Dear Applicant,

Thank you for your interest in employment in the Archdiocese of St. Louis. We appreciate your interest in the Church’s educational mission, and I assure you of our interest in you and the contribution you can make to Catholic education.

A clear understanding of your professional qualifications and experience will assist in referring you for a position suited to your qualifications and preferences. In this packet are the necessary items you must complete to be considered for referral and possible employment.

You are asked to send or have sent to Education HR, Office of Catholic Education and Formation, 20 Archbishop May Drive, St. Louis, MO 63119, the following material:

1. The completed application form. (Follow the directions carefully in completing this document. Make sure that you respond to all items on the form.)

2. Three reference forms: as explained below (It is recommended that you enclose a stamped, addressed envelope when requesting references. All completed references should be mailed to or faxed to Education HR, Office of Catholic Education and Formation, 20 Archbishop May Drive, St. Louis, MO 63119 or fax 314-792-7309.)

   • one clergy / pastor reference letter from a priest, minister or rabbi who is familiar with you or your family; (A clergy reference letter must be provided in order for your application to be considered. You are responsible to send the form provided to a member of the clergy.) This clergy reference letter is required for elementary applicants and is optional for secondary applicants.

   • professional reference letters from individuals who are familiar with your professional teaching abilities, e.g., former teaching supervisors or college instructors. (Note: If you have two such current references in your placement file from your college/university, you do not need to send the professional reference letter forms that are included.) A reference from your prior principal is expected if you have recent teaching experience outside the archdiocesan system. Elementary: Two professional reference letters are required. Secondary: Three professional reference letters are required.

3. An official college transcript showing coursework and receipt of degree(s); (Photocopies of the transcripts will not be acceptable.) The transcripts can be mailed, emailed or faxed from the university. (fax: 314-792-7309 or dcira@archstl.org)

4. A valid/current state teaching certificate; if you are in the process of obtaining your certification, obtain a letter from your College/University stating that all requirements have been met.

5. Family Care Safety Registry and Worker Registration Form: You must register online through the Missouri Family Care Safety Registry website,
http://health.mo.gov/safety/fcsr/. When completing the online application all educator applicants are considered “child care workers”. Next, complete and sign the attached Worker Registration form and return to us (DO NOT send to the state). Please return this form to Education HR with the other forms in the application packet.

6. All application materials become the property of the Office of Catholic Education and Formation and are not duplicated or released to the applicant or any other requesting party.

When all of the above materials have been received by the Education HR Office, your application will be reviewed by a Screening Committee at the Office of Catholic Education and Formation. You will be informed by e-mail/mail of the status of your application after this review. If your application is approved, you will receive a letter which can be used as a reference for interviewing in local Catholic schools. Your file will be made available to principals / administrators who come to our office. In all cases, local principals/administrators conduct the actual interviews and hiring. You may view all current openings on this website under Education HR. While the Education HR Office can in no way guarantee you a position, openings do regularly occur.

Thank you for your interest in Catholic education in the St. Louis Archdiocese. Please contact the Education HR Office if you have any questions about the application process.

Sincerely,

Education HR
Office of Catholic Education and Formation
20 Archbishop May Drive
Saint Louis, MO 63119
314-792-7307 or 314-792-7308
Archdiocese of St. Louis

APPLICATION FOR PROFESSIONAL EMPLOYMENT

EDUCATOR

PART A

GENERAL INFORMATION

NAME

Last First Middle

Have you ever used any other names in the past? Yes ______ No ______ (Check One)

If yes, please list all other names that you have used and the dates during which you used those names.

Name of Religious Community (if you are a Catholic religious sister, brother or priest)

Address of Religious Community

CURRENT ADDRESS

CITY STATE ZIP

PERMANENT (or family) ADDRESS

CITY STATE ZIP

Social Security Number

Parish

Religion

Pastor

If you are not now a Catholic, have you ever been a Catholic? ______ yes ______ no

If you answered “yes” to this question, please include a letter of explanation

e-mail address

DATE OF EMPLOYMENT AVAILABILITY

EDUCATIONAL PREPARATION

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF SCHOOL OR COLLEGE</th>
<th>FROM MO/YR</th>
<th>TO MO/YR</th>
<th>KIND OF DEGREE</th>
<th>MAJOR</th>
<th>YEAR OF GRAD</th>
<th>SEM. HRS. CREDITED</th>
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TEACHER PREPARATION (Student Teaching)

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION OF SCHOOL</th>
<th>SUBJECTS OR GRADES TAUGHT</th>
<th>FROM MO/YR</th>
<th>TO MO/YR</th>
<th>COOPERATING TEACHER</th>
</tr>
</thead>
</table>
PROFESSIONAL CERTIFICATION

<table>
<thead>
<tr>
<th>STATE</th>
<th>IPC, CCPC, TEMP, PROV, LIFE</th>
<th>Endorsement (Subj. area/Gr. Level)</th>
<th>ISSUE DATE</th>
<th>EXPIRATION DATE</th>
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If you are awaiting receipt of certificate, indicate date applied for

If you are certified to teach/coordinate religion, indicate issuing diocese and level of certification.

