



# ***Our Lady of Fatima Elementary School***

2315 Johnston St, Lafayette, LA 70503

## ***INSTRUCTIONS FOR SUBMITTING AN EMPLOYMENT APPLICATION FOR CERTIFIED TEACHER/PERSONNEL***

***Thank you for your interest in and consideration of employment with Our Lady of Fatima Elementary School. All applications are retained in our files for a period of three (3) years. Please follow the application instructions below and include all requested items. If questions should arise, please contact Administrative Assistant, Marlene Patin, at [mpatin@olf.org](mailto:mpatin@olf.org)***

***Pax Christi,  
Angela Isaacs, Principal***

1. Print and complete the attached 3 page Application for Employment.
2. Submit your completed application along with the following items:
  - \_\_\_\_\_ Resumé
  - \_\_\_\_\_ Teaching Certificate
  - \_\_\_\_\_ Classroom Management Plan
  - \_\_\_\_\_ Sample Lesson Plan
  - \_\_\_\_\_ Transcript (Copy for now, but official will be needed if hired)
  - \_\_\_\_\_ Add by letter, any other information that will give us a better insight into your present and past professional abilities.

***Note: Your application is considered complete only if  
ALL items listed above are submitted.***

***Our Lady of Fatima School is centered in Christ,  
committed to learning, and called to build character  
in a Catholic Environment.***



# Our Lady of Fatima Elementary School

## APPLICATION OF EMPLOYMENT FOR CERTIFIED TEACHER/PERSONNEL

Date of Application: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

### Please Print:

Full Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street/City/State/Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Religion: \_\_\_\_\_

Are you applying for full or part time employment? \_\_\_\_\_ Comment? \_\_\_\_\_

### Educational Background and Experience:

Degree Earned \_\_\_\_\_ College Granting \_\_\_\_\_ Year \_\_\_\_\_

Major Area of Study \_\_\_\_\_ Minor Area of Study \_\_\_\_\_

Additional Degree \_\_\_\_\_ College Granting \_\_\_\_\_ Year \_\_\_\_\_

Major Area of Study \_\_\_\_\_ Minor Area of Study \_\_\_\_\_

Louisiana Teaching Certificate Type/No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Certified to Teach (Check all that apply): Early Childhood \_\_\_\_\_ Kindergarten \_\_\_\_\_

Elementary Grades \_\_\_\_\_ Secondary Subjects \_\_\_\_\_ Special Education \_\_\_\_\_

Comments on the above: \_\_\_\_\_

Do you hold a Certificate from another state: YES NO Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_

Total Number of Years Teaching Experience: \_\_\_\_\_

### Please List Your Previous Teaching Experience (Most current to oldest):

School/Location \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Years: \_\_\_\_\_

School/Location \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Years: \_\_\_\_\_

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School/Location \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Years: \_\_\_\_\_

School/Location \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Years: \_\_\_\_\_

### List memberships in professional and business organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** List one (1) Personal Reference (neither relatives nor former employers) and include the requested contact information:

Name	Address	Phone
	Email	Relationship

List three (3) Professional References (must include last two Principals, if applicable) and include the requested contact information:

Name	Address	Phone
	Email	Relationship

Name	Address	Phone
	Email	Relationship

Name	Address	Phone
	Email	Relationship

**Safe Environment Certification:** I have \_\_\_\_\_ have not \_\_\_\_\_ attended the Diocesan requirement for two(2) hours of initial education and training for “A Safe Environment for the Protection of Children and Young People.” If you have met the Diocesan certification requirements, please list the location of your initial training: \_\_\_\_\_

**Most Recent Volunteer Experience :**

Organization: \_\_\_\_\_ Organization Phone Number: \_\_\_\_\_

Volunteer Duties/Activity: \_\_\_\_\_

*This application will be placed in the files of our office for a period of three (3) years. You will be notified by the Principal for an interview if your services are desired. Thank you.*

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

## PROFESSIONAL CONDUCT

*(An answer is required to each question.)*

**Answer each of the following questions by circling "YES" or "NO" and providing additional information as requested**

1. Have you ever had any professional license or certificate denied, suspended, revoked, or voluntarily surrendered? **1. YES NO**  
A. If **YES**, in what state? \_\_\_\_\_
2. Are you currently being reviewed or investigated for purposes of such action as stated in Question #1 or is such action pending? **2. YES NO**  
A. If **YES**, in what state? \_\_\_\_\_
3. Have you ever been convicted of any felony offense, been found guilty or entered a plea of *nolo contendere* (no contest), even if adjudication was withheld? **3. YES NO**
4. Have you ever been convicted of a misdemeanor offense that involves any of the following:  
A. Sexual or physical abuse of a minor child or other illegal conduct with a minor child? **4A. YES NO**  
B. The possession, use, or distribution of any illegal drug as defined by Louisiana or federal law? **4B. YES NO**
5. Have you ever been granted a pardon for either/both of the offenses listed in Questions #3 or #4? **5. YES NO**

If you answered "YES" to any of the questions (#1 - #5 above) **court-certified** copies of all documents and proceedings, civil records of State and/or District School Board actions and/or other relevant documentation that provide full disclosure of the nature and circumstances of **EACH** separate incident listed above must be submitted with your completed application.

***I affirm and declare that all information given by me in the responses to items #1 through #5 above is true, correct and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in criminal prosecution and/or the denial or revocation of my teacher certification.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Our Lady of Fatima Catholic School admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students of the organization. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship programs, and other organization-administered programs.*