

# Richland Parish School System

## GOOD TO GREAT APPLICATION

P.O. Box 599  
Rayville, Louisiana 71269

Telephone (318) 728-5964  
Fax (318) 728-6481

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Certification: State \_\_\_\_\_ Class (or Type) \_\_\_\_\_ Number \_\_\_\_\_

Areas of Certification: \_\_\_\_\_

### General Information

1. After filing an application, all applicants for this leadership position will then go through a vetting process; all qualifying applicants will be presented to the school system's principal for final recommendation for leadership.
2. Remember to submit a copy of your current teaching certificate and the completed screening activity at the end of this application.
3. Principals, supervisors and others listed in this application may be contacted for references.
4. Agreement to release of all personnel evaluation results is required to be considered for this professional development opportunity.
5. The Richland Parish School System does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Richland Parish School Board is an equal opportunity employer.
6. If chosen as a participant I will be available to meet all expectations outlined in the Good to Great Flyer. Please note that all training dates are located in New Orleans, LA.

If you agree to the terms outlined above sign here: \_\_\_\_\_

## Teaching Experience

School Parish/District	Address <small>(Please Provide Complete Address)</small>	Telephone	Principal	Grade or Subject	# of Years	Dates

Are you currently under contract? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, expiration date \_\_\_\_\_

Have you ever been discharged, requested to resign, or refused tenure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on separate page.

Are you a retiree with the state of Louisiana? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of retiree? (Circle One)

## Professional/Leadership Activities

Professional Organizations, Committees, Presentations, Publications:

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### Certification of Payee

I certify that any stipend and travel request is just and true in all respects. I will repay the district 100 percent of all stipends and travel disbursed if I voluntarily resign prior to the start or during the 2019-2020 school year. I hereby agree to pay any and all balances due at that time to District in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize District to deduct from my wages any amount owed by me to District under this agreement. Upon referral of this debt by District to an attorney, I further agree to pay attorney's fees in addition to the balance I owe.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
LEA Authority

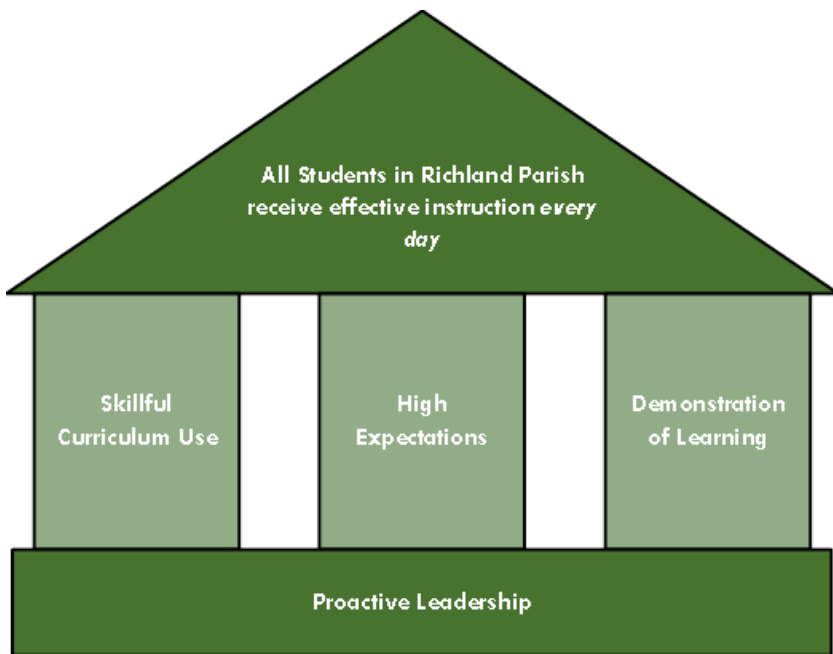
For office use only:

Date: \_\_\_\_\_

Amt. \_\_\_\_\_

Code: \_\_\_\_\_

NAME:  
**Screening Activity**



Directions: Please reflect and respond to the following in no more than 300 words. Review Richland Parish's Instructional Framework (above) and the Good to Great 2019 flyer. Describe why you believe Richland Parish should invest in you for this unique professional development opportunity.