

Diocese of Gary Teacher Application & Credential File Packet

DIOCESE OF GARY Office of Catholic Schools
9292 Broadway, Merrillville, 46410-7088
219-769-9292 ext. 234

Dear Teacher Applicant,

Included in this packet are the forms necessary to complete a credentialed application to teach in the Diocese of Gary Catholic Schools.

The application form along with a resume and copy of Indiana teaching license should be submitted to the principal of the school to which you are applying and to the Diocese of Gary Schools Office.

After an interview takes places and if a decision is made to hire, you will be expected to complete and submit the necessary documents identified on the attached sheet. All documents listed are to be submitted to the Diocese of Gary Schools Office no later than August 15th. **When all documents have been received, a contract will be issued electronically and sent to your email for an electronic signature.** You will be emailed a pdf of the final document containing all signatures when the process is complete.

We are pleased that you have expressed an interest in teaching in one of the Diocese of Gary's Catholic Schools and look forward to receiving your application. Welcome!

If you have any questions, please contact the Diocese of Gary Schools Office at 219-769-9292 ext. 234.

CREDENTIAL FILE CHECKLIST

Found on www.dcgary.org—Catholic Schools—Resources

Please submit the following to the school to which you are applying:

- Application
- Résumé
- Copy of State License Certification

Revised 07/2021

DIOCESE OF GARY SCHOOLS CREDENTIAL FILE FOR NEW 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. Download the application & credential file documents at the following link:

<https://www.dcgary.org/sites/default/files/2020-03/092818-teacher.pdf>

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

All documents are due in the Diocese of Gary Schools Office no later than August 15th.

CREDENTIAL FILE CHECKLIST FOR NEW TEACHER APPLICANTS

APPLICANT:		SCHOOL:
Packet Sent:		
Screening Info Sent:		
DOCUMENTS	RECEIVED	DATE
Resume		
Application		
Letter of Reference 1		
Letter of Reference 2		
Additional Letters of Reference		
Verification of Experience		
Teacher License		
Transcripts		
Virtus Certificate (school to verify)		
Pastor Approval Form		
Drug screening Results		
Fingerprint Scan Results		
Expanded Child Protection Check		date received.'
Intent to Hire Form		
CONTRACT ISSUED:		
		Revised 07/2021



APPLICATION FOR EMPLOYMENT
DIOCESE OF GARY SCHOOLS
9292 Broadway, Merrillville, IN 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: _____

Telephone (____) _____ 2nd 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 _____

Have you been employed by a parish/school in the Diocese of Gary in the past? Y/N (circle one)

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? Y/N (circle one)

Are you a U.S. citizen or an alien legally eligible to work in the U.S.? Y/N (circle one)

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

Y/N (circle one)

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

POSITION DESIRED

_____ Pre-School/Kindergarten	Subjects/Grades Preferred
_____ Primary Grades (1-3)	#1 _____
_____ Intermediate Grades (4-6)	#2 _____
_____ Junior High (7-8)	#3 _____
_____ High School (9-12)	

EDUCATIONAL BACKGROUND

- High School _____ City/State _____
- College _____ City/State _____
- Major _____ Minor _____ Degree _____
- College _____ City/State _____
- Major _____ Minor _____ Degree _____

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 _____ Phone No. (_____) _____
Address _____

I state and affirm that I am not currently obligated or bound under an employment contract or other agreement which would interfere with 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 if 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 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 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 _____ City, State, Zip _____

Dates of Employment: from ____/____/____ to ____/____/____

Last Position Held: _____ Final Salary \$ _____

Reason for Leaving: _____ Supervisor: _____

2. Organization Name: _____

Address _____ City, State, Zip _____

Dates of Employment: from ____/____/____ to ____/____/____

Last Position Held: _____ Final Salary \$ _____

Reason for Leaving: _____ Supervisor: _____

3. Organization Name: _____

Address _____ City, State, Zip _____

Dates of Employment: from ____/____/____ to ____/____/____

Last Position Held: _____ Final Salary \$ _____

Reason for Leaving: _____ Supervisor: _____

4. Organization Name: _____

Address _____ City, State, Zip _____

Dates of Employment: from ____/____/____ to ____/____/____

Last Position Held: _____ Final Salary \$ _____

Reason for Leaving: _____ Supervisor: _____

DIOCESE OF GARY CATHOLIC SCHOOLS OFFICE
9292 BROADWAY, MERRILLVILLE, IN 46410 219-769-9292 X234

Reference Form

(Please deliver this form to 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.)

