

Louisiana School for the Deaf
P. O. Box 3074 - 2888 Brightside Drive
Baton Rouge, LA 70821-3074
Phone - (225) 769-8160 FAX - (225) 757-3424

An Equal Employment Opportunity/Affirmative Action Employer

Position for which applying:

- | | |
|---|--|
| 1. <input type="checkbox"/> Teacher
<input type="checkbox"/> Prep/Elementary
<input type="checkbox"/> Jr. High School
<input type="checkbox"/> High School - Subject _____
<input type="checkbox"/> Vocational - Area _____
<input type="checkbox"/> Special Needs (MH/DB)
<input type="checkbox"/> Physical Education
<input type="checkbox"/> Speech/Auditory Training
<input type="checkbox"/> Parent Education/Resource | 2. <input type="checkbox"/> School Librarian
3. <input type="checkbox"/> School Counselor
4. <input type="checkbox"/> Paraeducator
5. <input type="checkbox"/> Supervising Teacher - Level/Program _____
6. <input type="checkbox"/> Principal
7. <input type="checkbox"/> Dean of Students
8. <input type="checkbox"/> Educational Interpreter
9. <input type="checkbox"/> Other _____ |
|---|--|

Section I Personal Information

Name _____	
Social Security Number _____	
Are you a citizen of the United States? _____ If no, do you have a legal right to work in this country? _____	
Current Phone _____	Alternate Phone _____
E-mail Address _____	
Permanent Mailing Address _____ _____	
Have you ever worked in a Louisiana school system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a teaching position in Louisiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a non-teaching position in a Louisiana school system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired from a Louisiana retirement system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name the school system from which you retired _____ Date of Retirement _____	

Section II Skills, Interests, and Co/Extra-Curricular Preferences

Rate your ability in using Sign Language:	Not at All	A Little	Average	Good	Fluent
Understanding Sign Language	_____	_____	_____	_____	_____
Interpreting (voice/sign)	_____	_____	_____	_____	_____
Reverse Interpreting (sign/voice)	_____	_____	_____	_____	_____
What proficiencies do you have in computer technology? _____ _____					
What student activities are you willing to sponsor? _____ _____ _____					
If you also wish to be considered for a coaching assignment, list sports in order of preference. _____ _____					

Section III Academic Record (beginning with the most recent; include high school)

Institution and Location	Dates of Attendance		Degree & Date Awarded or Expected	Major or Field of Study
	From	To		
	MO/YR	MO/YR		
	MO/YR	MO/YR		
	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, and Phone Number of Cooperating Teacher(s)	Name, Address, and Phone Number of University Supervisor(s)
From	To				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

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

No teaching experience

Dates		School District	Grades and/or Subjects Taught	Name, Address, and Phone Number of School District	Reason for Leaving
From	To				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

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

Include part-time work and education related experiences.

No additional employment experience

Dates		Position	Name, Address, and Phone Number of Employer(s)	Reason for Leaving
From	To			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			

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 _____ Number _____ Issue Date _____
 List areas of certification: _____

Do you currently hold a valid certificate from another state? Yes No
 If yes, indicate state _____
 Out-of-State Certificate: Type _____ Number _____ Issue Date _____
 List areas of certification: _____

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

If you currently hold a valid Louisiana certificate, skip section VIII and proceed to section IX.

Section VIII PRAXIS/NTE Scores Complete this section only if you do not currently hold a valid Louisiana certificate.

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, when? _____ If not, when do you plan to take it? _____ If yes, provide the following scores:
(PPST) Written Test Reading Score: _____ Writing Score: _____ Mathematics Score: _____
 OR
Computer Based Test Reading Score: _____ Writing Score: _____ Mathematics Score: _____

Other Test(s)
 Name of Test _____ Test Code: _____ Score _____
 Name of Test _____ Test Code: _____ Score _____
 Name of Test _____ Test Code: _____ Score _____

Section IX Professional Certification/Licensure

____ Council on Education of the Deaf		Date Issued _____	Expiration Date _____	
Type _____				
____ Conference of Educational Administrators of Schools and Programs for the Deaf		Date Issued _____	Expiration Date _____	
Type _____				
Other Organizations	License #	Level/Area	Date Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Name and Position	Name of School/District	Complete Mailing Address	Telephone Number (including area code)

Section XII Additional Information

1. When will you be available? (month/day/year) _____
Are you currently under contract? No Yes - 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. Do you have any deaf relatives? Yes No
Do you have any relatives working at LSD? Yes Relationship _____
 No
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; and (2) any offense committed before your 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
7. Have you ever been terminated, recommended for dismissal, or resigned to avoid dismissal? Yes No

IF YOU CHECKED 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 (LTAAP)?
 Yes No When? _____ Where? _____
Did you successfully complete the program? Yes No

Section XIII Educational Philosophy/Goals

In your own handwriting, express your philosophy of education with reference to your particular field.

In your own handwriting, explain your reason(s) for seeking employment at the La. School for the Deaf.

Section XIV 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 you 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. School boards within Louisiana reserve the right to reject an incomplete application and further reserve 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 _____

Note: Applications are kept on file for one calendar year unless written notification is received in the Human Resources Department expressing interest in a particular position.

OPTIONAL
Personal Information
(for statistical use only)

The La. School for the Deaf is an Equal Employment Opportunity/Affirmative Action Employer. As such, we are required by law to provide equal employment opportunities for all applicants without regard to race, religion, national origin, gender, age, or disability. Completion of this information is used for Equal Employment Opportunity statistics and is not related to your application for employment. This information will be used for statistical purposes only.

ETHNIC BACKGROUND: Check all that apply.

WHITE (NON-HISPANIC)

BLACK (NON-HISPANIC)

HISPANIC

AMERICAN INDIAN/ALASKAN INDIAN

ASIAN/PACIFIC ISLANDER

OTHER _____

GENDER: FEMALE MALE

DATE OF BIRTH: _____

ARE YOU DEAF/HARD OF HEARING: Yes No