TEACHER APPLICATION SUPPLEMENT

Name:			Date Received:			
Student Teaching						
Please complete the following employment.	section ONLY	if yc	ou hav	e less than 3 years regular full-	time te	eaching
Experience – School & Location		No. of Weeks		Describe Type of Situation and Work You Did		
		1100110				
Student Teaching References: Please include Cooperating Teachers						
Name	Position			Mailing Address		Telephone
I hereby represent that each answer to a question herein, and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me. I understand this Application for Employment and Teacher Application Supplement does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time. I also understand the parish/school reserves the same rights. I understand the parish/school reserves the right to unilaterally change or modify "wage" and "conditions of employment" at any time without previous notice. Any offer of employment may be revoked or employment will be terminated based on adverse information obtained by the parish/school during the background investigation process.						
Signature of Applicant				 Date		