

Cameron Parish School Board
Charles Adkins, Superintendent
510 Marshall Street
Cameron, LA 70631
Phone: 337-775-5784 Fax 337-775-5097
www.camsch.org

OFFICE USE ONLY

Application for Certified Positions

Date: _____

Application For: Teacher Ancillary Position Pupil Appraisal Principal/Assistant Principal
 Supervisor Superintendent

NOTICE TO APPLICANT: The Cameron Parish School Board 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 _____

Social Security Number _____ Are you a citizen of the United States? Yes No

If you are not a U.S. citizen, do you have a legal right to work in this country? Yes No (If no, send supporting documents)

Current Phone _____ Alternate Phone _____

Email Address _____

Permanent Mailing Address _____

Current Mailing Address same as permanent address different and valid until (month/day/year) _____

Have you ever worked in a Louisiana school system? Yes No

Have you ever applied for a teaching position in Louisiana? Yes No

Have you ever applied for a non-teaching position in a Louisiana school system? Yes No

Are you retired from a Louisiana retirement system? Yes No

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

Are you currently certified for the position for which you are applying? Certified Not certified, but have applied.

Section II Position Desired

Preferred Assignment (specify grade levels and subjects):

1st choice _____ Special Education Area(s): _____

2nd choice _____ Vocational Education Area(s): _____

3rd choice _____

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? _____

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Section III Academic Record (beginning with the most recent)

Institution and Location	Dates of Attendance From	Dates of Attendance To	Degree & Date Awarded or Expected	Major or Field of Study	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).

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

Dates From To		School District	Grades and/or Subjects Taught	Name, Address, and Phone Number of School District	Reason for Leaving
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 From To		Position	Name, Address, and Phone Number of Employer(s)	Reason for Leaving
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			

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Section VII Certification Information

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

If yes, is your Louisiana certificate: current 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 K.

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 08/31/99)? 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 09/01/99)? Yes No If yes when? _____ If yes provide the following scores.

If not, when do you plan to take it? _____

(PPST) Written Test Reading Score _____ Writing Score _____ Mathematics Score _____

OR

Computer Based Test Reading Score _____ Writing Score _____ Mathematics Score _____

Other Test(s)

Name of Test _____ Test Code _____ Score _____

Name of Test _____ Test Code _____ Score _____

Name of Test _____ Test Code _____ Score _____

Section IX Extra-Curricular Activities

Beginning with the most recent, list up to four 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 Name	Position	Number of 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

5a. Have you ever been charged –or--convicted of an offense against the law? _____yes(explain below)

_____no (You may omit: (1) traffic violation other than conviction for driving intoxicated; and (2) any offense committed before your 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law)

5b. Have you ever plead nolo contendere to crimes outlined in state law? _____ yes (explain below)

_____no

5c. Are you now under charges for any offense against the Law? _____yes (explain below) _____no

5d. Are you currently on probation for any offense against the law? _____yes (explain below) _____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

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 board 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 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** _____

**OPTIONAL
Personal Information Form
(for statistical use only)**

Each school district is an Equal Employment Opportunity/Affirmative Action Employer. As such, each system is required by law to provide equal employment opportunities for all applicants without regard to race, religion, national origin, gender, age, or disability.

Completion of this information is used for Equal Employment Opportunity statistics and is not related to your application for employment. This information will be used for statistical purposes only. The information you provide will not be included in your application file, nor in your personnel file in the event you are employed. Thank you for providing the requested information.

NAME _____
LAST FIRST MIDDLE

ETHNIC BACKGROUND: Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> AMERICAN INDIAN/ALASKAN INDIAN |
| <input type="checkbox"/> BLACK (NON-HISPANIC) | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> OTHER _____ |

GENDER: FEMALE MALE

DATE OF BIRTH: _____

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