

EAST CARROLL PARISH SCHOOL BOARD

Application for Certificated Positions



Meagan Brown, Superintendent

***607 Fourth Street
Post Office Box 792
Lake Providence, LA 71254
Phone 318.559.2222
Fax 318.559.3864***

Where Education Is First!

Office Use Only

File: _____

Ack: _____

Ref: 1) _____ 2.) _____

Interview Date: _____

LA Certified: _____

East Carroll Parish School Board
607 Fourth Street Post Office Box 792
Lake Providence, Louisiana 71254

APPLICATION FOR CERTIFICATED POSITIONS

Application For:

- Teacher Ancillary Position Pupil Appraisal
 Other _____

Date _____

Office Use Only

Assigned to: _____

Effective Date: _____

Length of Contract: _____

Grade/Subject: _____

Position Code: _____

Replacing: _____

Contract Code: _____

Degree: _____

Experience: _____

NOTICE TO APPLICANT

The East Carroll 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: _____

LAST

FIRST

MIDDLE

Social Security Number: _____

Are you a citizen of the United States? Yes No

Current Phone Number _____ Cell Phone _____ Alternate Number _____

E-mail Address _____

Permanent Mailing Address: _____

Number and Street/Apartment Number

City

State

Zip

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 Not certified, but have applied

Section II Position Desired

Preferred Assignment (specify grade levels and subjects);

1st choice _____

2nd choice _____

3rd choice _____

Special Education Area(s) _____ Vocational Education Area(s) _____

If you 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? _____

Section III Academic Record (beginning with the most recent)

Institution and Location	Dates of Attendance		Degree & Date Awarded or Expected	Major or Field of Study	Full or Part Time	GPA in Major/GPA Overall
	From	To				
	Mo/Yr	Mo/Yr				
	Mo/Yr	Mo/Yr				
	Mo/Yr	Mo/Yr				

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		Name of School & School District	Grade(s) and or Subject(s) Taught	Name, Address, & Phone No. of Cooperating Teacher(s)	Name, Address, & Phone No. of University Supervisor(s)
From	To				
Mo/Year	Mo/Year				
Mo/Year	Mo/Year				
Mo/Year	Mo/Year				

Section V Employment Information—Teaching Experience (beginning with the most recent)

No additional employment experience

Dates		School District	Grade(s) and or Subject(s) Taught	Name, Address, Phone No. of School District	Reason for Leaving
From	To				
Mo/Year	Mo/Year				
Mo/Year	Mo/Year				
Mo/Year	Mo/Year				
Mo/Year	Mo/Year				

Section VI Employment Information—Other Than Teaching (beginning with the most recent)

Include part-time work and education related experience No additional employment experience

Dates		Position	Name, Address, and Phone No. of Employer(s)	Reason for Leaving
From	To			
Mo/Year	Mo/Year			
Mo/Year	Mo/Year			
Mo/Year	Mo/Year			
Mo/Year	Mo/Year			

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 (Circle One) A B C Level 1 Level 2 Level 3 OS Ancillary(Type) _____

List Areas of Certification _____

Do you hold a valid certificate from another state? Yes No No, but have applied

If Yes, indicate state _____

Out of State Certificate: Type _____ Number _____

List areas of Certification: _____

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

Section VIII Highly Qualified Information

If you hold a Current Louisiana Certificate complete this section

If you have been deemed Highly Qualified by a school district in Louisiana, please check one the following paths in which you you became Highly Qualified

Elementary Teacher (K-5) or Teacher holding Elementary 1-8

1. Valid Teaching Certificate _____ and
2.
 - a. Passes Praxis Content Area _____;or
 - b. Achieved National Board Certification _____;or
 - c. Completed at least 12 semester hours in each of the four core disciplines _____; or
 - d. Met the HOUSSE definition (90continuing Learning Units) _____

Middle School Teacher (6-8) or Elementary Teacher holding Elementary 1-8

1. Valid Teaching Certificate _____ and
2.
 - a. Passes Praxis Content Area _____;or
 - b. Achieved National Board Certification _____;or
 - c. Completed coursework equivalent to an academic major in a content area; or _____
 - d. Earned a masters in a content area; or _____
 - e. Met the HOUSSE definition (90continuing Learning Units) _____

Secondary Teacher (9-12)

1. Valid Teaching Certificate _____ and
2.
 - a. Passes Praxis Content Area _____;or
 - b. Achieved National Board Certification _____;or
 - c. Completed coursework equivalent to an academic major in a content area; or _____
 - d. Earned a masters in a content area; or _____
 - e. Met the HOUSSE definition (90continuing Learning Units) _____

Section IX PRAXIS Scores

In this section complete all items with scores from tests you have taken.

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 of 09/01/99)? Yes No

If yes, provide the following scores.

(PPST) Written Test Reading Score: _____ Writing Score: _____ Mathematics Score: _____ Date Taken: _____

Or

Computer Based Test Reading Score: _____ Writing Score: _____ Mathematics Score: _____ Date Taken: _____

Principals of Learning and Teaching (PLT) Test Code: _____ Score: _____ Date Taken: _____

Content PRAXIS Test(s)

Name of Test _____ Test Code: _____ Score: _____ Date Taken: _____

Name of Test _____ Test Code: _____ Score: _____ Date Taken: _____

Name of Test _____ Test Code: _____ Score: _____ Date Taken: _____

Name of Test _____ Test Code: _____ Score: _____ Date Taken: _____

Effective September 1, 2006 : An ACT composite score of 22 or a SAT combined verbal and math score of 1030 may be used in lieu of Praxis 1 PPST Exams by prospective teachers in Louisiana.

