

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

TEACHER APPLICATION

DATE: _____

NAME: _____ POSITION WANTED _____

ADDRESS: _____ PHONE NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARRIED _____ NO. OF CHILDREN _____ CHURCH AFFILIATION _____

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 placement folder and transcript mailed to Tensas Academy, P.O. Box 555, St. Joseph, La. 71366

DATA ON YOUR CERTIFICATION

CERTIFICATES: CLASS (OR TYPE) _____ NO. _____ DATE ISSUED _____ STA. _____

CLASS (OR TYPE) _____ NO. _____ DATE ISSUED _____ STA. _____

SUBJECTS OR GRADES CERTIFIES TO TEACH: _____

TEACHING EXPERIENCE

NAME AND LOCATION OF SCHOOL AND SYSTEM	NO. OF YEARS* INDICATE SESSION YEARS	SUBJECTS OR GRADES

*We do not give credit for any session or school year in which you taught less than 4 ½ months (or ½ session); but list, giving the number of months. Do not list student teaching. If space provided is not sufficient for listing experience, continue on back.

REFERENCES

NAME	POSITION	ADDRESS	PHONE