



## APPLICATION FOR TEACHING POSITION

Position applying for: \_\_\_\_\_

### PERSONAL INFORMATION

Name (last, first, M.I.): \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Permanent Address & Phone Number (if different from above): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Spouse's First Name (if applicable): \_\_\_\_\_

Name(s) and Age(s) of Child(ren): \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_ If Catholic, Church Parish: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Degrees (Please include all degrees earned):

<i>Degree</i>	<i>University</i>	<i>Year Earned</i>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Semester Hours of Education Courses: \_\_\_\_\_

Last Six Semester Hours of Education Courses: \_\_\_\_\_

Total Semester Hours of Graduate Credit: \_\_\_\_\_

Graduate Study Plans: \_\_\_\_\_

\_\_\_\_\_

## TEACHING BACKGROUND

Number of years of teaching experience: \_\_\_\_\_

Grade level preferred: \_\_\_\_\_

Previous Teaching Experience:

*Dates*

*School*

*Location*

*Subjects & Grade Level*

### Current Louisiana Teaching Certificate

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Areas of Certification: \_\_\_\_\_

### Diocesan Religious Certification

Type: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## REFERENCES

Please include names, addresses and phone numbers of three references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## OTHER INFORMATION

Briefly state your philosophy of Catholic education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected salary range: \_\_\_\_\_

*Applicant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Please mail completed application (with resumé) to:

**St. Jude School**

**Attn. Mrs. Karen Jakuback, Principal**

**9150 Highland Road**

**Baton Rouge, LA 70810**

You may also fax completed application (with resumé):

**(225) 769-0671**

Please send to: **Mrs. Karen Jakuback, Principal**

*FOR OFFICE USE ONLY*

Date application received: \_\_\_\_\_