THE FRIENDS OF KING

Location Desired:	MLK	PLEASE PRINT OF	,	
		CRAIG	DOB	
Position(s) Desired				
NAME				
TAME -	LAST FIRS			
	LAST FIRST	T MI	DDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS				
TRESENT ADDRESS		C		
		STREET		(AREA CODE) TELEPHONE
	C	TY		
	CI	LY	STATE	ZIP CODE
PERMANENT ADDRESS				
		STREET		
*		STREET		CELL PHONE
	Cr	гү	STATE	ZIP CODE
				ZIF CODE
E-MAIL ADDRESS (IF AV	'AILABLE)			6
	ERENCE, THE GRAD			R WHICH YOU ARE APPLYING:
(LIST ALL AREAS IN WHICH YO HOLDING A CERTIFICATE FROM TEACHING POSITION.)	U HOLD VALID LOUISIAN A ANOTHER STATE MUST	CERTIFICATI A, AND/OR OUT-OF-SOBTAIN ATHE APPROPRO	FATE TELOUPIS CON	CATES. NOTE: APPLICANTS NORDER TO BE CONSIDERED FOR A
AREA OF CERTIFICA	ATION	ISSUING STATE		
100 (100)				DATE ISSUED
HAVE YOU ACQUIRED TENURE IF YES, IN WHAT SCHOOL DISTR	-			
DATE AVAILABLE FOR EMPLOY	MENT			
		COTED BUDERIC ST.		
IF YOU ARE NOT EMPLOYED FUI LONG-TERM	YES N	O		LIST? YES NO YES NO NO

Federal Privacy Act [5 U.S.C.§552A NOTE] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. §1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the Social Security Number will result in an applicant not being considered for employment.

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL	A COLLEGE DE A SUR DESTRUCTOR DE SUN DE SUN DE SUR DESTRUCTOR DE SUR DESTRUCTOR DE S			
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY			+	
POST GRADUATE				

EXPERIENCE (PRESENT OR MOST RECENT FIRST) Name & Title of Yearly Salary: Supervisor: Dates Name of Employer and Address Your Title From To (Area Code) Telephone: Work Performed: Reason for Leaving: Name & Title of Yearly Salary: Supervisor: Dates Name of Employer and Address Your Title From To (Area Code) Telephone: Work Performed: Reason for Leaving: Name & Title of Yearly Salary: Supervisor: Dates Name of Employer and Address Your Title From To (Area Code) Telephone: Work Performed: Reason for Leaving: Please list activities that you are qualified to supervise or coach:

If you have **not** been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
_		1.
		2.
		1.
		2.
J4T1: D.c		

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	Position	ADDRESS	TELEPHONE
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OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list <u>all</u> offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is <u>not</u> a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

<u>Criminal Offense</u> includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

<u>Conviction</u> is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: <u>minor</u> traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	П	Yes		No
Are you currently under charges for a criminal offense?	\exists	Yes		-
Have you ever forfeited bond or collateral in connection with a criminal offense?		Yes		No No
Within the last five years, have you been fired from any job for any reason?	П	Yes		No
Within the last five years, have you quit a job after being notified that you would be fired?		Yes		No
Have you ever been professionally disciplined in any state? Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Louisiana Professional Standards and Practices Commission.		Yes		No
Are you subject to any visa or immigration status, which would prevent lawful employment?		Yes		No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

1 10 spective employees must	check from the City of New Orleans, LA to be submitted with his/her submit ORIGINAL report, which may not be more than one (1) year old.
******	such the order of the control of the
Fingerprints	*********
Each applicant must obtain	t their fingerprints with the completed application for employment. INAL report, which may not be more than one (1) year old.
****	report, which may not be more than one (1) year old.
**************************************	*******
Each applicant must sign and submit the	e sexual harassment policy with completed application.
CERTIFICATION AND RELEASE AU	THORIZATION
I certify that all of the statements made by belief, and are made in good faith. I und cause for: (1) rejecting my candidacy, (2 employment.	me are true, complete and correct to the best of my knowledge and erstand that any misrepresentation of information shall be sufficient 2) withdrawing of any offer of employment, or (3) terminating my
and/or supervisors harmless of any and al	evious employers and/or supervisors to release any and all of my nd completely to all questions that officials of FOK work history and performance. I will hold such previous employers I claims that I might otherwise have against them with regard to ther authorize these officials to investigate my background, now or in ded and release from liability all persons and/or entities supplying
a	
Date	Signature of Condidate (1)
Date	Signature of Candidate (in ink) [Must be original]
The Friends of King school districts shall not discriminational origin, sex, disability, age, religion, ancestry or laws, including Title VI of the Civil Rights Act of 1964, 10 of 1973, the Age Discrimination Act of 1975.	Signature of Candidate (in ink) [Must be original] mate in their educational programs, activities or employment practices based on race, color, any other legally protected classification. This policy is in accordance with state and federal little IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act ricans with Disabilities Act of 1990 and the Louisiana Human Relations Act. Information e, and the designated responsible official for compliance with Title VI, Title IX, and Section
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