



# EDUCATIONAL BACKGROUND

	SCHOOLS OR INSTITUTION	MAJOR/MINOR	DIPLOMA DEGREE	GRADE POINT AVERAGE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
GRADUATE STUDY				

# REFERENCES

References should include superintendents, principals, or professors who have first-hand knowledge of your professional competence and your personal qualifications.

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Name		Position	
Address	City	State	Zip Code
Phone Number	Email Address		

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Name		Position	
Address	City	State	Zip Code
Phone Number	Email Address		

# STUDENT TEACHING

If you have not been previously employed in a teaching position, please complete the following:

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	COLLEGE SUPERVISOR <small>INCLUDE PHONE NUMBER &amp; EMAIL</small>	COOPERATING TEACHER <small>INCLUDE PHONE NUMBER &amp; EMAIL</small>

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**We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.**

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## CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release, any and all of my personnel records, and to respond fully and completely to all questions that officials of the Diocese of Wheeling-Charleston (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

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Date
Signature of Candidate  
*(Must be original signature in ink)*



**Diocese of Wheeling-Charleston**

Department of Catholic Schools

1311 Byron Street

Wheeling, WV 26003

[www.WVCatholicSchools.org](http://www.WVCatholicSchools.org)