

# St. Michael Indian School

Executive Director Office  
 P.O. Box 650 St. Michaels, AZ 86511  
 (928) 871-4667



# Application for Employment

Elementary School \_\_\_\_  
 Secondary School \_\_\_\_  
 Other \_\_\_\_

## General Information (Please Print or Type)

Last Name		First Name		MI	Social Security Number	
Address						
City				State		Zip Code
Home Phone	Message Phone		Are you a U.S. citizen?	If not, do you have a visa that permits you to work?		
Position Applying For			Wages Expected		Date Available	

## Personal Information

Marital Status		D.O.B.	Birth Place (City, State and/or Country)	
Religion		Parish	Pastor	
Do you have any physical limitations that would affect your work as an employee? Yes ___ No ___ If yes, please explain.				

Have you ever been employed with St. Michael Indian School? Yes \_\_\_ No \_\_\_ If yes, provide:

Previous Dates of Employment	Position Held	Supervisor(s)	Former Name (If different from above)
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How did you hear about this open position?

Referred by SMIS Employee (Provide Name)	Newspaper, Radio or Internet Ad	Other
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Do you have any friends or relatives currently employed by SMIS? Yes \_\_\_ No \_\_\_ If yes, provide:

Name	Relationship	Department
Name	Relationship	Department

## Employment History (Show last job first, also please explain lengthy periods of unemployment.)

School or Company Name		Phone	Supervisor	
Address		City	State	Zip Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason For Leaving		
School or Company Name		Phone	Supervisor	
Address		City	State	Zip Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason For Leaving		
School or Company Name		Phone	Supervisor	
Address		City	State	Zip Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason For Leaving		

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, please explain.

**U.S. Military Service Record**

Branch	Entry Date	Discharge Date	Rank or Specialty	Reserve or Draft Status
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**Education History**

Educational Institute	Address, City and State	Major	Grade/Years Completed	Degree Awarded
High School				
College				
College				
College				
Other				

List relevant skills you possess for desired position.

WP Speed

Outside interests, honors, professional societies, publications, or other information which may add to your qualifications:

**Certificate(s)**

State	Certificate (specify)	Valid Date	Expiration Date	Certificate Number

If you are awaiting receipt of certificate, please indicate date applied:

\_\_\_\_\_.

If you are certified to teach Religion, please indicate issuing diocese:

\_\_\_\_\_.

**References**

Name	Address, City, State, Zip	Phone	Occupation	Months and/or Years Known

I hereby authorize investigation of all statements contained in this application and certify that all information included herein is complete and accurate. I understand that a misstatement of fact would be grounds for my discharge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

1) Why have you chosen to apply to teach in a Catholic school? How are you a model of the teachings of the Catholic faith?

2) If you were to scrutinize your last three weeks of teaching or student teaching, what significant contributions did you bring to your school and students?

3) Are you familiar with standards based instruction and teaching to related performance objectives? Do you need assistance with this?