



**St. John the Baptist Parish Public Schools**

*Making a Difference:*

*Accountability    Assessment    Achievement*

*Return to:*

Attn: Personnel Department  
118 West 10<sup>th</sup> Street, P. O. Drawer AL  
Reserve, LA 70084  
(985) 536-1106    1-800-296-1106

**Application for Professional Position**

DATE \_\_\_\_\_

Application for:  Teacher  Ancillary Position  Pupil Appraisal Other: \_\_\_\_\_

**NOTICE TO APPLICANT**

The Louisiana School System does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, gender, age, national origin, handicap, or status as a Vietnam era or disabled veteran. This policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training and apprenticeship, and all other terms, conditions, benefits and privileges associated with employment. This policy extends to the educational programs and activities operated by the state, districts, and schools. Discrimination is specifically prohibited by Title IX of the Education Amendments of 1972, as amended, and Title 45, Subtitle A, Part 66, of the implementing regulations administered by the Director of the Office of Civil Rights of the United States Department of Health, Education, and Welfare.

**Section I Personal Information**

Name _____		
LAST	FIRST	MIDDLE
Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident Social Security Number: _____		
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, do you have a legal right to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Current Phone Number _____ Alternate Number _____ E-mail Address _____		
Permanent Mailing Address _____		
NUMBER AND STREET/APARTMENT NUMBER		
CITY	STATE	ZIP CODE
Have you ever worked in a Louisiana school system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for a teaching position in Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for a non-teaching position in a Louisiana school system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you retired from a Louisiana retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name the school system from which you retired? _____ Date of Retirement _____		
Are you able to perform the essential functions described in the job description without accommodations? <input type="checkbox"/> With accommodations <input type="checkbox"/> Without accommodations		
Are you currently certified for the position for which you are applying? <input type="checkbox"/> Certified <input type="checkbox"/> Not certified <input type="checkbox"/> Not certified, but have applied		

**Section II Position Desired**

<b>Preferred Assignment (specify grade levels and subjects):</b>	
1 <sup>st</sup> choice _____	
2 <sup>nd</sup> choice _____	
3 <sup>rd</sup> choice _____	
Special Education Area(s): _____	Vocational Education Area(s): _____
If you also wish to be considered for a coaching assignment, list sports (with experiences and records) in order of preference. _____	
What student activities are you willing to sponsor? _____	
What proficiencies do you have in computer technology? _____	

**Section III Academic Record** (beginning with the most recent experience)

Institution and Location	Dates of Attendance		Degree & Date Awarded or Expected	Major or Field of Study	Full or Part Time	GPA in Major/GPA Overall
	MO/YR	MO/YR				
	MO/YR	MO/YR				
	MO/YR	MO/YR				
	MO/YR	MO/YR				

Explain any instances of probation, dismissal, and/or withdrawal from a course and/or failing grades. Also, describe any extenuating circumstances that may have affected your college grade point average (GPA).

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**Section IV Student Teaching Experience** (beginning with the most recent)

Complete this section only if you completed student teaching within the last three years.

Dates		Name of School & School District	Grade(s) and/or Subject(s) Taught	Name, Address, and Phone Number of Cooperating Teacher(s)	Name, Address, and Phone Number of University Supervisor(s)
From	To				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

**Section V Employment Information – Teaching Experience** (beginning with the most recent)

         No teaching experience

Dates		School District	Grade(s) and/or Subject(s) Taught	Name, Address, and Phone Number of School District	Reason for Leaving
From	To				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

**Section VI Employment Information – Other Than Teaching** (beginning with the most recent)

Include part-time work and education related experiences.

         No additional employment experience

Dates		Position	Name, Address, and Phone Number of Employer(s)	Reason for Leaving
From	To			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			

## Section VII Certification Information

Do you hold a valid Louisiana certificate?  Yes  No  No, but have applied

If Yes, is your Louisiana certificate:  current or  expired?

Louisiana Certificate: Type \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_

List areas of certification: \_\_\_\_\_  
\_\_\_\_\_

Do you currently hold a valid certificate from another state?  Yes  No

If Yes, indicate state: \_\_\_\_\_

Out-of-State Certificate: Type \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_

List areas of certification: \_\_\_\_\_  
\_\_\_\_\_

Do you hold a National Board for Professional Teaching Standards Certification?  Yes  No

*If you currently hold a valid Louisiana certificate, skip section VIII and proceed to section IX.  
If you do not hold a valid Louisiana certificate, complete section VIII.*

## Section VIII PRAXIS/NTE SCORES

Complete this section only if you do not currently hold a valid Louisiana certificate.

