

Practice Teaching

school	address, city, state, zip	date	grade/subject
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Certification

state	type	area	cert. no.	date issued / expiration
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state	type	area	cert. no.	date issued / expiration
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Professional Memberships List those to which you belong

Present and Past Educational Assignment List in order, most recent first.

City and State	School	Position/Title	Grade/Subject	From-To-Mo/Year
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Other Employment List in order, most recent first.

City and State	Place/Company	Position/Title	From- To-Mo/Year
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Preferences

Grade level	Subject	School(s)	Other
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References

Name	Address	Area-Phone	Position
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Please Respond to the following.

1. Why do you wish to teach in a Catholic school?

2. Briefly state your philosophy of education.

Signature

Date

Return application to the Diocese of Salt Lake City.

Catholic Schools Office, 27 C Street., Salt Lake City, UT 84103

Have Recommendations sent to the same address.

Your file will be made available to all principals in the Diocese of Salt Lake City.

8/99

**Diocese of Salt Lake City
Catholic Schools Office
27 C Street
Salt Lake City, UT 84103**

RECOMMENDATION FORM

Applicant: Please fill in the following information

_____ Name	_____ Signature
_____ Position applied for	_____ Date of application

Author: At the request of the person named above, you are asked to comment on his / her qualifications. Please consider the candidate's professional performance and competence when preparing this reference. Your statement will become part of his / her professional reference file. Copies of this will be made available to principals and / or pastors in the Catholic Schools .

Please type your statement below

Name _____

Institution _____ Position _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Return to the Superintendent at the above address.