
Application for Employment
Education Office
Diocese of Altoona-Johnstown

Check Title: _____ Position Desired: _____
Ms. Dr. Reverend Date: _____
Mrs. Sister _____
Mr. Brother _____

PERSONAL INFORMATION

Last Name _____ **First Name** _____ **MI** _____ **(Maiden Name, if applicable)** _____

ADDRESS: _____
Street City Zip Code

PHONE: Home: () _____ Cell: () _____

EMAIL ADDRESS: _____

Social Security # - -

Are you a citizen of the United States of America? ___ Yes ___ No

Marital Status: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced

Number of Dependents (excluding yourself): _____

Religion: _____ **Parish/City:** _____

Date of last Physical: ___ / ___ / ___ **Date of Last TB Test:** ___ / ___ / ___ **Results:** ___ Positive ___ Negative
*must be within 3 months of start date *prior* to starting work

Please list all positions which you would like to be considered for: ___ **Full Time** ___ **Part Time**

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Please place a check beside each school that you are interested in working:

Altoona Area Schools:

Holy Trinity Catholic School
 Altoona Elementary Campus
 Hollidaysburg Elementary Campus
 Middle School Campus

St. Matthew, Tyrone
St. Patrick, Newry

Prince Gallitzin Area Schools:

All Saints Catholic School, Cresson
Holy Name School, Ebensburg
Northern Cambria Catholic, Nicktown
St. Benedict, Carrolltown
St. Michael, Loretto

Johnstown Area Schools:

Divine Mercy Catholic Academy
 East Elementary Campus
 West Elementary Campus
St. Peter, Somerset

Northern Area Schools:

Lock Haven Catholic
Our Lady of Victory, State College
St. John the Evangelist, Bellefonte

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EMPLOYMENT HISTORY (List most recent first)

Name and Address of Employer	Type of Work	Dates	Supervisor

PROFESSIONAL REFERENCES

Name	Address	Phone	Position

SCHOLASTIC RECORD

Type of School	Name and Address of School	Dates Attended	Degree Earned	Date Degree Granted
High School				
College				
Graduate School				
Other				

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College Major:

Graduate Degree Major (if applicable):

List any honors, activities and professional organizations:

Do you have any physical impairment that would hinder your ability to perform the duties to which you would be assigned? Yes No

If yes, explain:

Have you ever been convicted of any crime, excluding minor traffic violations? Yes No

If yes, explain:

Have you ever been dismissed from a position for any reason? Yes No

If yes, explain:

How soon will you be available? _____

I ATTEST THAT ALL INFORMATION STATED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date