

APPLICATION FOR TEACHING POSITION

AVOYELLES PARISH SCHOOL BOARD

221 TUNICA DRIVE WEST

MARKSVILLE, LA 71351

(318) 253-5982



Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Teacher Certificate: Type \_\_\_\_\_ No \_\_\_\_\_

Teaching Areas Certified: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Mi) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Professional Training

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Colleges and Universities	Major	Minor	Degree	Year of Graduation

Note: Attach copy of teaching certificate or official transcript showing the awarding of a Bachelor's Degree.

NTE Scores: GK \_\_\_\_\_; CS \_\_\_\_\_; PK \_\_\_\_\_; AREA \_\_\_\_\_

or PRAXIS Exams: (Must have Praxis I completed or ACT Score of 22 or more or a SAT verbal and math score of 1030 and GPA 2.20 or above for employment.) Completed Praxis I Pre-Professional Skills Tests (PPST): Yes \_\_\_\_\_ No \_\_\_\_\_

or Core Academic Skills: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a copy.) Completed Praxis Content: Yes \_\_\_\_\_ No \_\_\_\_\_

AREA: \_\_\_\_\_ (If yes, attach a copy.)

1. Do you know of any reason(s) why you cannot perform the essential function(s) of the job you are applying for?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain: \_\_\_\_\_

2. Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever been convicted of a felony or criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If so, have you been pardoned? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

**TEACHING EXPERIENCE**

(Do not include substitute teaching experience)

School and Address	Grade or Subjects Taught	Dates of Service	Number of Years

**Total Years of Teaching Experience:** \_\_\_\_\_

Indicate Participation in the PIP Program: Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER WORK EXPERIENCE**

List any other work experience which you have had.

Name of Employer	Position Held	Phone Number

**Active Military Service:** \_\_\_\_\_ Years; \_\_\_\_\_ Month(s). Attach a copy of DD-214 Form.

**REFERENCES**

Give three references, preferably superintendents, principals, supervisors, and college professors, who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

Name of Employer	Position Held	Phone Number

**OTHER**

1. It is necessary that you have a criminal record check as per the Louisiana Child Protection Act. Please check with the Avoyelles Parish Personnel Department for more information.
2. You are asked to take a copy of your application to each school principal of your choice. This application is to be renewed on an annual basis (prior to the beginning of each school year).
3. The Avoyelles Parish School Board, in compliance with R.S. 17:391.5H, Act 506, will request evaluation results of professional personnel as part of the application process. You have the opportunity to review these and provide a response you deem appropriate. Please submit below and other information which you feel would help us to evaluate your application for a teaching position.

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

**Signature of Applicant:** \_\_\_\_\_



PLEASE TYPE OR PRINT IN INK

**PROFESSIONAL CONDUCT FORM**  
(All questions must be answered)

NAME OF APPLICANT: (Include First, Middle, Maiden, and Married)	Social Security Number: - - -
ADDRESS:	DATE OF BIRTH:

<i>Each Question must be answered:</i>	<i>Please Check</i>	
	<b>YES</b>	<b>NO</b>
1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES, in which state? _____		
2. Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending? If YES, in which state? _____		
3. Have you ever been convicted of any felony offense, been found guilty or entered a plea of <i>nolo contendere</i> (no contest), even if adjudication was withheld? If yes, please provide the following information: Date of Conviction: _____ State of Conviction: _____ Court Jurisdiction of Conviction: _____		
4. Have you ever been convicted of a misdemeanor offense that involves any of the following: a. Sexual or physical abuse of a minor child or other illegal conduct with a minor child. b. The possession, use, or distribution of any illegal drug as defined by Louisiana or federal law.		
5. Have you ever been granted a pardon or expungement* for any offense as stated in #3 or #4?		



**NOTICE---EXPUNGEMENTS, FIRST OFFENDER PARDONS, PRE-TRIAL DIVERSIONS:** Criminal Background Checks (CBCs) conducted for purposes of employment will be conducted in accordance with La. R.S. 17:15 and La. R.S. 15:587.1. Pursuant to Louisiana law R.S. 15:587.1., background checks shall disclose **ALL ARRESTS, COURT ACTION and CONVICTIONS, (Including but not limited to expungements, first offender pardons and pre-trial diversion), and a copy of the report shall be provided to the Louisiana Department of Education (LDE), in addition to the potential employer or LA Education Agency (LEAs)s.**

**\*Per BESE policy set forth in Bulletin 746, Louisiana Standards for State Certification of School Personnel, Section 903.C, "failure to disclose actions such as first offender pardons, pre-trial diversion, expungements, etc. is grounds for certification denial and/or revocation."**

If you answered "YES" to any questions, #1 through #5, you must provide court **certified** copies of all documents and proceedings, civil records of Federal, State and/or District School Board actions, or other relevant documents that provide full disclosure of the nature and circumstances of **EACH** separate incident in your application packet.

**I affirm and declare that all information given by me in the responses to items #1 through #5 above is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in criminal prosecution and/or the denial or revocation of my teacher certificate. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this document.**

SIGNATURE OF APPLICANT:	DATE:
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