May we have your evaluation of _____ who is applying for a position with the Diocese of Gary Catholic Schools. Your reply will be appreciated and treated confidentially. Please check each of the items below in one of five columns. (Items which do not apply should be omitted). **Please return this form to the above address.**

		SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
PERSONAL QUALITIES:	General Appearance					
	Health					
	Initiative					
	Self-Reliance					
	Tact					
	Voice					
PROFESSIONAL TRAITS:	Understanding of Students					
	Team Work					
	Professional Growth					
	Use of English					
	Regular Attendance					
	Punctual					
	Interest in School Activities					
	Relationship with Parents					
	Community Leadership					
CLASSROOM MANAGEMENT:	Discipline and Order					
	Personal Interest in Pupils					
	Care of Room					
	Attention to Reports					
TECHNIQUE OF TEACHING:	Daily Preparation					
	Motivation					
	Use of A-V Materials					
	Technology Integration					
	Attention to Students' Needs					

In what capacity have you known the applicant? _____

Has the applicant any physical, mental, or social peculiarities which could make him/her undesirable as a teacher? Explain: _____

Would you employ them for a similar position? Y / N (circle one)

Signature & Title _____ School/Firm _____

Address _____ City, State, Zip _____

Date of evaluation: _____ Phone _____

DIOCESE OF GARY CATHOLIC SCHOOLS OFFICE
9292 BROADWAY, MERRILLVILLE, IN 46410 219-769-9292 X234

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	Health					
	Initiative					
	Self-Reliance					
	Tact					
	Voice					
PROFESSIONAL TRAITS:	Understanding of Students					
	Team Work					
	Professional Growth					
	Use of English					
	Regular Attendance					
	Punctual					
	Interest in School Activities					
	Relationship with Parents					
	Community Leadership					
CLASSROOM MANAGEMENT:	Discipline and Order					
	Personal Interest in Pupils					
	Care of Room					
	Attention to Reports					
TECHNIQUE OF TEACHING:	Daily Preparation					
	Motivation					
	Use of A-V Materials					
	Technology Integration					
	Attention to Students' Needs					

In what capacity have you known the applicant? _____

Has the applicant any physical, mental, or social peculiarities which could make him/her undesirable as a teacher? Explain: _____

Would you employ them for a similar position? Y / N (circle one)

Signature & Title _____ School/Firm _____

Address _____ City, State, Zip _____

Date of evaluation: _____ Phone _____



Diocese of Gary Schools 9292
Broadway
Merrillville, IN 46410

PASTOR / SPIRITUAL LEADER APPROVAL FORM

To Applicant:

This form is an important part of your application for a teaching position in a Catholic school of the Diocese of Gary since our schools are primarily concerned with offering the best possible Catholic education. Please take this form to your pastor or appropriate spiritual leader and ask them to complete this form and return it directly to the Diocesan Schools Office. **This form is required for employment.**

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE () _____

Applying for a teaching position in: Elementary School _____ High School _____

To Pastor / Spiritual Leader:

Your signature indicates that this applicant is known to you and is a practicing member of your faith community. Any comments you care to make will be appreciated and respected in confidence. This form should be returned directly to the Diocesan Schools Office rather than sent through the applicant.

NAME OF PARISH: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Telephone () _____

PASTOR/SPIRITUAL LEADER NAME (please print) _____

PASTOR/SPIRITUAL LEADER SIGNATURE _____

Date: ____/____/____

REMARKS:



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/ SUBJECTS TAUGHT	FULLTIME PART-IME	TOTAL DAYS EMPLOYED	SIGNATURE OF SUPERINTENDENT OR DESIGNATED OFFICIAL
1			-				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							



INDIANA SCHOOL PERSONNEL REQUEST FOR AN EXPANDED CHILD PROTECTION INDEX CHECK

state Form 66025 (R 16-16) DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

Applicant must complete the Expanded DCS check online

- To complete the request see webpage, <https://www.in.gov/dcs/background-checks/child-protective-index-checkschild-protection-service-history-checkscansadam-walsh-checksout-of-state-child-welfare-agency/>
- Identify the Individual Requests line and follow the link below: <https://magik.dcs.in.gov/BackgroundCheck/External/Forms>
- Choose "Self" check and follow the prompts. Be certain that all information entered is accurate.
- When you receive the results, please send a copy to the Schools Office.

