

**Diocese of Ogdensburg  
Department of Education  
Catholic Schools  
Application for Catholic School Principal**

Date \_\_\_\_\_

**General Note to Applicants:**

The use of this application form by the Catholic School of the Diocese of Ogdensburg in no way indicates that employment is offered or necessarily will be offered. Eligible applicants may be offered employment by the local school entity, which is the employer of record.

**INSTRUCTIONS TO THE APPLICANT:**

1. Complete this application in your own handwriting or printing: **DO NOT TYPE**
2. To complete the application process: a letter of application, resume, letters of recommendation (minimum of 3), and copies of certification(s) and transcripts are required
3. If possible, submit a Pastor's Approval Form (see attached).
4. Application form and all requested information should be returned to:  
Sister Ellen Rose Coughlin, SSJ  
Superintendent of Schools  
100 Elizabeth Street  
Ogdensburg, NY 13669

**PLEASE PRINT:**

NAME \_\_\_\_\_  
Last First Maiden Name

ADDRESS \_\_\_\_\_  
Street and Number City State Zip

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

RELIGION \_\_\_\_\_ CHURCH OF ATTENDANCE \_\_\_\_\_

CITIZENSHIP:    \_\_\_ CITIZEN    \_\_\_ NON-CITIZEN  
If non-citizen, are you legally eligible for employment in the USA?    \_\_\_ Yes    \_\_\_ No

**EDUCATIONAL BACKGROUND**

Type of School	Name of School	City and State	Degree Earned	Dates Attended	Date Degree Granted
High School					
College					
Or					
University					
Other					

**CERTIFICATION**

Please provide us with a **copy** of any certificate or license you have earned.

Subject /Certification Area and State of Origin	TYPE	EFFECTIVE DATE	EXPIRATION DATE
<input type="checkbox"/> NY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Perm <input type="checkbox"/> Prov <input type="checkbox"/> Init.		
<input type="checkbox"/> NY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Perm <input type="checkbox"/> Prov <input type="checkbox"/> Init.		
<input type="checkbox"/> NY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Perm <input type="checkbox"/> Prov <input type="checkbox"/> Init.		
<input type="checkbox"/> NY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Perm <input type="checkbox"/> Prov <input type="checkbox"/> Init.		

**GENERAL INFORMATION**

1. Month, day, and year available for employment \_\_\_\_\_ Are you under contract?                      \_\_\_No \_\_\_Yes
2. If yes, where? \_\_\_\_\_
3. If presently employed, why do you wish to change? \_\_\_\_\_
4. If under contract, can you be released if you are offered another position?                      \_\_\_No \_\_\_Yes
5. If not under contract, have you ever held a continuing contract Catholic School of the Diocese?                      \_\_\_No \_\_\_Yes
6. If yes, give school and date(s) \_\_\_\_\_
7. Have you ever been refused tenure or a continuing contract? (If yes, explain below)                      \_\_\_No \_\_\_Yes
8. Have you ever had a certificate or license revoked or suspended? (If yes, explain below)                      \_\_\_No \_\_\_Yes
9. Have you ever been discharged or requested to resign a position? (If yes, explain below)                      \_\_\_No \_\_\_Yes
10. Have you ever been convicted of crime other than a minor traffic violation?                      \_\_\_No \_\_\_Yes  
(If yes, explain below)

**ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM GENERAL INFORMATION**



Name of Reference	Position/ Relationship	Mailing Address	Phone Number

**AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENTS**

**RELEASE OF INFORMATION STATEMENT**

**(Applicant)**

I, \_\_\_\_\_, authorize the \_\_\_\_\_ to

**Name**

**School/Parish**

conduct a background investigation in order to assess my eligibility for a position of employment. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested) to \_\_\_\_\_ or their agents, and I release all

**School/Parish**

persons from liability on account of such disclosure. I understand that the investigation may include verification of past employment, education, residential history, psychological makeup, criminal record check, and opinions of reference.

I authorize that a photocopy of my signature below may be used to obtain information regarding investigation. This is valid for a period of (1) year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Pastor's Reference Form  
For  
Principal Applicant**

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**To Pastor/Clergy:**

The above named individual has applied for the position of principal at \_\_\_\_\_ (name of school). Your signature on this form indicated that this applicant is known to you and is an actively practicing member of the faith. Any comments you care to make will be appreciated and be kept confidential.

**Name of Church** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pastor's Signature** \_\_\_\_\_

**Comments**

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