

# EPISCOPAL SCHOOL OF ACADIANA

## Application for Teaching Employment

(Please Type or Print)

Please complete and return this form to: Episcopal School of Acadiana P. O. Box 380, Cade, LA 70519		<b>Date Available for Employment</b>		<b>Date of Application</b>	
<b>LIST, IN ORDER OF PREFERENCE, THE GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:</b>					
1.		2.		3.	
<b>NAME</b>				<b>SOCIAL SECURITY NUMBER</b>	
LAST		FIRST		MIDDLE	
<b>PRESENT ADDRESS</b>				<b>HOME TELEPHONE</b>	
		STREET			
				<b>CELL PHONE</b>	
CITY		STATE		ZIP	
<b>ARE YOU ABLE TO PROVIDE PROOF OF YOUR RIGHT TO LAWFULLY REMAIN AND WORK IN THE UNITED STATES?</b>		<b>DRIVER'S LICENSE #</b>		<b>EMAIL ADDRESS</b>	
		NUMBER		STATE	
<input type="checkbox"/> YES		<input type="checkbox"/> NO		@	
IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST?				<input type="checkbox"/>	YES
				<input type="checkbox"/>	NO
LONG-TERM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
		<input type="checkbox"/>	NO	<input type="checkbox"/>	NO
SHORT-TERM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ADDITIONAL INFORMATION					

### EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT <i>Average</i>
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

### CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID LOUISIANA AND/OR OUT-OF-STATE TEACHING CERTIFICATES.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED

### STUDENT OR PRACTICE TEACHING

If you have not been previously employed in a teaching position, please complete the following:

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL		1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.	
		2.	
		1.	
		2.	

## EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address		Your Title
From				
To		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				Final Yearly Salary:
Dates		Name of Employer and Address		Your Title
From				
To		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				Final Yearly Salary:
Dates		Name of Employer and Address		Your Title
From				
To		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				Final Yearly Salary:

Please list activities that you are qualified to supervise or coach:

### ADDITIONAL TRAINING

PLEASE DESCRIBE ANY ADDITIONAL TRAINING OR PROFESSIONAL DEVELOPMENT YOU HAVE TAKEN

### MILITARY SERVICE

IF YOU HAVE SERVED IN THE MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION: BRANCH OF SERVICE, RANK, DATES OF SERVICE, HONORS OR COMMENDATIONS, A COPY OF YOUR FORM DD214

## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Were you ever convicted of a criminal offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe the nature of the offense, the date and jurisdiction where the conviction occurred, and the outcome of such conviction, i.e. probation, time served, etc.				
Are you currently under charges for a criminal offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been convicted of a sexual crime against children?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Within the last ten years, have you been fired from any job for any reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Within the last ten years, have you quit a job after being notified that you would be fired?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p><b>Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.</b></p>				

### MISSION STATEMENT

Episcopal School of Acadiana is a coeducational, independent day school for students in grades PreK-3 through 12. Our mission is to instill in every student the habits of scholarship and honor. ESA challenges students to develop intellectually, spiritually and physically.

### ACKNOWLEDGEMENT OF THE SPIRITUAL NATURE OF EPISCOPAL SCHOOL OF ACADIANA

Episcopal School Of Acadiana values the religious and denominational diversity of its faculty, staff, and students. Episcopal School of Acadiana is a Christian School of the Episcopal tradition. It is our expectation that all employees fully support the Mission Statement and refrain from involving students in activities that may undermine the Mission Statement, particularly as it refers to the basic tenets of the Christian faith.

X	
Signature of Applicant	Date

### SAFEGUARDING GOD'S CHILDREN

THE PURPOSE OF THE *SAFEGUARDING GOD'S CHILDREN* PROGRAM IS TO TEACH ADULTS WHAT THEY NEED TO KNOW TO PREVENT SEXUAL ABUSE. {ALL EMPLOYEES (FULL OR PART-TIME) MUST BE TRAINED AS MANDATED BY THE EPISCOPAL DIOCESE.}

I <input type="checkbox"/> have taken this program	I <input type="checkbox"/> have not taken this program
As mandated by the Episcopal Diocese, I agree to complete the Safeguarding God's Children program within the first year of employment at Episcopal School of Acadiana.	
X	
Signature of Applicant	Date

**OTHER QUALIFICATIONS**

Pursuant to the Louisiana Board of Elementary and Secondary Education Bulletin 741, Handbook for Nonpublic School Administrators, Section 303, "...all instructional staff teaching secular subjects must complete a minimum of 12-semester hours of "professional education" and "knowledge of the learner" courses. In cooperation with the Division of Teacher Certification, the following list is a sample of education courses that meet the 12-hour standard: Assessment, Child / Adolescent Development / Psychology, Classroom Organization and Management, Educational Psychology, Instructional Design, Instructional Strategies, Multicultural Studies, Reading , Teaching Methodology, The Diverse Learner, The Learner with Special Needs

Yes     No    I possess the 12 hour subject credits required of professional education courses.

Upon my employment with Episcopal School of Acadiana, I agree to fulfill the aforementioned education subject credit requirements within the first three (3) years of employment and also plan continual work to meet any subject matter course obligations.

Signature	Date

**PROFESSIONAL REFERENCES**

Name	Position	Address	Telephone

**PERSONAL REFERENCES**

Name	Address	Telephone	YEARS KNOWN

**CERTIFICATION AND CONDITIONS FOR EMPLOYMENT**

I certify that all the information contained in this application is true. I also understand that ESA may confirm the truthfulness of the statements I have made in this application. If any of the information is determined to be false during my tenure of employment, it will result in my immediate discharge. I further certify that I have read the conditions of employment listed below and I understand and agree to all these conditions.

As a condition of employment, ESA will perform criminal background checks with federal, state, and local authorities. The results of such checks may result in forfeiture of consideration or termination of employment.

I understand that the information contained in this application, and in subsequent interviews, is subject to verification with former and current employers and educational institutions as necessary to determine my suitability for the position. I hereby give these entities permission to release information concerning personal history. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. I agree to hold these entities and ESA harmless in the event that such information discloses my unsuitability for the position for which I am applying for.

As a condition of employment with ESA, I may be required to successfully complete a controlled substance drug and alcohol screening test before becoming an employee. In addition, I understand ESA reserves the right to administer such a test at any time during employment.

Date		<b>Signature of Candidate (in ink) [Must be original]</b>