

TEACHING CERTIFICATES

Certificates You Hold		Date Issued	Date of Expiration	Certificate Number	Subjects and Grades for which you are certified
State	Type				

(Begin with current or most recent position) **WORK EXPERIENCE**

EMPLOYER		Grade and Subjects (If Teaching) Occupation (If Not Teaching)	Years	
School or Firm	Address, City, State, Zip Code		From	To

(Please list only persons you know WELL) **REFERENCES**

Full Name of Reference	Address, City, State, Zip Code	Phone	Position
Pastor:			
Present Employer:			
Previous Employer:			
Other, Excluding Relative:			

I hereby authorize the diocesan Office of Catholic Schools to verify all work experience and to correspond with references listed above and former employers.

Please return: 1. Application
2. Official copy of college transcripts
3. Copy of Teaching Certificate

Signature of Applicant

ALL THREE ITEMS ARE REQUIRED TO ACTIVATE FILE

NOTE: Applications are kept on file for **two** years.

Forward to: Catholic Schools Office
Diocese of Houma-Thibodaux
P.O. Box 505
Schriever, LA 70395