

TENSAS ACADEMY
P.O. BOX 555
ST. JOSEPH, LA 71366

JOB APPLICATION

DATE: _____

NAME: _____ POSITION WANTED _____

ADDRESS: _____ PHONE NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARRIED _____ NO. OF CHILDREN _____

EDUCATIONAL PREPARATION: HIGH SCHOOL

NAME AND LOCATION OF HIGH SCHOOL	YEARS ATTND.	COURSE TAKEN (as general, etc.)	GRAD.

COLLEGE

NAME AND LOCATION OF COLLEGE	YEARS ATTND.	UNDER-GRAD. MAJOR	UNDER GRAD. MINOR	GRAD. MAJOR	GRAD. MINOR

DEGREE(S) EARNED _____ COLLEGE _____ YEAR _____

DEGREE(S) EARNED _____ COLLEGE _____ YEAR _____

Please have your transcript mailed to Tensas Academy, P.O. Box 555, St. Joseph, La. 71366 or attach a copy to the application.

JOB EXPERIENCE

NAME AND LOCATION OF JOB	NO. OF YEARS	DUTIES

WORK REFERENCES

NAME	POSITION	ADDRESS	PHONE

PERSONAL REFERENCES

NAME	POSITION	ADDRESS	PHONE

TENSAS ACADEMY IS AN EQUAL OPPORTUNITY EMPLOYER