If you are non-certified teacher, please list your ACT or SAT score if you have not taken the PRAXIS I _____

Section X 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	Years	Average Hours Per Week	Description of Activity

Section XI Professional References

Non-experienced teacher—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 other who have observed and/or evaluated you most recently.

A minimum of two (2) references must be submitted.

Non-certificated teacher applicant—Send reference request to previous employer, supervisor, and person of standing in community who is familiar with you

Name and Position	Name of School District/Agency	Complete Mailing Address	Telephone Number (Including area Code)

Section XII Additional Information

1. When will you be available? (month/date/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 East Carroll Parish School District? Yes No
 If yes, list the employee/board member's position and relationship.
 Position _____ Relationship _____
 Position _____ Relationship _____
 Position _____ Relationship _____

4. Have you ever been convicted of a felony? Yes No

5. Have you ever been convicted of an offense against the law or are you now under charges for any offense against the Law?
 You may omit: 1. traffic violations other than convictions for driving intoxicated 2. any offense committed before you 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.) Yes No

6. While in the military service were you convicted by a general court-martial? Yes No Non-applicable

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

If you check YES for Question 4,5,6, and /or 7 in section XII briefly explain in the space below.

8. Did you participate in the Louisiana Teacher Assistance and Assessment Program (LaTAAP)? Yes No
 When? _____ Where? _____
 Did you successfully complete the program? Yes No

Section XIII 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 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 East Carroll Parish School Board 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. East Carroll Parish School Board reserves the right to reject an incomplete application and further reserves 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.

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 _____

Reference Form

East Carroll Parish School Board

The applicant listed below is applying for a certificated position. As part of the selection process, a minimum of two (2) references must be submitted for each applicant. You have been asked to complete this reference form because of your familiarity with the applicant's ability, potential, and past performance. Your prompt attention in completing the items below and returning this form to us will be greatly appreciated. Your reply will be considered strictly confidential and will not be revealed to the applicant.

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**.

Applicant: _____
First
Middle
Last

Social Security Number: _____

Position Desired: Teacher Ancillary Position Pupil Appraisal

Check the appropriate box, which best describes the applicant in comparison with other persons you have known with compatible years of experience.

	Outstanding	Above Average	Average	Below Average	Poor
Accuracy and dependability					
Assessment of pupil needs and progress					
Classroom management skills					
Cooperation with others					
Correct use of standard English					
Development of conducive learning environment					
Effective Communication					
Enthusiasm for learning and teaching					
Flexibility					
Initiative and creativity					
Instructional planning					
Integrity					
Judgment and common sense					
Knowledge of subject matter					
Leadership potential					
Loyalty to administration and system					
Maturity (poise, self-control)					
Motivation and relationship to pupils					
Personal hygiene and grooming					
Positive attitude toward supervision					
Potential for professional growth					
Punctuality/Attendance					
Teaching-effective instruction					
Overall estimate of Teaching Capability					

1. Have you seen the applicant teach? Yes No
2. Would you employ/re-employ this person? Yes No
3. Would you want this person to teach your child? Yes No
4. Would you prefer talking with us by telephone? Yes No
5. For the position desired, I recommend the applicant: Highly Favorably With Reservation Not At All
6. How long and in what capacity have you know the applicant? _____

Additional comments: _____

Name of Reference _____
 Title: _____
 School/Organization: _____
 Phone Number: _____

Please Return To:
 EAST CARROLL PARISH SCHOOL BOARD
 PERSONNEL DIRECTOR
 P.O. BOX 792
 LAKE PROVIDENCE, LA 71254
 PHONE: 318.559.2222
 FAX: 318.559.3864

Signature of Reference _____

Date _____



Sexual Misconduct Disclosure Statement

As required by Louisiana Revised Statute 17:81.9 (Act 723), the applicant authorizes all previous employers to disclose any and all information in the applicant's personnel file related to instances of sexual misconduct with students committed by the applicant. The applicant releases previous and current employers from liability for providing the requested information to the East Carroll Parish School System.

- I have read and understand the statement above.
- I also understand that I cannot be considered for employment in the East Carroll Parish School System unless this form is signed.
- Once this form has been signed, the applicant may be hired on a conditional basis pending the review of any information obtained.
- I agree that a copy of this form will be sent to each of my previous employers.
- Each completed form received will be placed in my personnel file.

Please check the appropriate box:

- I have formerly worked in (a) school district(s) in the State of Louisiana.
- I have never worked in (a) school district(s) in the State of Louisiana.

PRINT FULL NAME

DATE

SIGNATURE OF EMPLOYEE

SOCIAL SECURITY NUMBER



This section to be completed by previous employer.

Name of School System: _____

- There is no information in this employee's file indicating sexual misconduct.
- I have attached documentation regarding sexual misconduct.

Previous employer(s) should complete this form and return it within twenty (20) business days to the following address:

**East Carroll Parish School Board
Human Resources Department
P.O. Box 792
Lake Providence, Louisiana 71254**

Print Name of Authorized HR Employee

Date

Signature of Authorized HR Employee: _____

Personnel