

OFFICE USE ONLY

FILE _____

ACK _____

REF (1) _____ REF (2) _____

INTERVIEW DATE _____

LA CERTIFIED _____

TANGIPAHOA PARISH SCHOOL SYSTEM
 59656 Puleston Road
 Amite, Louisiana 70422

OFFICE USE ONLY

ASSIGNED TO _____

EFFECTIVE DATE _____

LENGTH OF CONTRACT _____

GRADE/SUBJECT _____

POSITION CODE _____

REPLACING _____

CONTRACT CODE _____

DEGREE _____

EXPERIENCE _____

HIGHLY QUALIFIED _____

APPLICATION FOR CERTIFIED POSITIONS

_____ TEACHER _____ PUPIL APPRAISAL _____ OTHER

DATE _____

NOTICE TO APPLICANT: The Tangipahoa Parish 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 veteran status. 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 program 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.

The applicant must provide copies of transcripts from each college/university attended upon initiation of the application process.

SECTION I: PERSONAL INFORMATION

Name _____
Last First Middle

Social Security Number _____ Are you a citizen of the United States? yes no Race _____

Current Phone Number _____ Alternate Number _____ Email address _____

Permanent Mailing Address _____

City State Zip Code

Current Mailing Address _____

Same as Permanent Address Different from permanent address and valid until _____

Have you been a resident of Tangipahoa Parish for more than five (5) years? yes no

Did you graduate from a Tangipahoa Parish School? yes no

Have you ever worked in a Louisiana school system? yes no

Have you ever applied for a teaching position in Louisiana? yes no

If "yes", where? _____

Have you ever applied for a non-teaching position in a Louisiana school system? yes no

Are you retired from a Louisiana school system? yes no

If "yes", name the school system from which you retired _____ Date _____

Do you currently serve in the military or are you a veteran? yes no

SECTION II: ACADEMIC RECORD (beginning with the most current)

INSTITUTION & LOCATION	DATES OF ATTENDANCE FROM TO MO/YR MO/YR	DEGREE & DATE AWARDED OR EXPECTED	MAJOR OR FIELD OF STUDY	FULL OR PART TIME	GPA MAJOR/ GPA OVERALL

**SECTION III: STUDENT TEACHING EXPERIENCE (beginning with the most recent)
(Complete this section only if you completed student teaching within the last three (3) years.)**

DATES FROM TO MO/YR MO/YR	NAME OF SCHOOL & DISTRICT	GRADE(S) AND/OR SUBJECTS TAUGHT	ADDRESS & PHONE NUMBER OF SCHOOL DISTRICT	NAME, ADDRESS, & PHONE NUMBER OF UNIVERSITY SUPERVISOR(S)

**SECTION IV: EMPLOYMENT INFORMATION – TEACHING EXPERIENCE (beginning with the most recent)
(no additional employment experience)**

DATES FROM TO MO/YR MO/YR	SCHOOL DISTRICT	GRADE(S) AND/OR SUBJECTS TAUGHT	ADDRESS & PHONE NUMBER OF SCHOOL DISTRICT	REASON FOR LEAVING

**SECTION V: EMPLOYMENT INFORMATION – OTHER THAN TEACHING (beginning with the most recent)
Include part time work and education-related experience (no additional employment experience).**

DATES FROM TO MO/YR MO/YR	POSITION	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	REASON FOR LEAVING

SECTION VI: CERTIFICATION INFORMATION

Do you have a valid Louisiana certificate? yes no No, but I have applied.

If "yes", is your Louisiana certificate current? yes no Expired? yes no

Louisiana Certificate: Type (circle one) A B C OP Number _____ Date Issued _____

Level 1 2 3

List areas of certification: _____

Do you currently hold a valid certification from another state? yes no No, but I have applied.

If "yes", indicate the state: _____

Out-of-State Certificate: Type _____ Number _____ Date Issued _____

List areas of certification: _____

Do you hold a National Board for Professional Teaching Standards Certification? yes no

SECTION VII: PRAXIS/NTE SCORES:

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 _____ General Knowledge
 _____ Communication Skills _____ Specialty Area Score

PRAXIS Examination:
 Have you taken the PRAXIS (required as of 9/01/99)? ____ yes ____ no If "yes", when? _____
 If "no", when do you plan to take it? _____
 If "yes", provide the following scores:
 (PPST) Written Test: _____ Reading _____ Writing _____ Mathematics
OR
 Computer Based Test: _____ Reading _____ Writing _____ Mathematics

Other Test(s):

Name of Test _____	Test Code _____	Score _____
Name of Test _____	Test Code _____	Score _____
Name of Test _____	Test Code _____	Score _____
Name of Test _____	Test Code _____	Score _____
Name of Test _____	Test Code _____	Score _____

SECTION VIII: EXTRA-CURRICULAR ACTIVITIES

Beginning with the most recent, list at least four (4) of the most significant extra-curricular/community activities and professional affiliations in which you have been most actively involved. Describe the nature of your involvement and/or responsibilities.

ORGANIZATION	POSITION	AVERAGE HOURS PER WEEK	DESCRIPTION OF ACTIVITY	YEARS

SECTION IX: PROFESSIONAL REFERENCES (A minimum of two (2) references must be submitted.)

Non-experienced teachers:

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

Experienced teachers:

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

NAME & POSITION	NAME OF SCHOOL DISTRICT	COMPLETE MAILING ADDRESS	TELEPHONE NUMBER (INCLUDING AREA CODE)

SECTION X: ADDITIONAL INFORMATION

1. When will you be available? _____
Are you currently under contract? _____ yes _____ no If "yes", list where and the contract expiration date:

2. Are you on approved leave from a school system? _____ yes _____ no
If "yes", indicate type of leave and ending date: _____ sabbatical _____ leave of absence _____ other
_____ ending date

3. Are you related to any Tangipahoa Parish School System employee or Board Member? _____ yes _____ no
If "yes", list that person's position and relationship to you:
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 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offense Law.) _____ yes _____ no

6. While in the military service were you convicted by general court-martial? _____ yes _____ no

7. Have you ever been terminated or recommended for dismissal by your employer? _____ yes _____ no

8. If you checked "yes" for question 4, 5, 6, and/or 7 in this section, briefly explain in the space below:

9. Did you participate in the Louisiana Teacher Assistance and Assessment Program (LATAAP)?
_____ yes _____ no If "yes", provide the following information:
When: _____ Where: _____
Did you successfully complete the program? _____ yes _____ no

SECTION XI: RELEASE OF INFORMATION

Release of Assessment and Evaluation Information: LA.R.S. 17:3884(D) requires that any school system wishing to hire a person who has been assessed or evaluated pursuant to the Child 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 the Tangipahoa Parish School System 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. Tangipahoa Parish School System reserves the right to reject an incomplete application and further reserves 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 _____