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## Virgil Browne Glencoe Charter School

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Franklin, LA 70538  
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Loren Decuir  
Director  
Katie Bouillion  
C.F.O.

### EDUCATOR APPLICATION

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

PHYSICAL ADDRESS \_\_\_\_\_  
STREET/HOME CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
HOME CITY STATE ZIP

PERMANENT TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### CERTIFICATION HELD OR ANTICIPATED

MAJOR TEACHING AREA \_\_\_\_\_

MINOR TEACHING AREA \_\_\_\_\_

DO YOU HOLD A LOUISIANA TEACHING CERTIFICATE YES NO

CLASS AND NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

AREAS OF CERTIFICATION \_\_\_\_\_

DO YOU HOLD OR ARE YOU ELIGIBLE FOR A CERTIFICATE IN ANOTHER STATE YES NO

CLASS AND NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

AREAS OF CERTIFICATION \_\_\_\_\_

IF YOU ARE NOT CERTIFIED EXPLAIN WHAT YOU ARE DOING TO BECOME CERTIFIED \_\_\_\_\_

NATIONAL TEACHER EXAM OR PRAXIS SCORES, (PLEASE SUPPLY A PHOTOCOPIY OF NTE OR PRAXIS SCORES)

CORE BATTERS: \_\_\_\_\_

SPECIALTY AREA TESTED \_\_\_\_\_

NOTE: V. B. GLENCOE CHARTER SCHOOL WILL USE THE NAME PRINTED ON THE TEACHING CERTIFICATE FOR ALL OFFICIAL DOCUMENTS, SUCH AS PAYROLL, CONTRACTS, AND RELATED CORRESPONDENCE.

### POSITION DESIRED

INDICATE YOUR TEACHING PREFERENCE BY PLACING 1, 2, 3 IN THE BLANKS AT THE LEFT

EARLY CHILDHOOD (GRADES K-3) \_\_\_\_\_  
GRADE AND OR SUBJECT

ELEMENTARY (GRADES 4-6) \_\_\_\_\_  
GRADE AND OR SUBJECT

OTHER PROFESSIONAL POSITIONS \_\_\_\_\_  
POSITION SOUGHT

WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PRESENTLY UNDER CONTRACT? YES NO EXPIRATION DATE \_\_\_\_\_

DO YOU HAVE THE PHYSICAL ABILITY TO PERFORM JOB-RELATED TEACHER FUNCTIONS? YES NO

IF NO, IDENTIFY ACCOMMODATION(S) NEEDED: \_\_\_\_\_

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.



## EDUCATIONAL AND PROFESSIONAL TRAINING

EDUCATION	NAME OF SCHOOL OR INSTITUTION	DIPLOMA OR DEGREE		APPROXIMATE GRADE POINT AVERAGE
		TYPE	DATE	

## STUDENT TEACHING

WHEN IS/WAS STUDENT TEACHING SCHEDULED \_\_\_\_\_ NUMBERS OF HOURS/WEEK \_\_\_\_\_

GRADE LEVEL OR SUBJECT(S) TAUGHT \_\_\_\_\_

NAME OF COOPERATING TEACHER (S) \_\_\_\_\_

NAME/ADDRESS/PHONE NUMBER OF SCHOOL (S) \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY PROFESSOR WHO SUPERVISED YOUR STUDENT TEACHING \_\_\_\_\_  
OFFICE PHONE NUMBER \_\_\_\_\_

## PREVIOUS CONTRACTED TEACHING EXPERIENCE

Beginning with your **most recent** position, supply a complete chronological history of your professional experience.

SESSION            NAME AND ADDRESS OF SCHOOL DISTRICT            SCHOOL            GRADE/SUBJECT

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

## REFERENCES

(References have your placement office file sent to us, if possible.)

