

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

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT OR TYPE**

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

NOTE: A copy of high school diploma or GED and copy of CDL must be attached to this application form when submitted.

**POSITION:**

**SCHOOL BUS OPERATOR**

**I. PERSONAL:**

Name:

\_\_\_\_\_

Last	First	Middle	Maiden
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Race: \_\_\_\_\_ (For Statistical Purposes Only)      Male \_\_\_\_\_ Female \_\_\_\_\_

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

Street & No.	City	State	Zip Code
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Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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(s)	_____	_____	_____
	_____	_____	_____

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

*(continued on back)*

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. OTHERS:**

A. 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

\_\_\_\_\_  
Signature of Applicant

**RETURN TO:**

**Director of Human Resources  
Lafourche Parish School Board  
P. O. Box 879  
Thibodaux, LA 70302**