

This form is to be completed by any teacher who has not previously taught in a Southern District Lutheran school ministry. This form is not required of those on LCMS commissioned minister roster.

## Southern District - LCMS Teacher Information Form

**PERSONAL DATA**      Please type or print legibly!

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.
_____			( ) _____
STREET ADDRESS			HOME TELEPHONE NO.
_____			( ) _____
CITY	STATE	ZIP	WORK TELEPHONE NO.
_____	_____	_____	_____
RELIGIOUS AFFILIATION			E-MAIL ADDRESS
_____			_____
NAME OF CONGREGATION / CHURCH WHERE YOU WORSHIP			PASTOR'S NAME
_____			_____

**EDUCATION:**      Please give the last year attended or year graduated (Date required for verification)  
Graduate school--Please give dates

NAME OF COLLEGE	MAJOR COURSE OF STUDY	DATES	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT EMPLOYMENT (Lutheran School / Early Childhood Center)**

PRESENT EMPLOYER	STARTED	POSITION
_____	_____	_____
ADDRESS	DUTIES	
_____	_____	
CITY, STATE, ZIP	( ) TELEPHONE	
_____	_____	

**PREVIOUS EMPLOYMENT** (Prior to current position)

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\_\_\_\_\_  
**LAST EMPLOYER**

\_\_\_\_\_  
FROM TO

\_\_\_\_\_  
POSITION AND DUTIES

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
CITY, STATE, ZIP

( ) \_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
**NEXT PREVIOUS EMPLOYER**

\_\_\_\_\_  
FROM TO

\_\_\_\_\_  
POSITION AND DUTIES

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
CITY, STATE, ZIP

( ) \_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
**NEXT PREVIOUS EMPLOYER**

\_\_\_\_\_  
FROM TO

\_\_\_\_\_  
POSITION AND DUTIES

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
CITY, STATE, ZIP

( ) \_\_\_\_\_  
TELEPHONE

**OTHER SIGNIFICANT OCCUPATIONAL EXPERIENCE - EMPLOYER**, include dates:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHURCH / COMMUNITY SERVICE**, include dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CURRENT PROFESSIONAL ORGANIZATIONS / MEMBERSHIP:**

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**SPECIAL SKILLS AND/OR ABILITIES**

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I hereby certify that all information given in the above employment application is true, correct, and complete, and that I have not withheld any information requested on this form.

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**Signature**

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**Date**

This form is requested for information purposes so that an accurate record may be maintained of those teaching in a Lutheran School or Early Childhood Center of the Southern District - Lutheran Church Missouri Synod. The completed form may be given to the principal or director of your Lutheran School or Early Childhood Center or sent directly to:

**Schools Office  
Southern District – LCMS  
68446 Tammany Trace Drive, Suite 5  
Mandeville, LA 70471-7793**

**Fax: 985-871-9696**

**We thank you for your help and appreciative of your service and ministry! Please feel free to attach any other pertinent information that you would desire for us to know about your training and/or experience.**

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