DIOCESE OF
FORT WAYNE-SOUTH BEND
CATHOLIC SCHOOLS OFFICE

Administrator Application Prescreen Form

1. How many years of professional teaching experience do you have?

2. What is your highest level of completed education?

3. Have you taken any theological or catechetical courses AFTER graduating from high school?
   Yes No

   If yes, please enter Course Name, Name of Institution, Location of Institution, and Date Completed.

4. Do you hold an educator license or are eligible for one? Yes No

   Educator License Number:
   Educator License Subject Area:
   Educator License Grade Validity:
   Educator License Issuing State:
   Educator License Issue Date:
   Educator License Expiration Date:

5. Current religious affiliation (please include parish/other details as applicable):

   If applicable, former religious affiliation (please include parish/other details as applicable):

6. Pastoral Reference
   Name of Pastor:
   Parish and Address of Pastor:
   Phone Number of Pastor:
   Email Address of Pastor:

7. Please describe any additional experience you have with children, such as religious education teacher, camp counselor, coach, etc: