Delta Charter School, MST

300 Lynwood Drive

Ferriday, La. 71334

Phone: (318)757-3202 Fax: (318)757-6497

[mmiller@deltacs.org](mailto:mmiller@deltacs.org)

**Staff/Non-Instructional Application for Employment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO City State Zip

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO City State Zip

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Certificate State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place a check mark by the job for which you are applying:**

\_\_\_\_\_ Administrator \_\_\_\_\_ Paraprofessional \_\_\_\_\_ Receptionist \_\_\_\_\_ Secretary

\_\_\_\_\_ Custodian \_\_\_\_\_ Bus Driver \_\_\_\_\_ Cafeteria \_\_\_\_\_ Substitute

\_\_\_\_\_ Teacher \_\_\_\_\_ General Manager \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the highest level of education that you have completed:**

\_\_\_\_\_ Some high school \_\_\_\_\_ High school \_\_\_\_\_ Some college \_\_\_\_\_ Associate Degree

\_\_\_\_\_ Bachelor’s Degree \_\_\_\_\_ Master’s Degree \_\_\_\_\_ Specialist Degree \_\_\_\_\_ Ed.D/Ph.D

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Certification:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list all of your work related experiences starting with the most recent job you have had.**

**Use additional paper if needed.**

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| --- | --- | --- | --- |
| **Former Employer** | **Position Held** | **Date Started** | **Date Stopped** |
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**As part of this job application, please attach the following information to the application:**

* Current Resume
* Copy of current teaching certificate and/or other certifications
* Copy of your last formal evaluation signed by your supervisor
* Names, mailing and email addresses, and phone numbers for five (5) references
* A lesson plan you have made

\*If you are just completing your undergraduate work and/or you have never taught, you may delete sending in

this information.

Are you currently under contract? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been discharged, requested to resign, or refused tenure? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please explain on a separate sheet.)

Are you a retiree with the State of Louisiana? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type of retiree? (Circle One)

DROP Retiree Option 5 Retiree Service Retiree Early Retirement Retiree

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|  |  |  |
| --- | --- | --- |
| **Each Question MUST Be Answered** | **Yes** | **No** |
| 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 question 1, and if YES, in which state? \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 3. Have you ever been convicted of any felony offense, been found guilty or  entered a plea of nolo contender (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 of federal law? |  |  |
| 5. Have you ever been granted a pardon or expungement for any offense as  stated in questions number 3 or 4? |  |  |

Should an answer of yes be given to any question 1-5 from above, you must provide a court certified copy 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.

I affirm and declare that all of the information given in my responses to questions 1-5 on this page is true. I understand that any misrepresentation of the true facts by omission and/or addition may result in criminal prosecution.

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

Signature Date

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|  |
| --- |
| **Professional Accomplishments** |
| Professional organizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Publications you have authored/co-authored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Presentations you have made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Honors/Awards you have received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other important accolades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMPORTANT: READ CAREFULLY BEFORE YOU SIGN!!!!!!**

I hereby approve of and authorize Delta Charter Group and Delta Charter School of Math, Science, and Technology to conduct a criminal background investigation on me. Additionally, I approve and authorize the release of information form all previous and current employers, educational institutions I have been enrolled in, both professional and personal references, criminal records, charges and/or convictions, or other appropriate sources and/or information.

I also approve and authorize the release of personnel evaluation results pursuant to Act 506 of 1992 from all school districts I previously have been employed. I understand that I have the right to and may access any personnel evaluation results received in accordance with Act 506. Also, I understand that I may provide any response deemed appropriate.

I pledge, on my word, the correctness of the information in this application made to Delta Charter Group.

I understand that any omission, or false statement, made by me in this application will be sufficient grounds for discharge, should I become employed. I also affirm that I have never been convicted of a felony.

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

Applicant’s Signature Date