

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 \_\_\_\_\_