LIST NAMES OF PROFESSIONALS (SUPERINTENDENT, PRINCIPAL, SUPERVISOR, PERSONNEL DIRECTOR, COOPERATING TEACHER, COLLEGE PROFESSOR, COLLEGE STUDENT TEACHING SUPERVISOR, YOUR CLERGYMAN) WHO WOULD HAVE FIRST-HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, WORK ETHIC, AND TEACHING ABILITY.

NAME OF REFERENCE	COMPLETE MAILING ADDRESS ZIP CODE	TITLE/POSITION	PHONE NUMBER (AREA CODE)

## PERSONAL INFORMATION

The school in conjunction with state and federal statistical reports will utilize some of this information. Responses are optional.

SEX  MALE  FEMALE

MARITAL STATUS \_\_\_\_\_

### ETHNIC GROUP

- WHITE (NON-HISPANIC)  BLACK (NON-HISPANIC)  
 AMERICAN INDIAN/ALASKAN NATIVE  HISPANIC  
 OTHER \_\_\_\_\_  ASIAN/PACIFIC ISLANDER

PLEASE RESPOND TO THE FOLLOWING:

UNITED STATES CITIZEN:  YES  NO EXPLAIN \_\_\_\_\_

- OTHER THAN ENGLISH, WHAT LANGUAGE (S) DO YOU SPEAK FLUENTLY? \_\_\_\_\_
- IF YOU ARE EVENTUALLY EMPLOYED BY THE GLENCOE EDUCATION FOUNDATION, INC, DO YOU WISH TO HAVE YOUR TELEPHONE NUMBER TREATED AS PUBLIC INFORMATION. (PUBLIC INFORMATION IS RELEASED TO ANYONE WHO REQUESTS IT.)  YES  NO
- COMMISSION ON ETHICS FOR PUBLIC EMPLOYEES:  
IS ANY MEMBER OF YOUR IMMEDIATE FAMILY (CHILDREN, BROTHERS, SISTERS, PARENTS, SPOUSE ) STAFF, OR ADMINISTRATION?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_
- HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_
- HAVE YOU EVER BEEN ASKED TO RESIGN OR FAILED TO BE REASSIGNED TO A TEACHING POSITION?  
 YES  NO IF YES, EXPLAIN \_\_\_\_\_

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## APPLICANTS AFFIRMATION

IN FILING THIS APPLICATION WITH THE GLENCOE EDUCATIONAL FOUNDATION, INC., I ACKNOWLEDGE THAT I WILL BE REQUIRED TO PROVIDE A PHOTOCOPY OF MY SOCIAL SECURITY CARD AND BIRTH CERTIFICATE AT THE TIME OF CONTRACTING. I AGREE TO ABIDE BY ALL POLICIES SET FORTH BY THE GLENCOE EDUCATIONAL FOUNDATION, INC. I AUTHORIZE FULL INVESTIGATION OF THE INFORMATION GIVEN IN THIS APPLICATION AND CONSENT TO THE REPRESENTATIVES OF THE GLENCOE EDUCATIONAL FOUNDATION, INC. CONTACTING MY REFERENCES, PREVIOUS EMPLOYERS, PHYSICIANS, HOSPITALS, SCHOOL ATTENDED, COURT OFFICIALS, AND LAW ENFORCEMENT AUTHORITIES. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF REQUESTED INFORMATION SHALL BE A REASON FOR NON-EMPLOYMENT OR DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THIS APPLICATION IS NOT VALID UNLESS SIGNED AND DATED.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THE GLENCOE EDUCATIONAL FOUNDATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS PERSONNEL SOLELY ON THE BASIS OF MERIT AND SUITABILITY TO THE POSITION. SELECTION IS DETERMINED BY THE PRESENTATION OF EVIDENCE OF EXPERIENCE TRAINING, THE SUBMISSION OF WRITTEN PROFESSIONAL REFERENCES AND PERSONAL INTERVIEWS. THE GLENCOE EDUCATIONAL FOUNDATION, INC. EMPLOYS PERSONNEL WITHOUT REGARD TO RACE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, RELIGION OR CREED.