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

## **PERSONAL INFORMATION**

| Name<br>Last                                       |                    |                  |        |
|--|--------------------|------------------|--------|
| Last   | First              |                  | Middle |
| Religion   |                    |                  |        |
| Present Address                                    |                    |                  | hone   |
| Street   | City               | Zip              |        |
| Permanent Address<br>Street                        | City               | Zip              | Phone  |
| Street   | City               | Zip              |        |
| EDUCATIONAL BACKGROUND AND EXP                     | PERIENCE           |                  |        |
| Degree Earned College C                            | Granting           |                  | Year   |
| Major Area of Study                                | Minor Area         | of Study         |        |
| Other Degree College Gran                          | nting              |                  | Year   |
| Major Area of Study                                | Minor Area         | of Study         |        |
| Are you applying for full or part time employmer   | nt?                | _ Any Comme      | ents?  |
| Maximum salary you are expecting                   | N                  | linimum          |        |
| Comments on the above                              |                    |                  |        |
|  |                    |                  |        |
| Please list at least three professional references | s including your l | ast two principa | ls     |
| Name   | Address            |                  |        |

Add, by letter, any other information that will give us a better insight into your present and past professional abilities. Include transcript, 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!          |                     |
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