PREVIOUS EMPLOYMENT (Please list last employer first and please list additional experience on separate sheet or include resume.)

<table>
<thead>
<tr>
<th>SCHOOL OR COMPANY NAME &amp; ADDRESS</th>
<th>FROM MO/YR</th>
<th>TO MO/YR</th>
<th>Subjects or Grades Taught /kind of work</th>
<th>Contracted or Hourly</th>
<th>FTE (% Time on Contract)</th>
<th>REASON FOR LEAVING</th>
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</table>

REFERENCES: Give the names and addresses of those persons from whom you have requested references. Friends and relatives may not be used.

If you have a complete file at a university or college, please send. The clergy reference is necessary in all cases.

<table>
<thead>
<tr>
<th>PLEASE PRINT NAME</th>
<th>ADDRESS</th>
<th>ZIP CODE</th>
<th>PHONE #</th>
<th>RELATION FOR OFFICIAL POSITION TOWARD APPLICANT</th>
</tr>
</thead>
<tbody>
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</table>

SPECIFIC EMPLOYMENT PREFERENCE

LEVEL: (Indicate 1st Preference 1: 2nd Preference 2)

- Pre-School
- Kindergarten
- Primary
- Intermediate
- Jr. High
- Secondary

WOULD YOU BE INTERESTED IN:

- Religion Coordinator/Campus Ministry
- Counseling
- Librarian
- Learning Consultant
- Coaching

SPECIAL EDUCATION:

- LD/ADHD
- Autism Spectrum
- Speech/Language
- Developmental Delays/Disabilities

GRADE LEVEL/SUBJECT AREA PREFERENCES:

1st Pref.
2nd Pref.

GEOGRAPHICAL AREAS (Please indicate in which areas you would be willing to work. Check one or more)

- St. Louis City
- Jefferson County
- Ste. Genevieve County
- St. Louis County (North)
- Lincoln County
- Warren County
- St. Louis County (South)
- St. Charles County
- Washington County
- St. Louis County (West)
- St. Francois County
- Perry County
- Franklin County
PART B

All applicants must answer the following questions as completely as possible. Your application cannot be processed without this information.

1. Are you prevented from lawfully becoming employed in this country because of your visa or immigration status?
   Yes _____ No _____ (check one)
   (If hired, you will be required to verify your employment eligibility and identity in accordance with the Immigration Reform and Control Act of 1986.)

2. Can you perform the activities involved in the position for which you are applying either with or without reasonable accommodation?
   Yes _____ No _____ (check one)

3. Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.)
   Yes _____ No _____ (check one)
   If yes, please provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

4. Did any judicial proceeding arise out of the allegations of child abuse?
   Yes _____ No _____ (check one)
   If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

5. Are you under the supervision of any federal, state or local corrections agency as a result of any allegations of child abuse?
   Yes _____ No _____ (check one)

6. Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a traffic/parking violation)?
   Yes _____ No _____ (check one)
   If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

7. Has any surety company ever refused to issue or continue any bond on your behalf?
   Yes _____ No _____ (check one) (continued on next page)
If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal.

A "yes" response to either of the two preceding questions will not disqualify you from consideration for employment as a teacher in a school of the Archdiocese. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relationship of the conviction or bond refusal to the position for which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

I grant permission to the parishes of the Archdiocese of St. Louis, the Catholic High School Association of the Archdiocese of St. Louis, and to the agents of either or both entities, (collectively "the Employer") to investigate thoroughly my complete personal, educational and work histories and to verify all information that may be given in connection with my seeking of employment as a teacher for any school operated by the Employer. In processing this employment application and at any time during my employment, the Employer may request a police report about me. I have the right to request the Employer completely and accurately to disclose to me the content of those reports. Such a request must be made in writing to the Employer. In addition, I release the Employer and the Archbishop of St. Louis, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the office of the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon the termination of my employment as a teacher for the Employer, regardless of when, how or why my employment is terminated, and whether such termination is effected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with any school of the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of one hundred eighty (180) days. I recognize that, if I wish to be considered after one hundred eighty (180) days, a new application for employment may be requested.

