

Section III Academic Record (beginning with the most recent)

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

Section IV Student Teaching Experience (beginning with the most recent)

Complete this section only if you completed student teaching within the last three years.

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

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 Number 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 part of our reference check.

Section VII Certification Information

Do you hold a valid Louisiana certificate? Yes No No, 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: _____

Section VII Certificate Information (continued)

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 areas of certification: _____

 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 currently 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 _____
 Communication Skills Score _____ Speciality Area Score _____

PRAXIS Examination
 Have 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 Reading 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 _____
 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 four 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

Non-experienced teachers - Send reference requests to student teaching university supervisor(s), cooperating teacher(s), and school principal(s).
Experienced teachers - Send reference requests to principals, supervisors, and others who have observed and/or evaluated you **most recently**.
 A minimum of two (2) references must be submitted.

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

Section XI Personal References

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

Section XII Additional Information

1. When will you be available? (month/day/year) _____
 Are you currently under contract? Yes No Expiration Date _____
 Where are you under contract? _____

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

3. Are you related to an employee/board member of the St. Tammany Parish School District? Yes No
 If yes, list employee/board member's position and relationship.
 Position _____ Relationship _____
 Position _____ Relationship _____
 Position _____ Relationship _____

4. Did you participate in the Louisiana Teacher Assistance and Assessment Program (LTAAP)? Yes No
 When? _____ Where? _____
 Did you successfully complete the program? Yes No

Section XIII Certification of Accuracy

Release of Assessment and Evaluation Information:
 LA. R.S. 17:3884(D) requires that any school board wishing to hire a person who has been assessed or evaluated pursuant to the Children First Act, LA.R.S. 17:3871, et seq., whether that person is already employed by that school system or not, shall request such person's assessment and evaluation results as part of the application process. Please be advised that, as part of the mandated process, your previous assessment and evaluation results will be requested. You have the opportunity to apply, review the information received, and provide any response or information you deem appropriate.

Authorization to Investigate and Inquire:
 I authorize St. Tammany Parish School Board to make investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. St. Tammany Parish School Board 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

The St. Tammany Parish School Board does not discriminate on the basis of age, race, 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).



ST. TAMMANY PARISH SCHOOL BOARD
321 N. THEARD STREET - POST OFFICE BOX 940
COVINGTON, LOUISIANA 70434
Phone (985) 898-3254 Fax (985) 898-6409

CONSENT TO PERFORM BACKGROUND CHECK

Date: _____ Driver's Lic # _____ State Issued _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County or Parish State and Zip Code

Social Security Number

This authorization and consent for release of personal information acknowledges that:

In the interest of maintaining the safety and security of its students and their parents and its employees, the St. Tammany Parish School Board (Hereafter referred to as "Board") and any of its agents may now, or at any time I am assigned to, volunteer with or am employed by the Board, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, Workers' Compensation reports from either the Department of Labor, National Personnel Records or the Office of Workers' Compensation or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to the Board or its agent, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

The Board or its agent may also conduct an investigation of my background to include any criminal record information maintained in the Louisiana State Police file, the FBI files, or at any other place or in any other database. As a condition for application for possible future employment with the Board I consent to the taking of my fingerprints. You are hereby notified that your fingerprints will be used to check the criminal history records of the FBI relating to you. The Louisiana State Police, any local, State or Federal entity or authority may release to the Board or its agent any and all information regarding me concerning any arrests, convictions or other matters relating to criminal activities, from the date of execution of this authorization until such time as my employment with the Board ceases. I agree and acknowledge that as a condition of my employment, I may be required by the Board or its agent to execute an updated authorization in the event the Board in its sole discretion deems it necessary.

The Board may also procure a consumer report or investigative consumer report on me in connection with my employment application, and if I am hired, may procure additional background check reports on me for employment purposes. Further, any consumer reporting agency or any employment screening agency may prepare the report. I acknowledge that the background check report will contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; references checks; credit reports; licensing and certification checks; and drug testing results. The information will be obtained from private and public record sources, including, as appropriate, personal interviews with my associates, friends and neighbors.

I am aware that any information obtained as a result of any investigation or any information obtained as a result of an investigation through a credit reporting agency or an employment screening agency may limit my eligibility for initial or continued employment with the Board.

