

**OFFICE OF  
LAFOURCHE PARISH SCHOOL BOARD  
Thibodaux, Louisiana**

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT OR TYPE**

Date: \_\_\_\_\_

NOTE: **A copy of high school diploma and copy of college transcript (if applicable) must be attached to this application form when submitted.**

**Please indicate below the position(s) for which you want to be considered.**

- \_\_\_\_\_ **School Secretary (South Lafourche Area)**
- \_\_\_\_\_ **School Secretary (Central Lafourche Area)**
- \_\_\_\_\_ **School Secretary (North Lafourche Area)**
- \_\_\_\_\_ **Bookkeeper**
- \_\_\_\_\_ **Supervisor's Secretary/Central Office Clerk  
(School Board Office and other main offices)**
- \_\_\_\_\_ **Any other full-time clerical position**
- \_\_\_\_\_ **Part-time clerical position**

Would you consider substitute clerical work? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I. PERSONAL:**

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Race: \_\_\_\_\_ (For Statistical Purposes Only)
 Male \_\_\_\_\_
Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street & No.
City
State
Zip Code

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell Phone # (optional): \_\_\_\_\_

NOTE: Upon employment, you will be required to furnish a medical certificate stating that you are in good health and are free of any communicable disease. (This certificate must be dated no earlier than three months prior to application.)

**II. PREPARATION:**

	School Attended and City and State	Date of Graduation Year	Diploma or Degree
High School	_____	_____	_____
College	_____	_____	_____

If you attended college but did not earn a degree, list total number of semester hours: \_\_\_\_\_

**III. RECORD OF PREVIOUS EMPLOYMENT:**

(List all prior experience, including experience with the Lafourche Parish School Board.)

<u>Name and Address of Employer</u>	<u>Position (Kind of Work)</u>	<u>Length of Employment (Date, Month and Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continued on next page)

**IV. REFERENCES:**

(Please list as references prior employers, supervisors, or other Individuals.)

<u>Name and Title</u>	<u>Street &amp; No.</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**V. DISCLAIMERS AND AFFIRMATION:**

Have you ever been arrested for any law violation? \_\_\_\_\_

Are you currently employed by another school district, public or private?

Circle One:        Yes or No

Have you ever been employed by a public or private school system? If yes, please list all previous school district employers.

Circle One:        Yes or No

<u>District</u>	<u>State</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*If your answer to any of the above questions was yes, the attached request for information form must be submitted to the previous employing school district for completion\*\***

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies. I hereby grant permission to the Lafourche Parish School Board to contact those persons necessary to confirm any of the information hereinabove contained and to authorize verification of information to be released to the Lafourche Parish School Board.

I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug and alcohol test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

\_\_\_\_\_  
(Signature of Applicant)

**Please return to:  
Lafourche Parish School Board  
P. O. Box 879  
Thibodaux, LA 70302**

***THE LAFOURCHE PARISH SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER***