


CAPITAL ONE NEW BEGINNINGS
CHARTER SCHOOL NETWORK

APPLICATION FOR CERTIFICATED POSITIONS

Section 1 Personal Information

Last Name: _____			First Name: _____			Middle: _____		
Social Security Number: _____								
Street Address: _____								
City: _____			State: _____			Zip Code: _____		
Phone Number: _____			Cell Phone Number: _____			E-mail Address: _____		
Are you currently certified for the position for which you are applying: <input type="checkbox"/> Certified <input type="checkbox"/> Not Certified <input type="checkbox"/> Not Certified, but applied								
Have you ever worked in a Louisiana school system?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever applied for a teaching position in Louisiana?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever applied for a non-teaching position in a Louisiana school system?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you retired from a Louisiana retirement system?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, name the school system from which you retired? _____						Date of Retirement _____		

Section II Position Desired

Preferred Assignment (specify grade levels and subjects):	
First choice: _____	
Second choice: _____	
Third choice: _____	
Special Education Area(s): _____	
Vocational Education(s): _____	
If you also wish to be considered for a coaching assignment, list sports (with experiences and records) in order of preference:	

What proficiencies do you have in computer technology? _____	

Section III Student Teaching Experience

Complete this section only if you completed student teaching within the last three years. (beginning with most recent)

Dates From To		Name of School & School District	Grade(s) and or Subject(s) Taught	Name, Address, & Phone # of Cooperating Teacher(s)	Name, Address, & Phone # of University Supervisor(s)

Section IV Academic Record (beginning with the most recent year)

Institution and Location	Dates		Degree & Date Awarded or Expected	Major or Field of Study	Full Time or Part Time	GPA in Major/ GPA Overall
	From	To				

Section V Employment Information – Teaching Experience (beginning with the most recent)

No additional employment experience

Dates		School District	Grade(s) and or Subject(s) Taught	Name, Address, and Phone # of School District	Name of Supervisor	Reason for Leaving
From	To					
MO/YR	MO/YR					

Section VI Employment Information – Other Than Teaching (beginning with the most recent)

Include part-time work and education related experience.

No additional employment experience

Dates		Position	Name, Address, and Phone Number of Employer	Name of Supervisor	Reason for Leaving
From	To				
MO/YR	MO/YR				

▶ *Please explain any gap in employment on a separate sheet of paper.*

▶ *Your current/most recent employer will be contacted as a part of our reference check.*

Section VII Certification Information

Do you have a valid Louisiana Certificate? Certified Not Certified Not Certified, but have applied

If yes, is your Louisiana certificate: Current Expired

Louisiana Certificate: Type (Circle One) A B C OP Number _____ Date Issued: _____

List areas of certification: _____

Please attach a copy of your certificate.

Do you currently hold a valid certificate from another state? Yes No No, but have applied

If yes, indicate state: _____

Out-of-State Certificate: Type _____ Number _____ Date Issued _____

List area of certification: _____

Please attach a copy of your certificate.

Do you hold a National Board for Professional Teaching Standards Certification? Yes No

If you currently hold a valid Louisiana certificate, skip section VIII and proceed to section IX.

If you do not hold a valid Louisiana certificate, complete section VIII

Section VIII Praxis/NTE Scores

Complete this section only if you do not hold a valid Louisiana certificate.

National Teacher Examination (NTE)

Have you taken the NTE (required through 08/31/99)? Yes No

If yes, when? _____ If yes, provide the following scores.

Professional Knowledge Score _____ General Knowledge Score _____

Continuation of Section VIII

Praxis ExaminationHave you taken the Praxis (required as of 09/01/99)? Yes No

If yes, when? _____ If not, when do you plan to take it? _____

If yes, provide the following scores.

