

TEACHER APPLICATION FORM
LAFAYETTE DIOCESAN SCHOOLS ADVISORY COUNCIL
CATHOLIC SCHOOLS OF THE DIOCESE OF LAFAYETTE
1408 Carmel Drive
Lafayette, LA 70501-5298

PERSONAL INFORMATION

Name _____
Last First Middle

Religion _____

Present Address _____ Phone _____
Street City Zip

Permanent Address _____ Phone _____
Street City Zip

EDUCATIONAL BACKGROUND AND EXPERIENCE

Degree Earned _____ College Granting _____ Year _____

Major Area of Study _____ Minor Area of Study _____

Other Degree _____ College Granting _____ Year _____

Major Area of Study _____ Minor Area of Study _____

Louisiana Teaching Certificate Type/No. _____ Date Issued _____ Date Expires _____

Certified to Teach: Elem. Grades _____ Secondary Subjects _____ Spec. Educ. _____

Comments on the Above: _____

Please List Your Previous Teaching Experience:

School/Location _____ Grade _____ Year(s) _____

Do you hold a certificate from another state? _____ Date Issued _____ Date Expires _____

Please specify grade level or subject area you are applying to teach _____

Please specify your second and third preferences _____

Are you applying for full or part time employment? _____ Any Comments? _____

Maximum salary you are expecting _____ Minimum _____

Comments on the above _____

Please list at least three professional references including your last two principals

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

List in order of preference three cities or parishes in which you would like to teach in the Diocese of Lafayette. (The diocese covers all of southwestern Louisiana.) We have Catholic schools in the following civil parishes: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion.

1. _____ 2. _____ 3. _____

Add, by letter, any other information that will give us a better insight into your present and past professional abilities. Include transcript, copy of teaching certificate, National Teachers Exam Scores, etc.

This application will be placed in the files of our office and presented to any pastors or principals who may request teacher application forms for their review. You will be notified by the pastor or principal for an interview if your services are desired. Thank you.

Date Available for Employment _____ Date of Application _____

Signature _____

For Office Use Only!
