



WEST FELICIANA PARISH
Schools

Working Toward A Brighter Future

**WEST FELICIANA PARISH
SCHOOL BOARD**

Post Office Box 1910 * 4727 Fidelity Street
Saint Francisville, Louisiana 70775
Ph (225) 635-3891 Fax (225) 635-0108

Date: _____

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY STATEMENT: The West Feliciana 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.

CONTACT PERSON: Beverly C. Grant (225) 635-3891 Fax (225) 635-0108 Regular office hours: 8:00 am - 4:00 pm M-F

FULL NAME:

_____ Last

_____ First

_____ Middle

Mailing Address:

_____ Street

_____ City

_____ State

_____ Zip

Physical Address:

_____ Street

_____ City

_____ State

_____ Zip

Telephone: (Hm) _____ **Other Telephone:** _____

Social Security Number: _____ Are you over 18 yrs of age? () yes () no

Have you previously worked for the West Feliciana Parish School System? () yes () no

If yes, WHEN: _____ **POSITION HELD:** _____

Full Time Position(s) Desired:

_____ Accountant

_____ Computer Operator

_____ Home Visitor

_____ Paraprofessional

_____ Clerical (list position below)

_____ Other _____

_____ Bus Driver

_____ Maintenance

_____ Custodial

_____ Food Service Manager

_____ Food Svc Technician

_____ Food Svc Production Mgr

Substitute Position(s) Desired:

_____ Teacher; Location - _____

_____ Food Service

_____ Paraprofessional

_____ Bus Driver

_____ Maintenance/Custodial

_____ Other _____

EDUCATION LEVEL

Must attach a copy of transcript(s) and/or teaching certificate if applicable.

<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Degree/Diploma Received</u>
Primary/Secondary School		
High School		
*Vocational-Technical/Trade School (other training or education)		
College/University		

EMPLOYMENT HISTORY

List your last three (3) employers, starting with the most recent.

Employer: _____

Address: _____

Supervisor's Name: _____

Phone #: _____

Job Title and Description: _____

Dates of Employment: From _____

To _____

Number of Years Employed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor's Name: _____

Phone #: _____

Job Title and Description: _____

Dates of Employment: From _____

To _____

Number of Years Employed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor's Name: _____

Phone #: _____

Job Title and Description: _____

Dates of Employment: From _____

To _____

Number of Years Employed: _____

Reason for Leaving: _____

Other Qualifications *List any special job-related skills and/or qualifications acquired from previous employment or other experience.*

REFERENCES

Name	Address	Phone Number
1		
2		
3		

BUS DRIVER APPLICANTS *(complete this section)*

Do you hold a valid Commercial Driver's License?		() Yes	() No
Commercial Driver's License #	_____	State Issued:	_____
Do you wear eye glasses?	() Yes () No	Hearing Aid?	() Yes () No
Do you agree to take a pre-employment physical examination?	() Yes () No		
Do you agree to take a pre-employment drug test?	() Yes () No		
Are you able to purchase a bus?	() Yes () No		

SPECIALIZED SKILLS

Secretary/Clerk, Accountant and Paraprofessional Applicants *(complete this section)*

	<u>Words Per Minute</u>	<u>Experience</u>
Typing	_____	_____
Shorthand	_____	_____
Calculator	_____	_____
Computer	_____	_____
List below any computer applications/special skills/equipment with which you have experience:		

ADDITIONAL INFORMATION

Have you previously retired from any public retirement system?		() Yes	() No
If yes, which retirement system? _____			
Have you ever been convicted of a felony?		() Yes () No	* Conviction will not necessarily disqualify an applicant for employment. If yes, describe conditions of conviction: _____
Are you related to any Board Member or Employee of the West Feliciana Parish School System?		() Yes () No	
If yes, give name and relationship. Name _____ Relationship _____			

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize West Feliciana Parish School Board to make an investigation of any of the facts set forth in this application.

I understand that employment with the West Feliciana Parish School Board is "at will", which means that either I or the Board can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Board has any authority to alter the foregoing without Board approval.

Applicant's Signature

Date

PLEASE NOTE: Your application will remain on file for one (1) year from the date of the application.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Considered For: _____

Arrange Interview: () Yes () No

Remarks: _____

Interviewer

Date

Employed () Yes () No

Date of Employment _____

Job Title _____

Location _____

By _____

Name and Title

Date