_\_\_\_ Part-time

If employed, may we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION**

School Type	Name of School	City and State	Major Course of Study	Degree Earned	Date Conferred
High School					
College/ University					
Other					

**CERTIFICATION**

Michigan Certification	Elementary	Secondary	Cert. Number	Exp. Date
Permanent <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
Continuing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
Prof. Ed. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Provisional <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List any other trade or professional license you currently hold:

Have you ever held a professional license, certification, or registration, including those listed above, which has been suspended, revoked, or against which points have been assessed?

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

If yes, please explain:

Are proceedings pending to suspend or revoke such a license? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

**STUDENT TEACHING**

Month/Year	College/University	School City	Grade Level	Subjects	Sem. Hours
From					
To					
From					
To					

**TEACHING EXPERIENCE** (Use an extra sheet if necessary)

Date Month/Year	School or University	Grade and Subject	City and State
From			
To			
Reason for Leaving			
From			
To			
Reason for Leaving			
From			
To			
Reason for Leaving			

**WORK EXPERIENCE OTHER THAN TEACHING** (Use an extra sheet if necessary)

Date Month/Year	Company Name	Position Held	City and State
From			
To			
Reason for Leaving			
From			
To			
Reason for Leaving			
From			
To			
Reason for Leaving			

List any background, education, or experience you have which enhances your qualifications for the position for which you have applied:

Are you presently on layoff but subject to recall to another employer?  Yes  No

If yes, please explain:

Have you ever been discharged or suspended from employment?  Yes  No

If yes, please explain:

Have you ever been asked to resign your employment?  Yes  No

If yes, please explain:

**PROFESSIONAL REFERENCES** (one must be from last employer)

	Last Employer	Previous Employer	Previous Employer
Name			
Position			
Address			
City, State, Zip			
Phone			

List subject(s) and grade level(s) that you are currently certified to teach, in order of preference:

Date available for employment:

Are you currently under an Employment Agreement?  
If yes, expiration date:

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

**PERSONAL/CHARACTER REFERNCES**

Name	Address	Relationship	Phone / Email Address

It is the policy of St. Catherine of Siena Academy Foundation not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability, or any other basis protected by federal, state, or other applicable law.

**FAITH BACKGROUND**

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

If not Catholic, please state faith background \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Years of Affiliation \_\_\_\_\_

Are you an active, participating member? \_\_\_\_ Yes \_\_\_\_ No

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How involved do you believe a Catholic school teacher should be in their sponsoring church or the church of which you are a member? \_\_\_\_\_

\_\_\_\_\_

In what Church activities are you involved and with what degree of regularity? \_\_\_\_\_

\_\_\_\_\_

What other Christian Service have you been involved in? \_\_\_\_\_

\_\_\_\_\_

Are you equipped to teach students effectively about the Catholic faith? \_\_\_\_\_

\_\_\_\_\_

Are you a currently certified catechist (religion teacher)? \_\_\_\_ Yes \_\_\_\_ No  
If yes, in what diocese?

**PERSONAL PHILOSOPHY**

On a separate piece of paper, please label and succinctly answer in one or two paragraphs each of the questions below.

1. Why do you wish to teach/be employed at St. Catherine of Siena Academy?
2. What are the main characteristics that distinguish a Catholic school from a public school?
3. What do you consider to be the proper classroom atmosphere for learning?
4. What is your philosophy of discipline?
5. What areas do you feel are your strengths? Weaknesses?
6. Do you believe faith and academics should be interwoven? If so, how would you go about doing that?
7. How would you describe your faith life and what it means to live out the Gospel?
8. Please summarize any additional information that you would like to present regarding your candidacy for this position.

## APPLICANT STATEMENT

### PLEASE READ CAREFULLY

I authorize that the facts set forth in this application for employment are true and complete. I hereby authorize my references, local/state and national police agencies, and/or previous employers, unless otherwise noted in the application, to provide information concerning my previous employment history, motor vehicle record, criminal record history, fingerprint check and/or any related records. I hereby waive my right to receive written notice with regard to the release of disciplinary action (including any and all “unprofessional conduct”) by my current or prior employers. Further, I release all such persons who formerly employed me, persons providing a character reference and/or any schools I attended from liability or damages incurred as a result of furnishing the above information. I hereby release without limitation St. Catherine of Siena Academy Foundation, its employees, agents, and affiliates, from any liability in connection with the release or use of such background information. I understand that false statements, misrepresentation, or omissions of facts or circumstances on this application and/or during my interviews shall be considered sufficient cause for rejection of my application or discharge from employment at any time.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify St. Catherine of Siena Academy Foundation in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

I agree that if I am employed by St. Catherine of Siena Academy Foundation, the employment relationship is “at-will” which means that either the Foundation or I may terminate the employment relationship at any time with or without cause or notice. I understand and agree that no manager, supervisor or representative of the Foundation other than the President, has the authority to enter into any agreement for employment for any specified period of time or enter into any agreement contrary to any provisions in this Applicant Statement. I understand that to be binding, such an agreement must be in writing directed to me personally, and signed by both the President and me. No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the at-will employment relationship. I acknowledge that my assigned, job responsibilities, compensation, work hours and place of work may be modified by the Foundation.

As a condition of application for employment and for employment, if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with the Foundation more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of and I agree to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period), to the extent permitted by applicable law. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 calendar days, I agree and understand that any employer action that is the subject of a lawsuit or action, including those related to discrimination, termination of employment, or other terms or conditions of employment, is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires) and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including continuing violations and I agree to waive the application of continuing violations doctrines.

This provision does not prohibit the timely filing of a charge of discrimination under federal law with the a federal agency and the agency’s right to investigate is maintained. However, filing a charge or claim with an administrative agency or internally with the Foundation, does not toll (hold in abeyance) the 180 calendar day period for my filing of a civil suit and if I wish to obtain individual relief, I understand that any lawsuit must be file within 180 days of the complained of action.

I understand that I must submit to The Archdiocese of Detroit requirements regarding background checks, fingerprinting, Virtus training, or any other requirements mandated by state, local or Diocesan policy. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the school or on me as a Catholic Christian role model.

I understand that this is only an application for employment and that no contract for employment is being offered at this time.

I certify that I have carefully read and do understand the above statements.

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



**Saint Catherine of Siena Academy**

**UNPROFESSIONAL CONDUCT REQUEST**

Notice to Applicant: St. Catherine of Siena Academy is prohibited by law from hiring any applicant for any school position unless the applicant signs this Authorization and Release. Information received in response will be used exclusively to evaluate the applicant's qualifications for the position sought.

**AUTHORIZATION AND RELEASE**

In connection with my application for employment with St. Catherine of Siena Academy, I hereby authorize all employers listed below to disclose to St. Catherine of Siena Academy any and all information regarding "unprofessional conduct" by me, as well as disciplinary reports, letters of reprimand or other disciplinary action, and to make available copies of all documents in my personnel record related to such misconduct.

"Unprofessional conduct" is defined in S1230b of the Michigan School Code as "one or more acts of misconduct, one or more acts of immorality, moral turpitude or inappropriate behavior involving a minor, or commission of a crime involving a minor."

I hereby release the employers listed below and employees acting on their behalf from all liability for providing the information requested and waive any written notice requirements regarding such disclosure.

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

I certify that I have listed all employers for whom I have worked in the past seven (7) years and that all the information provided is true and accurate.

Applicant: \_\_\_\_\_ Soc. Sec. (last 4 digits only): \_\_\_\_\_  
(Please Print)

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