

**IBERIA PARISH SCHOOL BOARD**  
www.iberia.k12.la.us

Carey Laviolette  
Superintendent

1500 Jane Street – P. O. Box 200  
New Iberia, LA 70562-0200  
Phone (337) 365-2341

Gannon Dooley  
Director of Personnel

**TEACHER APPLICATION FORM**  
*(Attach to this application: Resume, Praxis Scores, Teaching Certificate, Official College Transcript{s})*

**NAME:** \_\_\_\_\_  
Last
First
Middle (Family)

**ADDRESS:** \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street
City
State
Zip

**EMAIL ADDRESS:** \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**High School Graduate of:** \_\_\_\_\_ Year: \_\_\_\_\_

**College/University Graduate of:** \_\_\_\_\_ Year: \_\_\_\_\_

**Degree In:** \_\_\_\_\_ **Credits Earned Since Last Degree:** \_\_\_\_\_

**TEACHER CERTIFICATION:** Do you have a Louisiana certificate? Yes \_\_\_ No \_\_\_

Louisiana Certificate: Level: \_\_\_ Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certified to Teach: Pre-K – 3 \_\_\_ Elementary \_\_\_ Middle \_\_\_ Secondary \_\_\_ Special Ed \_\_\_

Major Subjects: \_\_\_\_\_ Other Subjects: \_\_\_\_\_

**HAVE YOU EVER BEEN EMPLOYED WITH IBERIA PARISH SCHOOL BOARD?** \_\_\_ YES \_\_\_ NO

**IF YES, WHEN?** \_\_\_\_\_

**WERE YOU TERMINATED?** \_\_\_ YES \_\_\_ NO

**DID YOU RESIGN?** \_\_\_ **DID YOU RETIRE?** \_\_\_\_\_

**TEACHING EXPERIENCE: (Exclusive of Student Teaching and Substitute Teaching)**

From	To	County/Parish/State	School	Grade/Subject	Days/Years	Full Time	Part Time

**Student Teaching Information:** Grade and/or Subject Taught: \_\_\_\_\_

School: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

*Attach a copy of final student teaching evaluation if available.*

**CRIMINAL RECORD:** Have you ever been convicted of a law violation other than minor traffic violations? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**A criminal record does NOT automatically bar employment.**

**RELATIONSHIP TO SUPERINTENDENT AND/OR SCHOOL BOARD MEMBERS:**

Are you related to the superintendent of schools or to any school board members of the Iberia Parish School Board?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, give their names and their relationship to you.

Name	Relationship

**PROFESSIONAL ACTIVITIES:** List any Professional Organizations, Committees, Presentations, Publications.

---



---

**WORK EXPERIENCE**

POSITION	COMPANY	TELEPHONE #	SUPERVISOR	No. of YEARS	DATES

**PROFESSIONAL REFERENCES:** (Do not list relatives and friends.) Complete Fully.

NAME	ADDRESS	TELEPHONE	WORK RELATIONSHIP

**JOB INJURIES:** Have you ever been injured on the job? \_\_\_\_\_ YES      \_\_\_\_\_ NO      **If Yes, Complete the following:**

NATURE OF INJURY	YEAR	CAUSE OF INJURY	Did you receive medical or Workman's Compensation Benefits?	
			Yes ____	No ____
			Yes ____	No ____
			Yes ____	No ____

**NARRATIVE:** Why do you want to teach in the Iberia Parish School System?

---



---



---



---



---

**RELEASE OF INFORMATION:**

**AUTHORIZATION**  
**(Read carefully, Sign, and Date)**

I hereby authorize the Iberia Parish School Board to conduct a background investigation, and I authorize the release of information from previous and current employers, educational institutions, professional and personal references, criminal records, charges and convictions, or other appropriate sources. I also authorize the release of personnel evaluation results pursuant to Act 506 of 1992 from all school districts in which I have been employed, to the Iberia Parish School Board. I understand that I may access any personnel evaluation results received in accordance with Act 506 and that I may provide any response deemed appropriate.

I guarantee the correctness of information in this application. I understand that any omission or false statement made by me in this application will be sufficient grounds for immediate discharge, should I become employed.

SIGNATURE OF APPLICANT	DATE

**POLICY:** It is the policy of the Iberia Parish School Board to provide employment, compensation, promotion, and other conditions of employment to all qualified applicants according to the Equal Employment Opportunity Law, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disability Act (ADA).

**NOTE:**

**Applications Must Be Renewed Yearly**  
**Incomplete Applications Will Be Returned to the Sender**

*Thanks!*

<b>FOR OFFICE USE ONLY</b>	
<i>Position</i>	<i>School</i>
<i>Replacing</i>	<i>Effective Date</i>
<i>Degree</i>	<i>Years of Experience</i>