



*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: Georgia Dudley (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

Primary Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you over 18 yrs of age? ( ) Yes ( ) No

Do you have a valid driver license? ( ) 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

- ☐ Bus Driver  
☐ Maintenance  
☐ Custodial  
☐ Paraprofessional  
☐ Clerical (list position below)  
☐ Food Service Technician  
☐ Food Service Manager  
  
☐ Other: \_\_\_\_\_

#### Substitute Position(s) Desired

- ☐ Food Service  
☐ Paraprofessional  
☐ Bus Driver  
☐ Custodial  
  
☐ Other: \_\_\_\_\_

### EDUCATION LEVEL

<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Degree/Diploma Received</u> ___ YES ___ NO
High School		___ YES ___ NO
Vocational-Technical/Trade School (other relative training or education)		___ YES ___ NO
College/University		___ YES ___ NO

## EMPLOYMENT HISTORY

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## REFERENCES

Name	Email 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

## 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 investigate 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 District 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*EMAIL APPLICATION TO BRIDGET CORKERN AT CORKERNB@WFPSB.ORG OR DELIVER TO THE SCHOOL BOARD OFFICE.\***