(PPST) Written Test Reading Score: _____ Writing Score: _____ Mathematics Score: _____**OR****Computer Based Test** Score: _____ Writing Score: _____ Mathematics Score: _____**Other Test(s)**

Name of Test: _____ Test Code: _____ Score: _____

Name of Test: _____ Test Code: _____ Score: _____

Name of Test: _____ Test Code: _____ Score: _____

Name of Test: _____ Test Code: _____ Score: _____

Section IX Extra-Curricular Activities

Beginning with the most recent, list up to five of the most significant extra-curricular/community activities and professional affiliations in which you have been most actively involved. Describe the nature of your involvement and/or responsibilities.

Organization Name	Position	Years	Average Hours Per Week	Description of Activity

Section X Professional References

Experienced teachers – Send reference requests to principals, supervisors, and others who have observed and/or evaluated you **most recently**.
Non-experienced teachers – Send reference requests to student teaching university supervisor(s), cooperating teacher(s), and school principal(s).

Name and Position	Name of School/District	Complete Mailing Address	Telephone Number (including area code)

Section XI Personal References

Name	Relation to Applicant	Complete Mailing Address	Telephone Number (including area code)

Section XII Additional Information

1) When will you be able to start? Month _____ Day _____ Year 20 _____

2) Are you currently under contract? Yes No Expiration Date: _____
Where are you currently under contract? _____

3) Are you on approved leave from a school system? Yes No If yes, ending date? _____
Type of leave: Leave of Absence Sabbatical Other _____

4) Are you related to a board member/employee of Capital One-New Beginnings Charter School Network? Yes No
If yes, list board member/employee's position and relationship.
Position _____ Relationship _____
Position _____ Relationship _____
Position _____ Relationship _____

Section XIII Authorization

I authorize Capital One-New Beginnings School Network to make investigations and inquiries of my personal, employment, and other related matters as may be necessary in concluding an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. Capital One-New Beginnings Charter School Network reserves the right to reject an incomplete application and further reserves the right to dispose of any application which is not current in a one-year period. References and personal information which become a part of this record are to be regarded as confidential and shall not be revealed to me. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employing authority, if employed.

I certify that answers given herein are true and complete to the best of my knowledge. I have read and agree with the information provided to me.

Signature: _____ Date: _____

Notice of Nondiscrimination

Capital One-New Beginnings Charter School Network does not discriminate on the basis of race, age, religion, national origin, disability, or gender in its educational programs and activities (including employment and application for employment), and it is prohibited from discriminating on the basis of gender by Title IX (20 USC 168) and on the basis of disability by Section 504 (42 USC 794).

CAPITAL ONE  NEW BEGINNINGS
CHARTER SCHOOL NETWORK

INFORMATION SHEET

Applicant's Name: _____
First Middle Last Suffix

Address: _____

City, State Zip: _____

Social Security Number: _____ - _____ - _____ Birth Date _____

Driver's License #: _____ State Issued: _____

Gender: M F

Marital Status: Single Married Divorced Widowed Separated

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander Hispanic/Latin Other: _____

Home Telephone: _____ Cellular Telephone: _____

E-mail Address: _____

Highest Level of Education: HS Graduate or Equivalent Some College
 2-year College Degree Bachelor's Degree Some Graduate School Master's Degree
 Doctorate

Certified Not Certified Working towards becoming Certified

Employee's Signature _____ Date _____

REFERENCE FORM

The applicant listed below is applying for a certificated position. As part of the selection process, a minimum of two (2) references must be submitted for each applicant. You have been asked to complete this reference form because of your familiarity with the applicant's ability, potential, and past performance. Your prompt attention in completing the items below and returning this form to us will be greatly appreciated. Your reply will be considered strictly confidential and will not be revealed to the applicant.

Experienced teachers – Send reference requests to principals, supervisors, and others who have observed and/or evaluated you most recently.

Non-experienced teachers – send reference requests to student teaching university supervisor(s), cooperating teacher(s), and school principal(s).

Applicant's First Name: _____ Last Name: _____ Middle Initial: _____
 Social Security Number: _____

Check the appropriate box, which best describes the applicant, in comparison with other persons you have known with compatible years of experience.