I understand that these searches will be used to determine hiring, work assignment or continued employment eligibility under the Board's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Board. In addition, I release and discharge the Board and its agents or associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I may be entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report if such a report was obtained by the Board. I also understand that I may request a copy of the report, if any from the Board at telephone number (985) 892-2276. After reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer: (In response to these questions, you may omit: (1) minor traffic violations and (2) any offense committed before your 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.

Failure to complete this form accurately and completely may mean disqualification from consideration for employment, may be cause for consideration of dismissal if employed, and may result in prosecution for filing false information with a political subdivision.

1. Have you ever been convicted or pled guilty before a court of any federal, state, or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
2. Have you ever pled nolo contendere, had a case against you nolle prossed, received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, attach copy of legal documentation.
5. Have you ever been arrested? (Excluding minor traffic violations) YES NO
If YES, attach copy of legal documentation.
6. Have you ever had any conviction or arrest expunged, pardoned, or otherwise removed from the public record? (Excluding minor traffic violations) YES NO
If YES, attach copy of legal documentation.
7. While in the military service were you ever convicted by court martial whether summary, special or general? YES NO N/A
If YES, attach copy of legal documentation.
8. Have you ever been fingerprinted for any reason? YES NO
If YES, please attach any documentation and explain.
9. Have you ever received a summons for a criminal offense? (Other than a minor traffic violation) YES NO
If YES, please attach any documentation and explain.
10. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, attach copy of legal documentation.
11. Have you ever been terminated or recommended for dismissal or asked to resign by an employer? YES NO
If YES, attach an explanation, including the name of the company, contact person, and a phone number.
12. Have you ever been dismissed, or have you resigned from any position as a result of an allegation of unlawful behavior involving a child, including, without limitation, unlawful sexual behavior? YES NO
If YES, attach an explanation.
13. Have you ever had your driver's license, or any professional licenses (including teaching certificates/licenses) suspended, annulled, or revoked in any state or country? YES NO
If YES, attach an explanation.

I ALSO UNDERSTAND THAT RELATED SKILLS TESTING AND TESTING FOR THE PRESENCE OF DRUGS AND ALCOHOL IN MY BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. I AGREE THAT WITH OR WITHOUT AN ACCOMMODATION, I MUST BE ABLE TO PERFORM THE "ESSENTIAL FUNCTIONS" OF THE POSITION FOR WHICH I AM APPLYING. IF ANY ACCOMMODATION IS REQUIRED, I MUST MAKE THAT REQUEST PRIOR TO MY EMPLOYMENT START DATE. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION OR MATERIAL OMISSION OF INFORMATION DURING THE INTERVIEW OR ON THIS APPLICATION, MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT, OR, IF I AM HIRED, MAY RESULT IN MY EMPLOYMENT BEING TERMINATED BY THE BOARD. I UNDERSTAND THAT ANY RESULTS OF THE STATE OR FEDERAL BACKGROUND CHECKS WHICH MIGHT DENY ME EMPLOYMENT MAY BE FORWARDED TO THE STATE DEPARTMENT OF EDUCATION. I UNDERSTAND APPLICATIONS ARE KEPT ON FILE FOR A PERIOD OF ONE YEAR AND WILL REMAIN THE PROPERTY OF ST. TAMMANY PARISH SCHOOL BOARD, AND THIS CONSENT FOR RELEASE OF INFORMATION MAY BE USED AT ANY TIME DURING MY EMPLOYMENT WITH THE BOARD. I AGREE TO EXECUTE AN UPDATE CONSENT FORM IF THE BOARD DEEMS IT NECESSARY.

Date Signed _____
 Month Day Year

Applicant (Printed Name) _____

Applicant Signature _____

Notice of Nondiscrimination

The St. Tammany Parish School Board does not discriminate on the basis of age, race, 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).



W. L. "TREY" FOLSE, III
Superintendent

P. O. Box 940
Covington, LA 70434
985.892.2276 • Fax 985.898.3267

Sexual Misconduct Disclosure Statement

I hereby affirm that I have never committed any act or acts that resulted in an investigation by a previous employer or law enforcement agency relating to or involving sexual misconduct, neglect or abuse of a minor child or a student or sexual misconduct involving a co-workers or others. I authorize all present employers, or any prior employer, to disclose to the St. Tammany Parish School Board or its agents or employees, any and all information relative to all instances of alleged sexual misconduct, abuse or neglect committed by me, if any. I expressly give consent for the release of this information, including, without limitation, from any school employee or teacher personnel file maintained with respect to me. I release, discharge and agree to hold harmless any current or prior employer, and any employee acting on behalf of such employer or prior employer, from any liability for providing any information relative to any and all instances of alleged sexual misconduct committed by me, if any.

- I have read and understand the statement above.
- I also understand that I cannot be considered for employment in the St. Tammany Parish School System unless this form is signed.
- Once this form has been 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 statement:

I have worked in the following school district(s) in the State of Louisiana. (Please list)

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

_____ PRINT FULL NAME	_____ DATE
_____ SIGNATURE OF EMPLOYEE	_____ SOCIAL SECURITY NUMBER

This section to be completed by previous employer.

Name of School System: _____

- 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 twenty (20) business days to the following address:

**St. Tammany Parish School Board
Human Resources Department
P.O. Box 940
Covington, Louisiana 70434-0940**

_____ Print Name of Authorized HR Employee	_____ Date
Signature of Authorized HR Employee: _____	

Revised (10/11-DD)

Learning to Last a Lifetime.®

Reference Form

ST. TAMMANY PARISH SCHOOL BOARD

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.

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

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

Applicant: _____
FIRST
MIDDLE
LAST

SSN: _____

Position Desired: Teacher Ancillary Position Pupil Appraisal

Check the appropriate box, which best describes the applicant in comparison with other persons you have known with comparable 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					
Development of conducive learning environment					
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 employ/re-employ this person? Yes No
 3. Would you want this person to teach your child? Yes No 4. Would you prefer talking with us by telephone? Yes No
 5. For the position desired, I recommend the applicant: Highly Favorably With Reservation Not At All
 6. How long and in what capacity have you known the applicant? _____

Additional Comments: _____

Name of Reference: _____
 Title: _____
 Name of School/Organization: _____
 Phone Number: _____

Please Return To:
 ST. TAMMANY PARISH SCHOOL BOARD
 HUMAN RESOURCES
 P.O. BOX 940
 COVINGTON, LA 70434-0940
 FAX: (985) 898-6409

_____ Date

_____ Signature of Reference

Reference Form

ST. TAMMANY PARISH SCHOOL BOARD

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.

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

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

Applicant: _____
FIRST
MIDDLE
LAST

SSN: _____

Position Desired: Teacher Ancillary Position Pupil Appraisal

Check the appropriate box, which best describes the applicant in comparison with other persons you have known with comparable 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					
Development of conducive learning environment					
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 employ/re-employ this person? Yes No
 3. Would you want this person to teach your child? Yes No 4. Would you prefer talking with us by telephone? Yes No
 5. For the position desired, I recommend the applicant: Highly Favorably With Reservation Not At All
 6. How long and in what capacity have you known the applicant? _____

Additional Comments: _____

Name of Reference: _____
 Title: _____
 Name of School/Organization: _____
 Phone Number: _____

Please Return To:
 ST. TAMMANY PARISH SCHOOL BOARD
 HUMAN RESOURCES
 P.O. BOX 940
 COVINGTON, LA 70434-0940
 FAX: (985) 898-6409

_____ Date

_____ Signature of Reference



*St. Tammany Parish School Board
Demographic Information for Background Check*

First Name (As it appears on your birth certificate): _____

Last Name: _____

Middle Initial: _____ **Suffix:** (circle one) II III IV V Jr. Sr.

Alias: Maiden Name and/or Other Last Name(s) used (**list all**): _____

Marital Status: (circle one) Divorced, Married, Single, Widow/Widower

Race: (circle one) Asian, Black, American Indian, White (use for Hispanic)

Sex: Female or Male **Date of Birth:** ____/____/_____

State of Birth: _____

Height: ____feet ____inches

Hair Color: (circle one) Bald, Black, Blonde/Strawberry, Brown,
Gray/Partially Gray, Other, Red/Auburn, Sandy, White

Eye Color: (circle one) Black, Blue, Brown, Green, Gray, Hazel, Multicolored

Weight: _____

Driver's License # _____ **State Issued:** _____

Social Security: _____

Street Number: _____

Street Name: _____

Apartment Number: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____ **Alternate Phone Number:** _____

(Office Use Only)

Circle One: Non-Certificated Certificated Substitute/Timesheet/Volunteer

Case I.D. # _____

Date: _____

St. Tammany Parish School Board

321 N. Theard Street • Post Office Box 940
Covington, Louisiana 70434 - 0940
Phone (985) 898-3275 • Fax: (985) 898-6409
Human Resources Department

PREVIOUS ASSESSMENT AND EVALUATION RESULTS

The following person has applied to the St. Tammany Parish Public School System. Please furnish all assessment and evaluation results required by R.S. 17:3884(D). If the named person has not participated in the LATAAP program, please furnish previous evaluation results only.

