# Delhi Charter School Application

_____Teacher Assistant/Paraprofessional

_____Cafeteria Worker/Substitute

_____Secretary/Receptionist

_____Janitor/Custodian

_____Secretary/Bookkeeper

_____Bus Driver/Monitor

_____Substitute Teacher

_____Summer Help

## Section 1 Personal Information

Name_____
(Last) (First) (Middle) (Maiden)

Social Security Number_____ Phone_____

Mailing Address_____

## Section II Education

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
If you did not complete high school, do you have a GED? Yes NO
Circle number of years of post-high school education. 1 2 3 4 5 6 7

| Name and Location of Institution | Dates Attended | Degree Received | Major |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Section III Employment

**Please list places of employment beginning with the most recent.**

| From | To | Place of Employment | Reason for leaving |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Section IV References**

Please list the names and addresses of three persons that we may contact as references.

Name Address Phone Number

_____

_____

_____

**Section V**

1. Are you presently under contract? _____ if so, when does your contract end_____.

2. If you are not fully certified to perform the position applied for, are you willing to attend sessions and seminars to become certified? _____Yes _____NO

3. If applying to drive a school bus, do you have the necessary CDL License? _____

4. If you were previously employed by a school system, please list the system(s) and the years that you were employed by each.

School System Years

_____ _____

_____ _____

_____ _____

**Section VI Louisiana Charter School Law Requirements**

Persons working with children in a supervisory position (teacher aides, cafeteria workers, janitors, bus driver) and employees who handle money and accounts are required to submit a Louisiana State Police criminal violations check. An authorization form will be provided for you to give permission to have Louisiana State Police perform the background check.

Do you have any objection to providing this authorization? _____Yes _____No

Signature_____ Date_____