



# DIocese OF BRIDGEPORT

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OFFICE OF THE  
SUPERINTENDENT  
OF SCHOOLS  
HUMAN RESOURCES  
FOR SCHOOLS

## APPLICATION TO SUBSTITUTE TEACH

PLEASE CHECK THIS BOX IF YOU WISH TO BE PLACED ON THE GLOBAL SUBSTITUTE LIST SO MULTIPLE SCHOOLS MAY CONTACT YOU.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_  
LAST (MAIDEN) FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET ADDRESS APT. #

CITY STATE ZIP CODE S.S.#: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PREFERRED TELEPHONE \_\_\_\_\_  MOBILE  HOME  OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_ PARISH: \_\_\_\_\_ CITY: \_\_\_\_\_ PASTOR: \_\_\_\_\_

REFERRAL SOURCE (HOW DID YOU HEAR ABOUT US) \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE DIOCESE OF BRIDGEPORT PRIOR TO THIS APPLICATION?  YES  NO

IF YES, IN WHAT CAPACITY AND WHEN? \_\_\_\_\_

DO YOU HAVE RELATIVES OR FRIENDS WORKING FOR THE DIOCESE OF BRIDGEPORT OR ANY OF ITS AFFILIATES?  YES  NO

IF YES, NAME/ORGANIZATION: \_\_\_\_\_

### DESIRED POSITION AND WORK REQUIREMENTS

ARE YOU APPLYING TO BE TEACH OF A SPECIFIC SCHOOL?  YES  NO

IF YES, WHICH SCHOOL? SCHOOL: \_\_\_\_\_ TOWN: \_\_\_\_\_

IF NO, WHAT GEOGRAPHICAL AREAS DO YOU PREFER? \_\_\_\_\_

CURRENT SALARY: \_\_\_\_\_ SALARY REQUIREMENT: \_\_\_\_\_

DO YOU HAVE A VALID TEACHER CERTIFICATE IN THE STATE OF CONNECTICUT?  YES  NO ANY OTHER STATE? \_\_\_\_\_

DO YOU HAVE A VALID ADMINISTRATORS CERTIFICATE FOR CT (092) OR ANOTHER STATE?  YES:  NO IF NO, EXPLAIN: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE US?  YES  NO

EDUCATION				
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE
COLLEGE			YES YEAR _____ NO	
COLLEGE			YES YEAR _____ NO	
COLLEGE			YES YEAR _____ NO	
HIGH SCHOOL			YES YEAR _____ NO	
ELEMENTARY				

**PROFESSIONAL/TEACHING/ADMINISTRATIVE EXPERIENCE USE REVERSE SIDE IF MORE SPACE NEEDED**

ORGANIZATION/SCHOOL	CITY/STATE	POSITION HELD	DATES OF SERVICE FROM/TO	GRADE/SUBJECT (IF APPLICABLE)	REASON FOR LEAVING

**PROFESSIONAL CERTIFICATION**

CERTIFICATE TITLE	STATE	EFF. DATE	EXP. DATE	SUBJECT/LEVELS	OTHER

**PROFESSIONAL ASSOCIATION MEMBERSHIP OR CREDENTIALS EARNED: USE REVERSE FOR MORE SPACE**

ORGANIZATION \_\_\_\_\_  
 MEMBERSHIP/CREDENTIAL \_\_\_\_\_

**MILITARY SERVICE**

BRANCH \_\_\_\_\_ DATES SERVED \_\_\_\_\_  
 RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

**PLEASE LIST THREE PROFESSIONAL REFERENCES (ONE MUST BE FROM YOUR CURRENT PASTOR AND ONE MUST BE FROM YOUR CURRENT SUPERVISOR)**

NAME	COMPANY/COMPLETE ADDRESS	OFFICIAL POSITION	PHONE NUMBER	E-MAIL

**REQUIRED DOCUMENTATION:**

1. COVER LETTER INDICATING YOUR UNDERSTANDING OF THE PURPOSE OF A CATHOLIC SCHOOL AND YOUR PERSONAL QUALIFICATIONS AS A TEACHER.
2. CURRENT RESUME
3. COPY OF STATE TEACHING CERTIFICATE
4. COPY OF COLLEGE TRANSCRIPTS OF CREDITS AND DEGREES EARNED

**PLEASE HAVE THE FOLLOWING SENT DIRECTLY TO THE CATHOLIC SCHOOLS HUMAN RESOURCES OFFICE**

1. THREE (3) LETTERS OF REFERENCE (1 PASTOR REFERENCE LETTER [FORM ATTACHED], AND TWO OTHER PROFESSIONAL REFERENCES, ONE OF WHICH MUST BE FROM YOUR CURRENT SUPERVISOR);
2. OFFICIAL ORIGINAL COLLEGE TRANSCRIPTS OF CREDITS AND DEGREES EARNED.

**Notification to Applicant**

An applicant is not required to disclose the fact of a previous arrest, criminal charge or conviction if the records of such arrest, charge or conviction have been erased pursuant to Connecticut law.

Criminal records which are subject to erasure under Connecticut Law pertain to records of: a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender or a dismissed or nolle criminal charge or a criminal charge upon which a person has been found not guilty or has received a complete pardon. For more details see Connecticut General Statutes Sections 46b-146, 54-760 and 54-142a.

Any person whose criminal records have been erased pursuant to Connecticut Law shall be deemed to have never been arrested with respect to the proceedings so erased and may so swear under oath.

**DISCLAIMER AND SIGNATURE**

*I certify that my all answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application, interview or documents submitted may result in my termination. I understand that the references requested will be communicated on a confidential basis and that any information provided therein will not be shared with me. I further acknowledge that this application is not a contract of employment.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:**

Catholic Schools Human Resources Office  
Diocese of Bridgeport  
238 Jewett Avenue  
Bridgeport, CT 06606  
T: 203-416-1375  
F: 203-372-1961  
E: [HRforSchools@DioBpt.org](mailto:HRforSchools@DioBpt.org)