Drug Screening Authorization at Franciscan WORKING Well

The Schools Office will issue the Drug Screen Authorization form when the Intent To Hire form is received at the Schools Office.

MEDICAL TREATMENT AUTHORIZATION

This form will be emailed to you. Please, print it and take it with you to a Working Well facility of your choice. The locations are listed on the bottom of the form. Please also take along a proper ID*.

You do not need to make an appointment, and there is no cost to you. Your results will be sent to the Schools Office.

If you have any other questions, please do not hesitate to reach out to me if needed at jremschneider@dcs.org.

*A VALID PHOTO ID IS REQUIRED FOR ALL SERVICES

COMPANY PHONE: 219-768-9292 RESULTS: Fax E-Mail: mtomko@dcs.org

COMPANY REP AUTHORIZING TREATMENT: MARILYN TOMKO

SIGNATURE: _____ VERBAL AUTH TIME: _____ INITIALS: _____

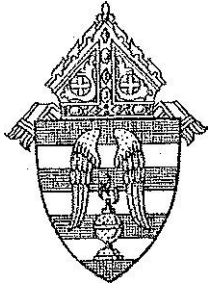
Above employee is schedule on _____ (date/time)

Purpose for Testing: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post-accident/Injury <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Follow-up <input type="checkbox"/> Return to Duty <input type="checkbox"/> Other: _____	Hair Drug Screens: <input type="checkbox"/> 5panel <input type="checkbox"/> 5panel Expanded <input type="checkbox"/> Collection Only <input type="checkbox"/> Other: _____	Titers/Labs: <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Hep B <input type="checkbox"/> Hep C <input type="checkbox"/> Quantiferon <input type="checkbox"/> Other: _____
Urine Drug Screens: <input type="checkbox"/> DOT <input type="checkbox"/> DOT Collection Only *Specify Testing Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FRA <input type="checkbox"/> PHMSA <input type="checkbox"/> FAA <input type="checkbox"/> USCG	Physical Exams: <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> Return to Work <input type="checkbox"/> Fit for Duty	Worker's Comp/Injury Treatment <input type="checkbox"/> New Injury Date of Injury: _____ Workers Comp Insurance: _____ Claim#: _____
<input type="checkbox"/> NON-DOT <input type="checkbox"/> 5 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> Other: _____ <input type="checkbox"/> NON-DOT Collection Only Instant <input type="checkbox"/> 5 Panel <input type="checkbox"/> 10 Panel <input type="checkbox"/> Other: _____	Surveillance Testing <input type="checkbox"/> Audiogram <input type="checkbox"/> Lift Test: # _____ <input type="checkbox"/> Mini Functional: # _____ <input type="checkbox"/> PFT/Spirometry <input type="checkbox"/> Respirator Questionnaire <input type="checkbox"/> Respirator Fit Test <input type="checkbox"/> Type of Mask _____ <input type="checkbox"/> Chest X-Ray	Additional Service Requested: _____ _____
Breath Alcohol Testing <input type="checkbox"/> NON-DOT <input type="checkbox"/> DOT	Injections/Vaccination: <input type="checkbox"/> PPD/TB Test <input type="checkbox"/> TDAP <input type="checkbox"/> Tetanus <input type="checkbox"/> Hep B <input type="checkbox"/> Hep A	

LOCATIONS/ COMPANY PHONE/FAX:

Chicago Heights: 708-709-2000/(F) 708-709-2046
 Hammond: 219-852-2472/ (F)219-452-2567
 Rensselaer: 219-866-0411/ (F)219-866-1920
 Port of Indiana: 219-7874662/(F)219-787-8420
 Michigan City: 219-879-5400/(F) 219-879-5900

Munster: 219-836-4690/ (F)219-836-3609
 Crown Point: 219-662-5500/ (F)219-662-9684
 Valparaiso: 219-464-7073/(F) 219-4647543
 Willowcreek/Portage: 219-764-8439/(F)219-764-8463



Diocese of Gary Fingerprint Screening/Expanded Criminal Check Policy Effective July 1, 2009

The Diocese of Gary Office of Catholic Schools has a vital interest in the safety and well-being of our employees and the public that we serve. The Diocese of Gary believes that hiring qualified individuals to fill positions contributes to the overall strategic success of our ministry.

