

NON-CERTIFIED

*Picture of
Applicant*

**LAFOURCHE PARISH SCHOOL BOARD
Post Office Box 879
Thibodaux, LA 70302**

NON-CERTIFIED TEACHER APPLICATION FORM

NOTES TO APPLICANTS:

- 1) If you are presently teaching outside of the Lafourche Parish school system, board policy requires a Request for Information form completed by the Supervisor of Personnel of that school system. The form must be included with this application.
- 2) Your application is considered incomplete until the following is received in this office:
 - a) official transcript of credits reflecting degree
 - b) PRAXIS/NTE scores and teaching certificate
 - c) Request for Information form
- 3) Non-certified teachers must have one of the following (and must submit verifying documentation): (a) passing scores on Reading and Writing parts of PRAXIS; (b) score of 22 or higher on the ACT; or (c) score of 1030 on the SAT.

(Please print or type)

Date _____

PERSONAL

Name _____

Last First Middle

Social Security Number _____ Race _____ (For Statistical Purposes Only)

Present Address _____

Street & No. City State Zip Code

Phone Number: _____ Cell: _____

E-mail address: _____

Permanent Address _____

Street & No. City State Zip Code

Phone Number: _____

Date of Birth _____ Place of Birth _____

City State

PREPARATION

High School Education

Graduate of _____ High School Date _____

Address _____

City State

PROFESSIONAL EDUCATION

<u>Name of Institution</u>	<u>Address</u>	<u>Dates From / To</u>	<u>Sem. Hrs. or Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____

Major _____ Minor _____

QUALIFICATIONS

Louisiana teaching certificate YES NO

Type _____ Number _____ Date Issued _____

List subjects shown on certificate _____

Grade or subject matter area in which student teaching was done

School in which student teaching was done

Highly Qualified YES NO

List area(s) _____

NTE / PRAXIS Scores

Specialty Area Score _____
(Name of Specialty Area taken: _____)
Specialty Area Score (if second area required). _____
(Name of Specialty Area taken: _____)

_____ OR _____
Communication Skills PPST Reading PPST Writing

_____ OR _____
General Knowledge PPST Mathematics

_____ OR _____
Professional Knowledge Principles of Learning: Early Ch. K-6 5-9 or 7-12

Out-of-state certificate YES NO

Type _____ Number _____ Date Issued _____

List subjects shown on certificate _____

Write a brief statement of your reasons for a choice of teaching as a profession:

TEACHING EXPERIENCE

No. of Years	Inclusive Dates		Name & Address of School System (Public or Private)	Grades or Subjects Taught
	From Mo. Yr.	To Mo. Yr.		
_____	_____	_____	_____ _____ _____	_____
			Reason for leaving _____	
_____	_____	_____	_____ _____ _____	_____
			Reason for leaving _____	
_____	_____	_____	_____ _____ _____	_____
			Reason for leaving _____	
_____	_____	_____	_____ _____ _____	_____
			Reason for leaving _____	
_____	_____	_____	_____ _____ _____	_____
			Reason for leaving _____	

Total years of full-time teaching experience: _____

TEACHING PREFERENCE

Elementary School -- Grades: _____

Junior High and/or Middle School -- Subject Area(s):

Senior High School -- Subject Area(s):

Special Education -- Subject Area(s):

MILITARY SERVICE RECORD

Branch of Service _____

Total Years of Service _____

Date Entered _____ Date Discharged _____

REFERENCES

(List at least three references--former employers, professors, supervising teacher, etc.)

Name	Official Position	Address
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____

OTHER

College Honors:

Professional Honors:

_____	_____
_____	_____

Have you ever been convicted of a crime of moral turpitude? _____

Are you presently under contract with another school system? _____

If so,

1. Does your employer know that you are seeking other employment? _____
2. Can you obtain release from your present contract? _____

I hereby grant permission to the Lafourche Parish School Board to contact those persons necessary to confirm any of the information hereinabove contained and to authorize verification of information to be released to the Lafourche Parish School Board.

I certify that all information is true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation will be sufficient grounds for my release from employment.

Signature of Applicant

**LAFOURCHE PARISH SCHOOL BOARD
IS AN EQUAL OPPORTUNITY EMPLOYER**