Moreover, I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either I or the Employer may terminate the employment relationship at any time and for any reason, except to the extent specifically provided in a written employment agreement entered into between myself and the Employer. I understand that no one has authority to enter into any oral employment agreement on behalf of the Employer or to make any agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found to be false in the opinion of the Archdiocese of St. Louis in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Date __________________________ (Official Signature)

The Archdiocese of St. Louis provides and promotes equal employment opportunities for all persons without regard to race, color, age, sex, national origin, citizenship, or disability as provided by federal law.

Applicants should address all correspondence to:

Education HR
Office of Catholic Education & Formation
20 Archbishop May Drive
St. Louis, MO 63119
Phone: 314-792-7307
Fax: 314-792-7309
e-mail: dcira@archstl.org
website: www.archstl.org/education

Revised 1/2016
Archdiocese of St. Louis

APPLICATION FOR PROFESSIONAL EMPLOYMENT

EDUCATOR

PART C

Please answer the following questions. Your application cannot be processed without this information.

1. Why did you choose education as a profession?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Why do you want to serve in a Catholic School?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. How do you view your role as an educator in a Catholic School?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. As an educator, how would you contribute to developing a community of faith within the school?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
5. How does your life reflect the Christian values being fostered in Catholic Schools?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Are you willing to increase your knowledge of the Catholic faith in order to better fulfill your role as a faculty member in a Catholic school?
   Yes ______  No______

7. What means do you use to strengthen your own spiritual life in order to better fulfill your role as a faculty member in a Catholic school?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. What types of religious experiences do you feel are important for students?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Identify areas of service to the community and church in which you have recently been involved.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. What experiences in working with young people, such as clubs, camps, extra curricular activities, and sports have you found to be most rewarding?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date ___________________________  Signature ___________________________
ARCHDIOCESE OF ST. LOUIS

WITNESS STATEMENT
FOR THOSE WHO SERVE IN CATHOLIC EDUCATION

The mission of Jesus Christ and the Holy Spirit is the mission of the Catholic Church, to reveal God the Father, Son, and Holy Spirit to all people and to teach them about the fullness of His love. “Indeed the primordial mission of the Church is to proclaim God and to be His witness before the world” (General Directory for Catechesis). The duty and right of educating belongs in a special way to the Church, to which has been divinely entrusted the mission of assisting persons so that they are able to reach the fullness of the Christian life (Canon 794 Sec 1).

The work of teachers is in the real sense of the word an apostolate most suited to and necessary for our times and at once a true service offered to society (Gravissimum Educationis, October 28, 1965). The instruction and education in a Catholic school must be grounded in the principles of Catholic doctrine; teachers are to be outstanding in correct doctrine and integrity of life (Canon 803 Sec 2). Intimately linked in charity to one another and to their students, and endowed with an apostolic spirit, may teachers by their life as much as by their instruction bear witness to Christ, the unique Teacher (Gravissimum Educationis, October 28, 1965).

All who serve in Catholic education in the parish and school programs, and Office of Catholic Education & Formation of the Archdiocese of Saint Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Catholic Church. Public speech or public action contrary to the teachings of the Catholic Church promotes scandal, which is a particularly grave offense when given by those who are obliged to teach or educate others (Catechism of the Catholic Church 2285).

Only those persons who can support this Witness Statement are to be employed by pastors, principals, and directors/ coordinators of religious education.

All who serve in Catholic education in the Archdiocese of Saint Louis should be made aware that support of this Witness Statement must be reflected in their public behavior, including:

- Believing in Jesus Christ
- Engaging in a life of prayer and worship
- Practicing respect and reverence for the dignity of others
- Exercising prudence with confidential information related to work
- Being an active member of his/her Church
- Respecting ecclesial authority

Revised 3/16/2017
All who serve in Catholic education should understand and affirm that the following are examples but not an exhaustive list of public speech or public action that are considered contrary to the teachings of the Catholic Church and must be avoided during one’s term of employment teaching/working in Catholic education:

- Contracting a marriage in violation of the rules of the Catholic Church (CCC 1603; 1614; 1650; 2384).
- Living with another as husband and wife, without benefit of a valid marriage (CCC 2350; 2353; 2390; 2391).
- Conviction of a felony or a crime which involves moral turpitude (CCC 2268; 2284-5; 2353-56; 2387-89).
- Obtaining or assisting another to obtain an abortion (CCC 2271; 2272).
- Actively engaging in homosexual activity (CCC 2357-59).
- Active support of changing the biological sex assigned by God at conception (CCC 2331-35; 362-73).
- Obtaining or assisting another to obtain in vitro fertilization (CCC 2376-77).
- Becoming pregnant out of wedlock while teaching/working in Catholic education; fathering a child out of wedlock while teaching/working in Catholic education (CCC 1935; 1947; 2284-85).
- Engaging in any immoral or illegal activity which sets a bad example for students (e.g. illicit use of drugs, alcohol, pornography or abuse of any kind) (CCC 2284-85; 2354; 2335).
- Maintaining by word or action a public position contrary to the teaching standards, doctrines, morals, laws and norms of the Catholic Church (CCC 2030; 2032; 2044; 2072-3).