Applicant Name: _____

Social Security Number: _____ School Name: _____

Previous Assessment and Evaluation Results

Louisiana R.S. 17:3884(D) requires that any School Board wishing to hire a person who has been assessed or evaluated pursuant to R.S. 17:3884, whether that person is already employed by that school system or not, shall request such person's assessment and evaluation results as part of the application process. The Board to which application is being made shall inform the applicant that as part of the mandated process, the applicant's assessment and evaluation results will be requested. The applicant shall be given the opportunity to apply, review the information received, and provide any response or information the applicant deems appropriate.

Year:	Results	Year:	Results
	(Circle One) Satisfactory Needs Improvement Unsatisfactory		(Circle One) Satisfactory Needs Improvement Unsatisfactory
__met or __not met LTAAP* standards		__met or __not met LTAAP* standards	

Year:	Results	Year:	Results
	(Circle One) Satisfactory Needs Improvement Unsatisfactory		(Circle One) Satisfactory Needs Improvement Unsatisfactory
__met or __not met LTAAP* standards		__met or __not met LTAAP* standards	

Year:	Results	Year:	Results
	(Circle One) Satisfactory Needs Improvement Unsatisfactory		(Circle One) Satisfactory Needs Improvement Unsatisfactory
__met or __not met LTAAP* standards		__met or __not met LTAAP* standards	

***Louisiana Teacher Assistance and Assessment Program**

Person Supplying Information: Name: _____ Title: _____

I, the above named guardian of the personnel files of the _____ School System, do hereby affirm that the above assessment and evaluation results reflect the true and accurate status of _____ as evaluated in the above named statute and who presents him/herself as an applicant to your school system.

Signature: _____ Date: _____

Please return this form showing the assessment and evaluation results. We appreciate your cooperation in providing this information.

WHITE - Previous Employer

YELLOW - Application

ST. TAMMANY PARISH PUBLIC SCHOOL SYSTEM HEALTH INSURANCE VESTING SCHEDULE

The information below is very important to all prospective employees with the St. Tammany Parish Public School System relative to health insurance coverage. It is of particular importance to people who are already employed with another public school system in the state of Louisiana and currently have health insurance coverage through that system.

Effective July 1, 2007, any employee who enrolls in the St. Tammany Parish Public School System's health insurance program will be subject to the following premium reduction at the time of retirement.

- Less than 10 years with STPSB insurance coverage: the System will pay 25% of its normal contribution rate.
- 10 – 14.99 years of insurance coverage: the System will pay 50% of its normal contribution rate.
- 15 – 19.99 years of insurance coverage: the System will pay 75% of its normal contribution rate.
- 20 or more years of insurance coverage: the System will pay 100% of its normal contribution rate.

(As an example: the premium for a fully funded active employee who has "single" coverage is approximately \$35.00 per month. However, under the new vesting program, that same person as a retiree, with less than 10 years of insurance coverage, would pay a premium of over \$630.00 per month.)

My signature below indicates that I have been informed of and fully understand the St. Tammany Parish Public School System's health insurance vesting schedule. I also realize that if I elect to obtain health insurance coverage I will be bound by this vesting schedule.

(Employee's Signature)

(Employee's Printed Name)

(Full Social Security Number)

(Date Signed)

**St. Tammany Parish School Board
Application Process Checklist**

	Louisiana Certified	Certified Out of State	New Graduate	Alternate Certification
Application	✓	✓	✓	✓
(2) References Forms	✓	✓	✓	✓
Louisiana Teaching Certificate	✓			
Valid Out-of-State Certificate		✓		
Graduation Eligibility Letter from University			✓	
Practitioner's License Letter *Must State Enrolled & Eligible to Hold Practitioner's License in specific area of certification				✓
Proof of Student Teaching		✓ *Only if less than 3 years teaching experience	✓ * Only if attended out of State University	
Letter from School of 3 yrs Experience		✓		
Praxis Scores			✓	✓
Sexual Misconduct Disclosure Statement	✓	✓	✓	✓
Consent to Perform Background Check	✓	✓	✓	✓
Demographic Information Sheet	✓	✓	✓	✓
Health Insurance Vesting Form	✓	✓	✓	✓
Transcripts	✓	✓	✓	✓