



Personnel Affidavit

**State of Louisiana
Board of Regents**

Division of Planning, Research &
Performance
Proprietary Schools
P.O. Box 3677
Baton Rouge, LA 70821-3677

NOTE: This form is to be completed by each school owner and employee, *EXCEPT* Solicitors.

PLEASE TYPE OR PRINT

Section A

Name:

Last

First

Middle Initial

Address:

Street No. or P.O. Box

City

State

Zip

Telephone:

() _____

Proposed Date of Employment: _____

Name of Proprietary School to be Employed By: _____

Address of School: _____

Position: _____

Subjects to be taught (if applicable): _____

EMPLOYMENT HISTORY

Employer (List employment over past five years)	Job Title	Start Date	End Date

(Attach additional sheets if necessary)

EDUCATION

Did you receive a high school diploma or equivalency certificate: Y () N () If yes, year received: _____

Name and location of high school awarding diploma or GED: _____

College/University/Other (Name & Location)	Dates Attended	Degree Received

(Attach additional sheets if necessary)

THREE (3) REQUIRED REFERENCES

Name	Address and Phone Number

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE

(Signature of Applicant)

QUALIFICATIONS FOR INSTRUCTORS, DEANS, GUIDANCE COUNSELORS

-- An instructor of an academically credentialed area shall attach a certified copy of baccalaureate degree transcript from an institution accredited by an agency recognized by the U.S.D.O.E., which documents appropriate familiarity with the subject matter taught.

--An instructor in other than an academically credentialed area shall attach: 1) certified copy of high school transcript or diploma; 2) a copy of certificate or license in the area taught; and 3) letter(s) from former employer(s) verifying at least four (4) years of documented evidence of occupational experience in area taught.

-- Deans and Guidance Counselors shall attach a certified copy of baccalaureate degree transcript. In addition, a guidance counselor shall attach either a copy of certification by the Louisiana Department of Education or a copy of licensure by the Licensed Professional Counselors Board of Examiners.

NOTE: Section B is to be completed only by owners/directors and office/clerical personnel.

Section B

Places of residence for the past five (5) years:

Address	City and State

(Attach additional sheets if necessary)

Have you ever plead guilty or been found guilty of a felony or crime involving moral turpitude. *(If "yes", attach a detailed explanation)* Yes _____ No _____

SUBSCRIBED TO AND SWORN TO IN MY PRESENCE THIS _____ DAY OF _____, 20 _____

(Signature and Seal of Notary)

FOR BOARD OF REGENTS USE ONLY

- Approved
- Disapproved

Signature & Title _____

Date _____