

**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)**

**INSTRUCTION:** 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 \_\_\_\_\_ Speciality Area \_\_\_\_\_

Praxis: Reading \_\_\_\_\_ Writing \_\_\_\_\_ Mathematics \_\_\_\_\_ Principles Learning/Teaching \_\_\_\_\_ Speciality Area \_\_\_\_\_

THE NATCHITOCHE PARISH SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, OR PHYSICAL DEFECTS.

**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.