

www.olgsadepere.org | 1782 Chapelle Rue, De Pere, WI 54115 | (920) 336-2813

Please download or print this application to fill out electronically or by hand. Email your completed application and resume to <u>principal.olgsa@gmail.com</u>.

Applicant Information					
Full Legal N	Name:				
Address:					
Phone:					
Email:					
Position Ap	plying For:				
Date Availa	ble:				
Are you a ci	tizen of the United St	ates?	□ Yes	🗆 No	□ N/A
If not, are you authorized to work in the U.S.		c in the U.S.?	□ Yes	🗆 No	□ N/A
Have you ev	er been convicted of a	felony?	□ Yes	🗆 No	□ N/A
Education					
High Schoo	1:				
Address:					
From:	То:	Did you	ı graduate?	□ Yes	🗆 No

College:				
Address:				
From:	То:	Did you graduate?	□ Yes	🗆 No
Degree:				
Other:				
Address:				
From:	То:	Did you graduate?	□ Yes	🗆 No
Degree:				
		References		
Full Name:		Relationship:		
Full Name: Company:		Relationship:		
Company:				
Company: Address:				
Company: Address:				
Company: Address: Email:		Phone:		
Company: Address: Email: Full Name:		Phone:		

Full Name:		Re	lationship:		
Company:		Ph	one:		
Address:					
Email:					
		Employment 1	History		
From:	To: Reason for Leaving:				
Company:	Supervisor:				
Address:				Phone:	
Job Title:	5	Starting Wage:		Ending Wage:	
Responsibilities	:				
May we contact	your previous	supervisor for a l	reference?	□ Yes	🗆 No
From:	То:	Reaso	on for Leavi	ing:	
Company:			Supervisor	•	
Address:				Phone:	
Job Title:	:	Starting Wage: _		Ending Wage:	
Responsibilities	:				
May we contact	your previous	supervisor for a	reference?	□ Yes	🗆 No

From:	To:	R.	eason for Leav	ing:		
Company:		Supervisor:				
Address:				Phone:		
Job Title:	Sta	rting Wage	2:	Ending Wage:		
Responsibilities	:					
May we contact	your previous sup	pervisor fo	r a reference?	□ Yes	🗆 No	
	Add	litional I	nformation			
Name of Parish	you currently atto	end:				
Name of your Pa	arish Priest:					
School(s) you ha	ve taught at / gra	de(s) taugł	nt:			
Where you recei	ved training in ec	lucation:				
		Military	Service			
Branch:		From:		To:		
Rank at Dischar	rge:	Type of Discharge:				
If other than ho	norable, explain:					
	Disc	laimer ai	nd Signatur	e		
	that my answers a on leads to employn in my application	nent, I und	erstand that fa	lse or misleading	e	

Signature:

Date: