

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

PERSONAL INFORMATION

Name _____
Last First Middle

Religion _____

Present Address _____ Phone _____
Street City Zip

Permanent Address _____ Phone _____
Street City Zip

EDUCATIONAL BACKGROUND AND EXPERIENCE

Degree Earned _____ College Granting _____ Year _____

Major Area of Study _____ Minor Area of Study _____

Other Degree _____ College Granting _____ Year _____

Major Area of Study _____ Minor Area of Study _____

Louisiana Teaching Certificate Type/No. _____ Date Issued _____ Date Expires _____

Certified to Teach: Elem. Grades _____ Secondary Subjects _____ Spec. Educ. _____

Comments on the Above: _____

Please List Your Previous Teaching Experience:

School/Location _____ Grade _____ Year(s) _____

School/Location _____ Grade _____ Year(s) _____

School/Location _____ Grade _____ Year(s) _____

School/Location _____ Grade _____ Year(s) _____

School/Location _____ Grade _____ Year(s) _____

School/Location _____ Grade _____ Year(s) _____

Do you hold a certificate from another state? _____ Date Issued _____ Date Expires _____