### National Teacher Examination (NTE)

Have you taken the NTE (required through 8/31/99)?  Yes  No

If yes, when? \_\_\_\_\_

If yes, provide the following scores.

Professional Knowledge Score \_\_\_\_\_

General Knowledge Score \_\_\_\_\_

Communication Skills Score \_\_\_\_\_

Specialty Area Score \_\_\_\_\_

### PRAXIS Examination

Have you taken the PRAXIS (required as of 9/1/00)?  Yes  No

If yes, when? \_\_\_\_\_ If not, when do you plan to take it? \_\_\_\_\_

Is yes, provide the following scores.

#### (PPST) Written Test

Reading Score: \_\_\_\_\_

Writing Score: \_\_\_\_\_

Mathematics Score: \_\_\_\_\_

#### Computer Based Test

Reading Scores: \_\_\_\_\_

Writing Score: \_\_\_\_\_

Mathematics Score: \_\_\_\_\_

#### Other Test(s)

Name of Test \_\_\_\_\_ Test Code: \_\_\_\_\_ Score: \_\_\_\_\_

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Name of Test \_\_\_\_\_ Test Code: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Test \_\_\_\_\_ Test Code: \_\_\_\_\_ Score: \_\_\_\_\_

### Section IX Extra-Curriculum Activities

Beginning with the most recent, list up to four of the most significant extra-curricular activities and professional affiliations in which you have been most actively involved. Describe the nature of your involvement and/or responsibilities.

Organization Name	Position	Years	Average Hours Per week	Description of Activity

### Section X Professional References

#### Non-experienced teachers

Send reference requests to student teaching university supervisor(s), cooperating teacher(s), and school principal(s).

#### Experienced Teachers

Send reference requests to principals, supervisors, and others who have observed and/or evaluated you most recently.

**A minimum of two (2) references must be submitted.**

Name and Position	Name of School District	Complete Mailing Address	Telephone Number (including area code)

**Section XI Additional Information**

1. When will you be available? (month/day/year) \_\_\_\_\_

Are you currently under contract?  Yes  No Expiration Date: \_\_\_\_\_

Where are you under contract? \_\_\_\_\_

2. Are you on approved leave from a school system?  Yes  No

If yes, ending date: \_\_\_\_\_

Type of leave:  Sabbatical  Leave of Absence  Other \_\_\_\_\_

3. Are you related to an employee/board member of the school district(s) to which you are applying?  Yes  No

If yes, list employee/board member's position and relationship.

Employee's Position \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Position \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Position \_\_\_\_\_ Relationship \_\_\_\_\_

4. Have you ever been convicted of a felony?  Yes  No

5. Have you ever been convicted of an offense against the law or are you now under charges for any offense against the Law?

**You may omit: (1) traffic violations other than convictions for driving intoxicated; and (2) any offense committed before your 17<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law.**

Yes  No

6. While in the military service were you convicted by a general court-martial?  Yes  No

7. Have you ever been terminated or recommended for dismissal by your employer?  Yes  No

**IF YOU CHECKED YES FOR QUESTION 4, 5, 6, AND/OR 7 IN SECTION XI**

Briefly explain in the space below and send a letter of explanation for each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you participate in the Louisiana Teacher Assistance and Assessment Program (LTAAP)?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Did you successfully complete the program?  Yes  No

## Section XII Release of Information

### Release of Assessment and Evaluation Information

La. R.S. 17:3884(D) requires that any school board wishing to hire a person who has been assessed or evaluated pursuant to the Children First Act, La. R.S. 17:3871, *et seq.*, whether that person is already employed by that school system or not, shall request such person's assessment and evaluation results as part of the application process. Please be advised that, as part of the mandated process, your previous assessment and evaluation results will be requested. You have the opportunity to apply, review the information received, and provide any response or information you deem appropriate.

### Misconduct Disclosure

I authorize you to make investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. School boards within Louisiana reserve the right to reject an incomplete application and further reserve the right to dispose of any application which is not current in a one-year period. References and personal information which become a part of this record are to be regarded as confidential and shall not be revealed to me. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employing authority, if employed.

I certify that answers given herein are true and complete to the best of my knowledge. I have read and agree with the information provided to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This application was developed by members of the Louisiana State Association of School Personnel Administrators, in cooperation with the Louisiana Department Of Education and the Teach Louisiana project.*

