

An Equal Opportunity Employer"
APPLICATION FOR SUPPORT POSITION

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

FOR OFFICE USE
School Assigned
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 _____

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

(Telephone Number)

Support Position Applied for: _____

Social Security Number _____

HIGH SCHOOL EDUCATION

Graduate of _____ High School Date _____ Address _____
(City) (State)

PROFESSIONAL EDUCATION

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

WORK EXPERIENCE

Type of Work	Inclusive Dates		Name and Address of Employer
	From	To	

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

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

REFERENCES

List at least three references		
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.

