



Diocese of Gary  
9292 Broadway  
Merrillville, IN 46410  
219-769-9292

Dear Applicant:

Thank you for your interest in applying for a substitute position in the Diocese of Gary Catholic schools. Once the application and the accompanying documentation are received, the Schools Office shall provide a current listing of substitute teachers periodically to principals.

All substitutes shall be paid the diocesan-wide substitute stipend as indicated in the chart on the application. Substitutes do not receive benefits.

The basic requirements for substituting in our Catholic schools:

- ❖ A minimum of 60 college hours or a two-year degree (include transcripts)
- ❖ A professional, standard, or reciprocal teaching license
- ❖ A current Substitute Teaching Certificate (optional)  
(NOTE: If you hold a professional, standard, or reciprocal license, you do not need a substitute certificate to serve as a substitute teacher.)
- ❖ A national criminal history report filed through VIRTUS
- ❖ Registration and attendance at a Protecting God’s Children training session and continued online training through VIRTUS (check the diocesan website for training sessions available – [www.dcgary.org](http://www.dcgary.org) – VIRTUS Training Sessions)
- ❖ Drug screen test—contact the Schools Office for authorization form
- ❖ Fingerprint Scan Results

1. The applicant must complete the enclosed Application for Substitute Teaching and return it to the Catholic Schools Office. If applicable, please include a copy of your teaching/substitute license.
2. A map of the cities where our schools are located is enclosed. Please indicate on the map in which of the cities you would be interested in accepting a substitute position.
3. Submit a resume and request that the official transcript(s) of your undergraduate and/or graduate work be sent to this office by your college(s).
4. As of July 1, 2016, all applicants are required to complete an Expanded Child Protection Check. The application form and instructions for completing this form are enclosed in this packet.
5. Attend a VIRTUS training session. Register with [www.virtusonline.org](http://www.virtusonline.org) and print out a certificate of attendance; mail with application documents.
6. The applicant must have a clear national background check issued through selection.com.

We are pleased that you have expressed an interest in our Catholic Schools and look forward to receiving your application. Thank you!

**CHECKLIST:**

|                                                 |                                     |
|-------------------------------------------------|-------------------------------------|
| Substitute Teacher Application                  | Copy of Teaching/Substitute License |
| Map of Teaching Preference Cities               | Resume                              |
| Official College Transcripts                    | Copy of VIRTUS Training Certificate |
| Expanded Child Protection Check Form            | Drug Screening Test Results         |
| National Background Check/Coincides with Virtus | Fingerprint Scan Results            |



Diocese of Gary

Substitute Teacher Application & Credential File

Packet 1 of 2

## DIOCESE OF GARY SCHOOLS

### CREDENTIAL FILE FOR SUBSTITUTE TEACHERS

Teachers who are hired to teach at any schools in the Diocese of Gary must complete and submit to the Diocese of Gary Schools Office the items below in order to complete their certified teacher credential file.

1. Substitute Teacher Application (3 pages) on website
2. Resume
3. Transcripts
4. Copy of Indiana Substitute or Teaching License
5. Expanded Child Protection Check Form on website
6. Drug Screen Results- signed authorization issued by Diocesan Schools Office; please call.
7. Fingerprint Scan Results information on website
8. Verification of VIRTUS training information obtained/verified by diocesan office
9. Completed Map of Teaching Preference locations

**All forms listed above are to be submitted to the Diocese of Gary Schools Office before a substitute teaching assignment can be issued.**



**APPLICATION FOR EMPLOYMENT  
DIOCESE OF GARY CATHOLIC SCHOOLS**

9292 Broadway  
Merrillville, Indiana 46410-7088

www.dcgary.org

219-769-9292

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
**Please Print!** (Last) (First) (Middle)

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1<sup>st</sup> Telephone # (\_\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Telephone # (\_\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religious Preference: \_\_\_\_\_  
(Affiliation) (Church attended) (Location)

Date Available for Work: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Why have you chosen to apply for a Catholic school teaching position? \_\_\_\_\_

Email address: \_\_\_\_\_

**INDIANA TEACHER CERTIFICATION**

Indiana Teacher License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subjects Certified to Teach \_\_\_\_\_

Have you applied for an Indiana Teaching License? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Semester Hours needed to receive an Indiana Teacher License? \_\_\_\_\_

Other license: please specify state and expiration date \_\_\_\_\_

**Additional Information**

Have you been employed by a parish/school in the Diocese of Gary in the past?