	Outstanding	Above Average	Average	Below Average	Poor
Accuracy and dependability					
Assessment of pupil needs and progress					
Classroom management skills					
Cooperation with others					
Correct use of standard English					
Effective communication					
Enthusiasm for learning and teaching					
Flexibility					
Initiative and creativity					
Instructional planning					
Integrity					
Judgment and common sense					
Knowledge of subject matter					
Leadership potential					
Loyalty to administration and system					
Maturity (poise, self-control)					
Motivation and relationship to pupils					
Personal hygiene and grooming					
Positive attitude toward supervision					
Potential for professional growth					
Punctuality/Attendance					
Teaching – effective instruction					
Overall Estimate of Teaching Capability					

- 1) Have you seen the applicant teach? Yes No 2) Would you prefer talking with us by phone? Yes No
 3) Would you employ/re-employ this person? Yes No 4) Would you want this person to teach your child? Yes No
 5) How long and in what capacity have you known the applicant? _____

Please return to:

Capital One-New Beginnings Charter Schools Network
Human Resources
2045 Lakeshore Drive, CERM Building, Room #415
New Orleans, LA 70122
Fax: (504) 280-2312

Name of Reference: _____
 Signature: _____
 Title: _____ Date: _____
 Name of Organization/School: _____
 Phone Number: _____ Fax: _____

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Name of Reference: _____

Signature: _____

Title: _____ Date: _____

Name of Organization/School: _____

Phone Number: _____ Fax: _____

Sexual Misconduct Disclosure Statement

As required by the Louisiana Revised Statute 17:81.9 (Act 723), the applicant authorizes all previous employers to disclose any and all information in the applicant's personnel file related to instances of sexual misconduct with students committed by the applicant. The applicant releases previous and current employers from liability for providing the requested information to Capital One-New Beginnings Charter School Network.

- I have read and understand the statement above.
- I also understand that I cannot be considered for employment with Capital One-New Beginnings Charter School Network unless this form is signed.
- Once this form is signed, the applicant may be hired on a conditional basis pending the review of any information obtained.
- I agree that a copy of this form will be sent to each of my previous employers.
- Each completed form received will be placed in my personnel file.

Please check the appropriate box:

- I have formerly worked in (a) school district(s) in the State of Louisiana
- I have never worked in (a) school district(s) in the State of Louisiana

Print Full Name _____ Date _____

Signature _____ Date _____

This section is to be completed by previous employer.

Name of School System/Previous Employer: _____

Address: _____

- There is no information in this employee's file indicating sexual misconduct, abuse, or neglect and there is no other information available to suggest this employee has been guilty of sexual misconduct, abuse, or neglect involving students or others.
- I have attached documentation regarding sexual misconduct, abuse, or neglect.

Previous employer(s) should complete this form and return it within (20) business days to the following address:

Capital One-New Beginnings Charter School Network
Human Resources Department
2045 Lakeshore Dr., CERM Bldg., Room #415
New Orleans, Louisiana 70122

Print Name of Authorized HR Employee _____ Date _____

Signature of Authorized Employee _____

APPLICATION PROCESS CHECKLIST

	Louisiana Certified	Out-of-State Certified	New Graduate	Alternate Certification
Application	X	X	X	X
(2) References Forms	X	X	X	X
Louisiana Teaching Certificate	X			
Valid Out-of State Certificate		X		
Graduation Eligibility Letter from University			X	
Practitioner's License Letter Must be state enrolled & eligible to hold Practitioner's License in specific area of certification				X
Proof of Student Teaching (if less than 3 years of teaching experience)		X	X Only if attended out-of-state University	
Letter from School of 3 years experience		X		
Praxis Scores			X	X
Sexual Misconduct Disclosure Statement	X	X	X	X
Information Sheet	X	X	X	X
Transcripts	X	X	X	X