

Application for Employment



Mount Carmel School

Post Office Box 500006
Saipan, MP 96950
Tel: (670) 235-1251
Fax No. (670) 235-4751
Email: mtcarmel@pticom.com
www.mtcarmel-edu.net

Please read carefully and complete by printing in ink or typing. Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Name:	Last	First	Middle		
Present Address:	P.O. Box/Street	City	State	Zip Code	Telephone
	Email				
Permanent Address:	P.O. Box/Street	City	State	Zip Code	Telephone
	Email				
Religious Education Certification: (Give date issued for highest Level)					Social Security Number
_____ None _____ Basic _____ Intermediate _____ Advanced _____ None Sure					
Religion	Parish	Address:			
Position Desired:			Assignment Preference:		
_____ Elementary _____ Middle _____ High School					

How were you referred to Mount Carmel School? (Check one.)

A. By your college <input type="checkbox"/>	B. by your parish <input type="checkbox"/>	C. Employment agency <input type="checkbox"/>	D. By an employee. If so give name	E. By a religious organization. if so give name
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EDUCATIONAL HISTORY

Please attach official transcripts and certificates

INSTITUTION AND LOCATION	FROM Mo./Yr.	TO Mo./Yr.	DEGREE		MAJOR FIELD	MINOR FIELD
			Degree	Date		
High School						
Technical/trade (after high school)						
College or University						
College or University						
Graduate Work						
Other education/training						

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CERTIFICATE/LICENSE HELD

Please attach a copy of your certificate/license

STATE	SUBJECT/AREA	DATE ISSUED	DATE EXPIRED

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Including self-employment and summer and part-time jobs. If more space is required please continue on a separate sheet. You may attach a resume, but complete this application as well.

Teaching Experience

From	To	School/Company and Address	Duties or Subject/Grade Taught	Principal/Supervisor's Name

Work Experience (Any position held outside the educational field)

From	To	Company and Address	Position/Duties	Supervisor's Name

LIST MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

PRESENT PERSONAL EDUCATIONAL PURSUITS

(Working for degree, workshops, etc. attended within last 3 years)

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PRINCIPAL HOBBIES

WRITE A BRIEF STATEMENT (100 WORDS) STATING YOUR STRENGTHS AND WEAKNESSES AS THEY PERTAIN TO THE POSITION SOUGHT.

EMPLOYMENT INFORMATION

1. Have you ever been convicted of a crime regarding any situation that could in any way be substantially related to your job duties as an employee of Mount Carmel School? Yes: ___ No: ___ If yes, please explain on a separate sheet of paper.
2. Have you for any reason been suspended, dismissed or asked to resign a position? Yes: ___ No: ___ If yes, please explain on a separate sheet of paper.
3. Do you have the ability to perform the job applied for with or without reasonable accommodations? Yes: ___ No: ___ If no, please explain on a separate sheet of paper.

PROFESSIONAL REFERENCE

Give Recent Academic or Professional References:

Name	Occupation	Address	Telephone (include area code) Email:
Name	Occupation	Address	Telephone (include area code) Email:
Name	Occupation	Address	Telephone (include area code) Email:

Date Available for Employment	Present Salary	Salary Expected	Are you Under Contract?
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May we contact your present employer? Yes: _____ No: ___ If no, please explain on a separate sheet of paper.

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5. How important do you consider you own Christian attitudes and practices in your role as an administrator?

6. How would you, as an administrator, assure that Christian values permeate the curriculum?

7. How should decisions be made in a school setting?

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TRANSCRIPTS

Please have a copy of your transcripts and credentials from high school, technical/trade school, colleges or universities sent to us as soon as possible.

DECLARATION OF VERACITY

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

I understand that, consistent with Commonwealth regulations, I may be required to submit to, or provide evidence of tuberculin testing and/or chest X-rays, and be declared free of such disease by qualified medical personnel. I further consent to a drug screening, if requested, during the course of my employment.

I understand that an investigation may be made of my employment, and personal history to arrive at an employment decision. I hereby release from all liability or responsibility, all persons, schools, companies furnishing such information. I understand that only job-related information will be used in the evaluation of my qualification of any position for which I am considered.

I understand and agree that if hired, Mount Carmel School shall have the right during my time of employment or after my termination of service, to furnish information to other prospective employers regarding my employment including information contained in this application.

If any of your educational or employment records are under other than the above name, please provide other names.

Date

Signature

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will no be used for any discriminatory purpose.