

"An Equal Opportunity Employer"

APPLICATION FOR ADMINISTRATIVE POSITION

FOR OFFICE USE



**EAST FELICIANA SCHOOL BOARD
PERSONNEL DEPARTMENT
12732 Silliman Street
P.O. Box 397
Clinton, Louisiana 70722**

Assignment
Date Employed
Experience
Salary

Name _____
(Last) (First) (Middle) (Maiden)

Date _____

Present Address _____
(Street) (City) (State) (Zip Code)

Phone _____

Permanent Address _____
(Street) (City) (State) (Zip Code)

Phone _____

Place of Birth _____
(City) (State)

Date of Birth _____

Email Address _____

Social Security Number _____

(Name and address of person to call in an emergency)

(Relationship)

(Telephone Number)

Administrative Position Applied for: _____

PROFESSIONAL EDUCATION

Name of Institution	City/State	From	Dates	To	Number of Years	Type of Degree	Semester Hours

Certificate now held _____ Class-Type-Number _____ Date Issued _____ State _____

TEACHING EXPERIENCE

List in chronological order from beginning of teaching – do not include student or substitute teaching

No. Years Experience	From	To	Name of School State Whether Public or Private	City/State	Grades or Subject Taught	Name and Address of Employer

NOTE: APPLICANT MUST REQUEST OFFICIAL TRANSCRIPTS FROM ALL REGISTRARS OF UNIVERSITIES ATTENDED

NON – TEACHING EXPERIENCE

Trade or business, Social Work, work in summer camps, in youth activities, etc.

Type of Work	From	To	Name and Address of Employer

MILITARY SERVICE RECORD

Branch of Service	From	To	Beginning Rank	Rank at Discharge	Type of Discharge	Remarks

REFERENCES

List at least three references – former employers, professors, etc. (Beginning teachers should list your directing (critic) teacher and College Supervisor of Student Teaching. Experienced teachers should include present Principal and/or Supervisor

Name	Official Position at Present	Mailing Address

Are you a citizen of the United States? _____ If naturalized, please show your registration number: _____

Have you ever been convicted of a crime? _____ If answer is yes, a detailed explanation must be filed with this application: _____

Have you ever been removed or dismissed from any position? _____ If yes, explain: _____

FOR OFFICE USE ONLY: _____

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THE APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

Date

Signature of Applicant

APPLICATIONS MUST BE TYPE WRITTEN AND EMAILED TO
hr@efschools.net.

HAND-DELIVERED, FAXED, AND MAILED APPLICATIONS
WILL NOT BE ACCEPTED.