**YES**

**NO**

If yes: Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Parish/School, City Month/Year Month/Year

Have you lived outside the state of Indiana in the last five years?

Are you a U.S. citizen or an alien legally eligible to work in the U.S.?

Were you ever convicted of a felony or a misdemeanor  
(other than a minor traffic violation)?

If yes, describe. A conviction of a crime will not automatically preclude employment.

\_\_\_\_\_

## POSITION DESIRED

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| _____ Pre-School / Kindergarten | <b><u>SUBJECTS or GRADES Preferred</u></b> |
| _____ Primary Grades (1-3)      | # 1 _____                                  |
| _____ Intermediate Grades (4-6) | # 2 _____                                  |
| _____ Junior High (7-8)         |                                            |
| _____ High School (9-12)        | # 3 _____                                  |

## EDUCATIONAL BACKGROUND

- ◆ HIGH SCHOOL \_\_\_\_\_ City/State \_\_\_\_\_
  
- ◆ COLLEGE \_\_\_\_\_ City/State \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_
  
- ◆ COLLEGE \_\_\_\_\_ City/State \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_
  
- ◆ COLLEGE \_\_\_\_\_ City/State \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_
  
- ◆ STUDENT TEACHING School \_\_\_\_\_ City/State \_\_\_\_\_  
Grades/Subjects \_\_\_\_\_ Supervisor \_\_\_\_\_

## REFERENCES (*Professional*)

Please list three individuals who are familiar with your professional work including your most recent employer. If you are a beginning teacher, please include college instructors, cooperating/supervising teachers, faculty advisor.

- ◆ Name \_\_\_\_\_ Position \_\_\_\_\_

School/Firm \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

◆ Name \_\_\_\_\_ Position \_\_\_\_\_

School/Firm \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

◆ Name \_\_\_\_\_ Position \_\_\_\_\_

School/Firm \_\_\_\_\_ PhoneNo. \_\_\_\_\_

Address \_\_\_\_\_

*I state and affirm that I am not currently obligated or bound under an employment contract or other agreement which would interfere with my ability to perform duties as an employee of The Diocese of Gary or any of its agencies. No person, partnership or corporation has a contractual right under any employment contract or other agreement to bring an action against me in the event that I accept employment with The Diocese of Gary or any of its agencies.*

*I understand that any employment or offer of employment is contingent on my meeting the employment eligibility requirement of the Immigration Reform and Control Act of 1986. I further understand that my employer may at its discretion, modify, amend or terminate present or future policies or practices relating to wages, hours, benefits, or other terms and conditions of employment.*

*The information contained in this application is true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of the information I have provided in this application will result in my discharge should I be employed by The Diocese. I further authorize you and any interested party to verify any information I have provided in this application. This information may include present and former employers, educational and training institutions, verification and information checks with the Social Security Administration, criminal courts, state and county repositories of criminal records, Department of Motor Vehicles, credit bureaus, and employer mutual associations. I also authorize my present employer and any previous employers, present or previous fellow employees, educational and training institutions, and any other persons to furnish any information concerning my personal character, habits, or employment records to you and hereby release all such persons from any liability for furnishing such information. I understand that any employment or offer of employment is contingent on the results of a criminal history check.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

## WORK EXPERIENCE

List all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant volunteer and/or part-time work experience.

Use additional sheets if necessary.

1) Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Salary \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Description of your Work:

\_\_\_\_\_  
Name/Title of Supervisor:

2) Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Salary \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Description of your Work:

\_\_\_\_\_  
Name/Title of Supervisor:

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3) Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Salary \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Description of your Work:

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Name/Title of Supervisor:

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Diocese of Gary

Substitute Teacher Application & Credential File

Packet 2 of 2

**Diocese of Gary Pastoral Center  
Schools Office  
9292 Broadway  
Merrillville, IN 46410  
(219) 769-9292**

**VERIFICATION OF EXPERIENCE RECORD  
(Please send this form to the school at which you taught)**

Dear Teacher,

The Indiana State Board of Education has ruled it is necessary for each teacher to have on file in the office of the Superintendent of Schools a certified copy of his/her teaching experience as described below. Do not include student or practice teaching, substitute teaching, college or university teaching. Begin with your first year of teaching. Place each year's teaching experience consecutively (do not group the years of experience). **Send this to the certifying official (Superintendent of Schools) for their signature. You may make copies of this form if needed. Enclose a stamped envelope, addressed to the address above.**

