

BIENVILLE PARISH SCHOOL DISTRICT

1956 First Street
Post Office Box 418
Arcadia, Louisiana 71001

Application for Certified Position

Notice to Applicant

The Bienville Parish School District welcomes your application. Type or print in ink. This application is an important and essential part of the recruiting process. Please answer all questions completely and accurately. A knowing false statement may be a source of disqualification. If more space is needed, attach additional sheets referring to applicable section of the application.

You must complete this application even if a resume is attached and submit a copy of your most recent transcript. Failure to complete the entire application may result in disqualification and/or rejection.

Name _____
Last First Middle Maiden

Social Security Number _____ - ____ - _____ Date of Birth _____

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

Current Phone Number _____ Alternate Phone Number _____

E-mail 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 _____ Which retirement system? _____

Have you served on active duty with the U.S. Armed Services? Yes No

If yes, what branch? _____ Highest rank attained _____

Date entered active duty _____ Date discharged or separated _____

Did you receive an honorable discharge? Yes No

What position are you applying for? _____

Are you currently certified for the position for which you are applying? Yes No

Other position(s) you are interested in: _____

EDUCATION

Name of School/Institution	Dates of Attendance		Degree Earned	Date Awarded	Major or Field of Study
	From	To			
High School(s)					
Colleges/Universities					
Business, Trade, Technical Schools and other Training					

Do you speak any language other than English? Yes No
 If yes, which? _____

CERTIFICATION

Do you hold a valid Louisiana certificate? Yes No Applied for
 If yes, is your Louisiana certificate current? Yes No
 Certificate Information: Type _____ Number _____ Issue Date _____
 List areas of certification:

Do you currently have a valid certificate from another state? Yes No If yes, what state? _____
 Certificate Information: Type _____ Number _____ Issue Date _____
 List areas of certification:

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

PRAXIS/NTE

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 08/31/1999)? 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 09/01/1999)? Yes No If yes, when? _____
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 _____

Student Teaching Experience (beginning with the most recent)

Dates		School District Name of School	Grade(s) and/or Subject(s) Taught	Name, address, and phone number of cooperating teacher	Name, address, and phone number of university supervisor(s)
From	To				

TEACHING EXPERIENCE

Give a complete record of your employment, beginning with your present or most recent position and working back to your first job. Do not include substitute teaching.

Dates From To		School District	Name of School/Address	Grade/Subject Taught

Total years full-time educational teaching experience _____

NON-TEACHING EXPERIENCE

Give a complete record of your employment, beginning with your present or most recent position and working back to your first job.

Dates From To		Position	Name of Employer/Address	Reason for Leaving

REFERENCES

Please list three.

Name/Position	Complete mailing address	Telephone Number (including area code)

Please indicate your race and gender to the right. This information is solicited from you to facilitate the federal reporting requirements and also to support the school system's affirmative action program. Your assistance with this element of the application is most appreciated.

RACE White Black
 Hispanic Asian
 Other _____

GENDER Male
 Female

1. When will you be available? _____
 Are you currently under contract? Yes No If yes, expiration date _____
 Where are you under contract? _____

2. Are you on an approved leave from a school system? Yes No
 If yes, Type of Leave Sabbatical Type: ___ Rest & Recuperation ___ Professional Improvement
 Leave of Absence
 Other _____
 Period of Leave: _____ to _____
Beginning date Ending date

3. Are you related to a board member, superintendent, or principal of the Bienville Parish School System?
 Yes No If yes, please list below.
 Name/Position _____ Relationship _____

4. Have you ever been charged with a criminal offense? Yes No

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

NOTICE OF NONDISCRIMINATION: The Bienville Parish School System does not discriminate on the basis of race, color, national origin, sex, age, or qualified disability.

CERTIFICATION

I certify that all information given in this application is true and correct to the best of my knowledge and belief. I understand that any willful or intentional falsification of any information on this application for employment or promotion will result in my rejection or dismissal. I hereby authorize Bienville Parish School District to verify any information contained in this application.

Signature

Date

Release of Information

Authorization and Release

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.

DISCLOSURE AND RELEASE STATEMENT REGARDING SEXUAL MISCONDUCT

(effective on June 29, 2006, and thereafter)

I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish, or other local school board, relative to all instances of sexual misconduct with students committed by me, if any. I expressly give consent for the release of such information from any school employee and/or teacher personnel file maintained with respect to me. I release my current or previous employer, if employer is/was a city, parish, or other local school board, and any employee acting on behalf of such employer from any liability for providing any information relative to all instances of sexual misconduct with students committed by me, if any.
LA R.S. 17:81.9

Signature _____

Date _____