

BEAUREGARD PARISH SCHOOL BOARD

202 WEST THIRD STREET / P.O. DRAWER 938 (337) 463-5551 – (337) 463-6735 (FAX) DE RIDDER, LOUISIANA 70634 **REVIEWED BY**

APPLICATION FOR EMPLOYMENT

(PROFESSIONAL PERSONNEL)

INSTRUCTIONS: APPLICANTS ARE URGED TO CONSIDER CAREFULLY AND UNDERSTAND FULLY EACH QUESTION AND TO PRINT OR TYPE THE RESPONSE IN THE PROPER BLANKS. ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION.

PERSONAL INFOR									
SOCIAL SECURITY	NO	DATE OF	BIRTH						
NAME			IVIIVI	זז טט					
LAST		FIRST	MIDDLE		MAIDEN				
PRESENT MAILING	ADDRESS								
	STRI		CITY	STATE	ZIP				
	HONE NUMBER CELL PHONE NUMBER								
		TIREMENT SYSTEM IN P IF RETIRED, ARE YOU			DISABILITY RETIREMENT?				
EMPLOYMENT DE POSITION	SIRED		DATE YOU CAN START						
ARE YOU PRESENTLY U		YES NO TEACH			ONTHS				
EDUCATION	NAME AND LOCAT	FION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	MAJOR AND MINOR				
JNDERGRADUATE DEGREE EARNED									
MASTER'S DEGREE									
EDUCATION SPECIALIST OR PLUS 30 GRADUATE HOURS									
OR PLUS 30 GRADUATE HOURS									
OR PLUS 30 GRADUATE HOURS CERTIFICATION	JISIANA CERTIFICAT	TE? □ YES □ NO CE	ERT. NO	DATE ISSI	JED DATE				
OR PLUS 30 GRADUATE HOURS CERTIFICATION DO YOU HOLD A LO	UISIANA CERTIFICAT	E? □ YES □ NO CE	ERT. NO	DATE ISSI	UED DATE				
OR PLUS 30 GRADUATE HOURS CERTIFICATION DO YOU HOLD A LO RENEWED		E? 🗆 YES 🗆 NO CE	ERT. NO	DATE ISSI	UED DATE				
OR PLUS 30 GRADUATE HOURS CERTIFICATION DO YOU HOLD A LO RENEWED SPECIALTY AREA:		TE? YES NO CE		DATE ISSI	UED DATE				
OR PLUS 30 GRADUATE HOURS CERTIFICATION DO YOU HOLD A LO RENEWED SPECIALTY AREA: DO YOU HOLD A CERT	IFICATE FROM ANOTH	HER STATE? YES ATE RENEWED	NO	DATE ISSI	UED DATE				

FORMER EMP	LOYERS (LIS	ST BELOW LAST FOUR EMPLOY	ERS, STARTING \	WITH LAST ONE FIRST. GIVE	COMPLETE ADDRESS.)	
DATE MONTH & YEAR	NAME AND ADDRESS OF SCHOOL DISTRICT		NO. OF MOS. GRADES AND SUBJECTS TAUGHT TAUGHT		PHONE NUMBER W/ AREA CODE	
FROM			TAUGHT	TAUGHT	W/ AREA CODE	ı
ТО	1					•
FROM	4					
TO FROM	+					
TO	1					
FROM						1
ТО						1
REFERENCES	(LIST BELOW THE	NAMES OF THREE PERSONS N	OT RELATED TO	YOU WHOM YOU HAVE KN	OWN AT LEAST ONE YEAR.)	
NAME	NAME ADDRESS		BUSINESS		PHONE NUMBER W/ AREA CODE	
1					Wy ruize Coop	
1.						
2.						
3.						
HAVE YOU EVER B	EEN CONVICTEI	D OF ANY CRIME? YES	□ NO	IF YES, GIVE OI	FENSE, DATE, AND OUTCOM	E, BELOW:
WERE ANY TEST SO DID YOU RESIGN? WERE YOU TERMINITEREGULARITY?	CORES VOIDED, YES NO NATED, ASKED YES NO TO ANY BOARD PARENTS OF SE	D MEMBER/SUPERINTENDE POUSE? □YES □NO	OUNTED AS A F	RESULT OF THE INVESTIGA OT RENEWED DUE IN WHO	WAS THE RESULT OF THE ATION?	ERS, PARENTS,
I UNDERSTAND T CAUSE FOR DISM		OYED: ANY MISREPRESEI	NTATION OR	OMISSION OF FACTS F	EQUESTED IN THIS APPLIC	ATION MAY BE
DATE			SIGNATU	RE OF APPLICANT		
NOTE: PLEASE		PPLICATION PACKET IS N	OT COMPLET	•		TRANSCRIPT.
I GIVE MY PERMISS PERFORMANCE.	SION FOR THE E	BEAUREGARD PARISH SCHO	OL BOARD TO	REQUEST EVALUATION F	ESULTS OF ALL PREVIOUS EM	IPLOYMENT
DATE			SIGNATU	RE		
RETURN COMPLET						

RETURN COMPLETED PACKETS TO:

BEAUREGARD PARISH SCHOOL BOARD 202 W. THIRD STREET P.O. DRAWER 938 DERIDDER, LA 70634