The above is a thorough but not all-inclusive listing of the implications of this Witness Statement. The Archbishop of St. Louis is the definitive authority for the interpretation of Catholic doctrine and morals.

By my signature below I consent that this witness statement is incorporated into and forms an integral part of my employment agreement, and further that both shall be interpreted, complied with and enforced pursuant to Canon Law to the exclusion of all other laws. For any matters not governed by Canon Law, my employment agreement shall be construed by the laws of the State of Missouri.

Affirmation signature by teacher:

______________________________________________________________

Date: ____________________________________________________________________

Revised 3/16/2017

Page 2 of 2
Archdiocese of St. Louis

EDUCATOR

PASTOR (CLERGY) REFERENCE FORM

Name of Applicant: ____________________________________________________________
Address _____________________________________________________________
Position applied for: _________________________________________________________

Name of Reference: __________________________________________________________
Title: _________________________________________________________________
Address ________________________________________________________________
_________________________________________ Phone # _________________________

_____ I waive my option to view my recommendations.

_____ I retain my right to view my recommendations.

Applicant's Signature _____________________________________________________

The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

1. How long have you known the applicant and in what pastoral relationship?

2a. (For Catholic applicants) To your knowledge is the applicant a committed member of the Church and a witness to Catholic values and beliefs? _____ Yes _____ No

or

2b. (For non-Catholic applicants) To your knowledge is the applicant a committed member of his/her denomination? _____ Yes _____ No

and

(For non-Catholic applicants) To your knowledge is the applicant able and willing to support the teachings of the Catholic Church? _____ Yes _____ No

3. The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the parish and school programs of the Archdiocese of St. Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Church."

Is there any reason you are aware of why the candidate would not be able to abide by this Witness Statement?

_________________________________________________________________________

_________________________________________________________________________
4. What particular strengths do you think the applicant would bring to the position for which he/she has applied?

________________________________________________________________________

________________________________________________________________________

5. What weaknesses does the applicant have that would interfere with his/her effectiveness in the position for which he/she has applied?

________________________________________________________________________

________________________________________________________________________

6. Would you employ this applicant in the position for which he/she has applied?

_______ Yes _______ No

Date: _____________ Signed: ________________________________

After completing this form, please return it to: Education HR
Office of Catholic Education & Formation
20 Archbishop May Drive
St. Louis, MO 63119

You may also fax it to: (314) 792-7309.

January, 2010
The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

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<thead>
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<th></th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Limited</th>
<th>No Opportunity to Observe</th>
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<tbody>
<tr>
<td>Knowledge of Catholic Faith</td>
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<tr>
<td>Practice of Catholic Faith</td>
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<tr>
<td>Understanding of Catholic</td>
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<td>philosophy of education</td>
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<td>Commitment to mission of</td>
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<td>Catholic schools</td>
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<td>Teaching Potential or Ability</td>
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<td>Knowledge of content area(s)</td>
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<td>a) faculty</td>
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<td>b) students</td>
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<tr>
<td>c) parents</td>
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</tbody>
</table>
How long have you known the applicant and in what official relationship? ____________________________

__________________________________________

If this individual was employed in your system or school, please specify dates:

FROM: ____________________________ TO: ____________________________

The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the parish and school programs of the Archdiocese of St. Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Church."

Is there any reason you are aware of why the candidate would not be able to abide by this Witness Statement?

__________________________________________

__________________________________________

What particular strengths do you think the applicant would bring to the position for which he/she has applied?

__________________________________________

__________________________________________

What weaknesses does the applicant have that you think would interfere with his/her effectiveness in the position for which he/she has applied?