NAME OF TEACHER: (please print) \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

| YEAR | EMPLOYING CORPORATION | CITY & STATE | CALENDAR YEAR | GRADES/<br>SUBJECTS<br>TAUGHT | FULLTIME<br>PART-IME | TOTAL DAYS<br>EMPLOYED | SIGNATURE OF SUPERINTENDENT OR<br>DESIGNATED OFFICIAL |
|------|-----------------------|--------------|---------------|-------------------------------|----------------------|------------------------|-------------------------------------------------------|
| 1    |                       |              | -             |                               |                      |                        |                                                       |
| 2    |                       |              |               |                               |                      |                        |                                                       |
| 3    |                       |              |               |                               |                      |                        |                                                       |
| 4    |                       |              |               |                               |                      |                        |                                                       |
| 5    |                       |              |               |                               |                      |                        |                                                       |
| 6    |                       |              |               |                               |                      |                        |                                                       |
| 7    |                       |              |               |                               |                      |                        |                                                       |
| 8    |                       |              |               |                               |                      |                        |                                                       |
| 9    |                       |              |               |                               |                      |                        |                                                       |
| 10   |                       |              |               |                               |                      |                        |                                                       |
| 11   |                       |              |               |                               |                      |                        |                                                       |

## EXPANDED CHILD PROTECTIVE INDEX

- Go to <https://www.in.gov/dcs/3928.htm>
- Scroll down to the area that states: “Individuals may also initiate a “CPI/CPS Check” request to obtain data related to him/herself. To create a request, click this link: “Self-CPI/CPS Check”.
- Click on that link.
- Fill in all the required information to complete the request, and then click SUBMIT.
- Please allow ten (10) working days, excluding State holidays, to receive complete results. Notification of completion is sent to all parties via e-mail from KidTraks@dcs.in.gov. For school results, please allow up to seventeen (17) Indiana State working days during the summer and seasonal peaks.
- Check your SPAM folder for email from KidTraks@dcs.in.gov for status updates and results.
- You will receive two emails. The first email gives you a passcode to enter the sight, and the second email gives you a link to the portal and to your results.
- Print out the results you receive and make a copy to submit to the Diocese of Gary Schools office.
- You can scan and email, send in the mail, or drop off to the Schools Office.
- Email results to: [ehynes@dcgary.org](mailto:ehynes@dcgary.org)
- Snail Mail: Schools Office c/o Emily Hynes 9292 Broadway Merrillville, IN 46410

**DIOCESE OF GARY  
DRUG TESTING POLICY**

The Diocese of Gary requires all newly hired teachers to be responsible for a negative Pre-employment drug test prior to beginning a teaching position within the Diocese of Gary Catholic Schools.

Please follow the procedure below, which gives instructions for drug screening.

Call the schools office (219-769-9292 ext. 232) to obtain an authorization form which will be sent as an email attachment to your email address provided. You can also pick a form up from the schools office at the Diocese of Gary Pastoral Center, 9292 Broadway, Merrillville, IN.

Present this form to the Working Well facility of your choice (the list is on the bottom of the form). This fee will be paid by the Diocese of Gary. Your results will be forwarded to the schools office.

**DIOCESE OF GARY  
FINGERPRINT SCAN INSTRUCTIONS**

The Department of Education is working with the Indiana State Police and its live scan fingerprint vendor, IdentoGo. Applicants for employment can register online through IdentoGo to schedule a fingerprint appointment at one of 63 locations around the state. Applicants can register online at [www.l1enrollment.com](http://www.l1enrollment.com) (L-1 Identity Solutions) or call toll-free 1-877-472-6917.

The applicant is responsible for the cost of the fingerprint scan. Results will be forwarded to the schools office.

**Diocese of Gary**  
**Substitute Teaching School Location Preferences**

Name \_\_\_\_\_

In which of the following cities would you be interested in serving as a substitute teacher? Please check all that apply.

- |                  |                    |                     |                  |
|------------------|--------------------|---------------------|------------------|
| Chesterton _____ | Crown Point _____  | East Chicago _____  | Munster _____    |
| Hammond _____    | Highland _____     | Michigan City _____ | Valparaiso _____ |
| Portage _____    | Merrillville _____ | Schererville _____  |                  |
| Whiting _____    | St. John _____     | Griffith _____      |                  |

What level would you prefer?

Elementary \_\_\_\_\_

High School \_\_\_\_\_