

DIOCESE OF LAFAYETTE, LOUISIANA

Employment Application - Principal

PERSONAL INFORMATION

NAME: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

RELIGION: \_\_\_\_\_ CHURCH PARISH: \_\_\_\_\_

EDUCATIONAL BACKGROUND

TYPE OF DEGREE	MAJOR	MINOR	COLLEGE/CITY	DATE GRANTED

CURRENT LOUISIANA STATE TEACHER CERTIFICATE: YES \_\_\_ NO \_\_\_ YEAR ISSUED: \_\_\_\_\_ TYPE & NO. : \_\_\_\_\_

TOTAL HOURS IN EDUCATION: \_\_\_\_\_ SPECIFIED FIELD(S) ON CERTIFICATE: \_\_\_\_\_

OTHER QUALIFIED TEACHING FIELD(S) AND NUMBER OF CREDITS: \_\_\_\_\_

OTHER STATE(S) TEACHER CERTIFICATES: YES \_\_\_ NO \_\_\_ YEAR ISSUED: \_\_\_\_\_ TYPE & NO. : \_\_\_\_\_

SPECIFIED FIELD(S) ON CERTIFICATE: \_\_\_\_\_

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

HOBBIES, OTHER INTERESTS AND SKILLS: \_\_\_\_\_

TEACHING EXPERIENCE

SUBJECT/GRADE	SCHOOL	CITY/STATE	YEARS EMPLOYED

ADMINISTRATIVE EXPERIENCE

POSITION	SCHOOL/BUSINESS	CITY/STATE	YEARS EMPLOYED

OTHER WORK EXPERIENCE

POSITION	BUSINESS	CITY/STATE	YEARS EMPLOYED

CHARACTER REFERENCES (not relatives)

NAME	ADDRESS/PHONE

EDUCATION/BUSINESS REFERENCES

NAME	ADDRESS/PHONE

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_