

NATCHITOCHE PARISH SCHOOL BOARD

P.O. BOX 16, 310 ROYAL STREET
Phone (318) 352-2358 Fax (318) 352-8138
www.nat.k12.la.us
NATCHITOCHE, LOUISIANA 71458-0016

APPLICATION FOR EMPLOYMENT (PROFESSIONAL PERSONNEL)

INSTRUCTIONS: Applicants are urged to consider carefully and understand fully each question and to print or type the response in the proper blanks. All information submitted is subject to verification.

PERSONAL INFORMATION:

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ SOCIAL SECURITY NO. _____ BIRTH DATE _____

E-mail Address: _____ Cell Number: _____

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START _____

ARE YOU PRESENTLY UNDER CONTRACT? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS SCHOOL SYSTEM BEFORE: YES NO DATE APPLIED _____ YEARS TEACHING EXPERIENCE _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	MAJOR AND MINOR
UNDERGRADUATE DEGREE EARNED				
MASTER'S DEGREE				
ADDITIONAL GRADUATE STUDY				

Certified teaching area(s) _____

Student Teaching Experience (Subject and/or grade) _____

Name and Address of Supervisor of Student Teaching _____

Do you hold a Louisiana Certificate? Yes No Date Issued _____

Date Renewed _____

Do you hold a certificate from another state? No Yes State _____ Date Issued _____

Date Renewed _____

If you do not hold a Louisiana Certificate, have you taken the National Teachers Examination/Praxis? Yes No

N.T.E. Scores: Communication Skills _____ General Knowledge _____ Professional Knowledge _____ Specialty Area _____

Praxis: Reading _____ Writing _____ Mathematics _____ Principles Learning/Teaching _____ Specialty Area _____

FORMER EMPLOYER (List below last four employers, starting with last one first)

DATE MONTH & YEAR	NAME AND ADDRESS OF SCHOOL DISTRICT	NO. OF MONTHS/YEARS TAUGHT	GRADES AND SUBJECTS TAUGHT
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES (List below the names of three persons not related to you whom you have known at least one year.)

NAME	ADDRESS	BUSINESS	PHONE NUMBER
1.			
2.			
3.			

Do you have any impairments - physical, mental or medical - which would interfere with your ability to do the job for which you applied? Yes No

If yes, remarks: _____

Have you ever been arrested? Yes No If yes, explain: _____

Have you ever been convicted of a felony? Yes No

I understand that if employed: Any misrepresentation or omission of facts requested in this application may be cause for dismissal.

SIGNATURE OF APPLICANT _____ DATE _____

NOTE: Please attach a copy of your certificate (if certified) and a copy of your most recent college transcript. Application is not considered complete without above information.