

ADMINISTRATIVE AND TEACHING LICENSE(S)

Names of administrative and teaching license(s) which you hold or for which you are eligible to apply:

State	Date Issued	Date of Expiration	Serial Number	Administrative Position, Subjects or Grades Covered by License

WORK EXPERIENCE (Begin with this year's assignment)

School/Firm	City and State	Administrative Position Grade and Subjects (if teaching) Occupation (if non-teaching)	From	Dates To

REFERENCES (Four [4] references are REQUIRED)

Pastor	Address, City, State and Zip Code	Position
Employer	Address, City, State and Zip Code	Position
Other	Address, City, State and Zip Code	Position
Other	Address, City, State and Zip Code	Position

This information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of this information could result in my discharge should I be employed in the Diocese of Youngstown. I further authorize the Office of Catholic Schools and any interested schools to verify any information I have provided in this application. This information may include present and former employers, educational and training institutions and other appropriate sources. I specifically authorize the Office of Catholic Schools and/or any interested schools, to request that the Bureau of Criminal Identification and Investigation (BCI) research and determine whether the BCI has any information pertaining to me. I understand that the research of the BCI must be completed and the results must be satisfactory to the Diocese of Youngstown, in its sole discretion, before any contract of employment may be offered to me. I also authorize my present employer, previous employers, present and previous fellow employees, educational and training institutions, and any other persons to furnish any information concerning my personal character, habits or employment records to the Office of Catholic Schools and interested schools and hereby release all such persons from any liability for furnishing such information. I further understand that I will not be allowed access to such confidential replies. This application will be kept on file for one year.

Signed _____

Date _____