__________________________________________

__________________________________________

Would you employ this candidate in the position for which he/she has applied? _____ Yes _____ No

Explain your response:

__________________________________________

__________________________________________

Date: ___________ Signed: ____________________________

Position: ____________________________

After completing this form, please return to:  Education HR
Office of Catholic Education & Formation
20 Archbishop May Drive
St. Louis, MO 63119
Or fax it to: (314) 792-7309

January, 2010
Archdiocese of St. Louis

**EDUCATOR PROFESSIONAL REFERENCE FORM**

Name of Applicant: ____________________________________________
Address _____________________________________________________

Position applied for: __________________________________________

Name of Reference: ___________________________________________
Address _____________________________________________________
__________________________________________ Phone # __________

_______ I waive my option to view recommendations.

_______ I retain my right to view my recommendations.

Applicant's Signature __________________________________________

The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

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<td>Interpersonal relationships:</td>
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<td>a) faculty</td>
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<td>c) parents</td>
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(over)
How long have you known the applicant and in what official relationship? ____________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If this individual was employed in your system or school, please specify dates:
FROM: ____________________________ TO: ____________________________

The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the parish and school programs of the Archdiocese of St. Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Church."

Is there any reason you are aware of why the candidate would not be able to abide by this Witness Statement?
____________________________________________________________________________________
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What particular strengths do you think the applicant would bring to the position for which he/she has applied?
____________________________________________________________________________________
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What weaknesses does the applicant have that you think would interfere with his/her effectiveness in the position for which he/she has applied?
____________________________________________________________________________________
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Would you employ this candidate in the position for which he/she has applied? _____ Yes _____ No

Explain your response:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date: ____________ Signed: ____________________________
Position: ____________________________

After completing this form, please return to: Education HR
Office of Catholic Education & Formation
20 Archbishop May Drive
St. Louis, MO 63119
Or fax it to: (314) 792-7309

January, 2010
The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

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<th>Outstanding</th>
<th>Satisfactory</th>
<th>Limited</th>
<th>No Opportunity to Observe</th>
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<td>Knowledge of Catholic Faith</td>
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<tr>
<td>Practice of Catholic Faith</td>
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<tr>
<td>Understanding of Catholic philosophy of education</td>
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<td>Commitment to mission of Catholic schools</td>
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How long have you known the applicant and in what official relationship? 

____________________________________________________________________________________

If this individual was employed in your system or school, please specify dates:
FROM: ____________________________ TO: ____________________________

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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Would you employ this candidate in the position for which he/she has applied?  ____ Yes  ____ No

Explain your response:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date: ___________  Signed: ____________________________  Position: ____________________________

After completing this form, please return to:  

Education HR  
Office of Catholic Education & Formation  
20 Archbishop May Drive  
St. Louis, MO  63119  
Or fax it to:  (314) 792-7309

January, 2010
Family Care Safety Registry and the Worker Registration Form: Applicants should register online through the Missouri Family Care Safety Registry website: http://health.mo.gov/safety/fcsr/.

Please return a copy of the Worker Registration form to Education HR at The Office of Catholic Education and Formation (address below) with your application and other documents requested.

Please contact Debbie Cira in Education HR if you have any questions at:
314-792-7307 or dcira@archstl.org
The Office of Catholic Education and Formation
20 Archbishop May Drive
St. Louis, MO 63119
**REGISTRATION TYPE**  
(Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- Adoptive Parent  
- Foster Parent/Family Member of Foster Parent  
- Child Care  
- Hospital  
- Long Term Care/Personal Care (Please choose subcategory at right.)  
- Mental Health/Psychiatric Hospital  
- Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of $14.00 applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call toll free, 866-422-6872.

**SOCIAL SECURITY NUMBER** (Mail copy of card with form.)

- - - -

**PERSONAL INFORMATION** (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX (JR., SR., II, III)</th>
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<tr>
<th>MAIDEN NAME (IF APPLICABLE)</th>
<th>PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES)</th>
<th>DATE OF BIRTH (MM-DD-YYYY)</th>
<th>GENDER</th>
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**CONTACT INFORMATION**

MAILING ADDRESS: (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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<tr>
<th>TELEPHONE</th>
<th>EMAIL ADDRESS (REQUIRED)</th>
<th>COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)</th>
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**EMPLOYER ASSOCIATED WITH THIS REGISTRATION**  
(Complete either left or right column, not both.)

- My current/potential child care, long term care or mental health care employer is:  
- No Employer, because I am a(n):  
  - Adoptive Parent  
  - Foster Parent/Family Member  
  - Home Child Care Provider  
  - Private Pay/Private Duty  
  - Student  
  - Volunteer  
  - Other (Explain: )

**REGISTRATION AGREEMENT**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR “employment purposes” includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

**SIGNATURE OF APPLICANT**

**DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)**
WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS within fourteen (14) days of the beginning of employment, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration – If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102. If you have questions, please call the Registry using the toll-free telephone number, 866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry if you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON’T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102 within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person’s name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).