Background checks serve as an important part of the selection process at the Diocese of Gary. This type of information is collected as a means of promoting a safe work environment for current and future employees and students. Background checks also help obtain additional applicant related information that helps determine the applicant's overall employability, ensuring the protection of the current people, property, and information of the organization.

Application:

It is the Office of Catholic School's intent to continue to promote a safe and secure work environment, free of employees with felony convictions under IC 20-28-5-8. A policy of zero tolerance is observed. The Diocese of Gary conducts background checks inclusive of the electronic fingerprinting (Live Scan) process on job applicants applying for positions within any school.

Policy and Procedures:

All applicants and newly hired teachers will be responsible for a negative expanded preemployment criminal history background check inclusive of the electronic fingerprinting (Live Scan) process in compliance with HEA 1462 prior to beginning a teaching position within the Diocese of Gary Catholic Schools.

The Diocese of Gary Office of Catholic Schools, in accordance with the Diocese of Gary Safe Environment Policy, conducts Indiana and national (according to policy) background checks on all clergy, staff, faculty, volunteers, substitutes, and teacher applicants. This is in addition to the Indiana Dept. of Education's implementation of a requirement for an expanded criminal history check on all applicants and new hires, certified and non-certified (teacher and lunchroom aides, maintenance staff, etc.), for school employment, Indiana Code 20-26-5-10, effective July 1, 2009. The definition of "expanded criminal history check" found at IC 20-26-2-1.5, includes a search of records from all Indiana counties in which the applicant resided, all counties in other states in which the applicant resided, and the national sex offender registry or the sex offender registries of all fifty (50) states; or a national criminal history background check and a search of the national sex offender registry or the sex offender registries of all fifty (50) states.

Applicants will assume the combined cost of the fingerprint service, and the ISP/ FBI background check, which is approximately \$39.45. Applicants will be required to obtain a background check once during a five-year period. During the five-year validity period of the expanded criminal check, each school employer will annually check all employees against the public sex offender and violent offender registries at no cost to employees.

The Dept. of Education is working with the Indiana State Police (ISP) and its live-scan fingerprint vendor, Identogo. Identogo provides an electronic fingerprint processing service. Enrollment centers are being established throughout the state to capture applicants' fingerprints and identifying information, submitting them electronically to the Indiana State Police (ISP) for processing. Special automation has been implemented as a part of this contract to speed the processing and result issuance process. These enhancements will provide the results to transactions in a matter of hours, instead of days and weeks. Applicants for employment can register online through Identogo to schedule a fingerprint appointment at one of 63 fingerprinting locations around the state. There are 8 locations in the Northwest Region at this time.

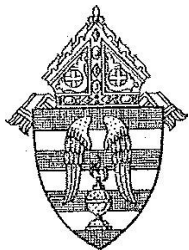
Fingerprints are run through both the Indiana State Police Automated Fingerprint Identification System (AFIS) and the FBI's Integrated Automated Fingerprint Identification System (IAFIS).

Reporting:

The Catholic Diocese of Gary will comply with all regulations of reporting teachers and other school employees who are convicted of one or more of the 19 felonies listed at IC 20-28-5-8.

Once the results of the fingerprint scan are received by the Schools Office, and if negative, you will be notified by your principal when you can sign your contract of employment.

Appointments are required at all locations. Call toll-free – 844-321-2124 OR schedule online at <https://www.identogo.com/services/live-scan-fingerprinting> You will choose the state you live in, and locations will be offered.



Diocese of Gary Office of Catholic Schools

Intent to Hire Notice

1. Name of School _____
2. Name of Principal _____
3. Name of Applicant (Please print.) _____
4. For Subject/ Grade _____
5. Degree held by Applicant (Circle one.) BA MA Dr/PHD
6. Honored years of previous teaching experience _____
7. Indiana Teaching License (Circle one.) Yes No
8. Proposed salary (from scale) __\$_____

Please remit this form to the Office of Catholic Schools immediately.

All other application materials should be collected and submitted with the application to the Office of Catholic Schools. Do not forward materials until the Credential File is Complete. **No contract will be prepared until all application materials, background checks, fingerprinting, and VIRTUS training have been completed and submitted to the Office of Catholic Schools.**

By signing this agreement, it is assumed the school will not seek other candidates and the candidate will not seek other employment opportunities.

Signature (Principal) _____ Date ____/____/____

Signature (Candidate) _____ Date ____/____/____

Candidate's email address _____

The Drug Screen Authorization will be sent to this address upon receipt of this document in the Office of Catholic Schools.