## OFFICE OF LAFOURCHE PARISH SCHOOL BOARD Thibodaux, Louisiana

## APPLICATION FOR EMPLOYMENT

PLEAS	E PRINT OR T	YPE					
Date: _							
NOTE:	A copy of hig submitted.	h school diploma/GE	D and copy of CDL	must be attache	ed to this ap	plication form	ı when
POSITION	ON:						
SCI	HOOL BUS OF	PERATOR					
I. <u>PERS</u>	SONAL:						
Nar	ne:						
		Last	First	Middle		Maiden	
Rad	ce:	(For Statistical Pu	ırposes Only)		Male	Female _	
Mai	iling Address: _	Street & No.	(	City	State	Zip Code	
		E-mail					
Pho	one #:		Cell Pho	ne #:			
II. <u>PRE</u>	PARATION:						
			School Attended City and Sta			ate of ation Year	
	High School College		Oily and Ola				
ı	If vou attended	college but did not e					
	ORD OF PRE	VIOUS EMPLOYME	NT:				
	(List all prio	r experience, including e	experience with the Lafo	urche Parish Scho	ol Board.)		
	Name	and Address of Employ	<u>rer</u>	Position (Kind of	f Work)	Length of Er (Date, Month	
	_						
IV. <u>REF</u>	ERENCES: (Please list	as references prior emp	loyers, supervisors, or o	other Individuals.)			
	Name and	<u>Title</u>	Street & No.	<u>City</u>	<u> </u>	State 2	Zip Code

	r been arrested for any law viola	tion?	
Are you curren	tly employed by another school	district, public or private?	
Circle One:	Yes or No		
Have you ever district employ Circle One:		rivate school system? If yes, please lis	st all previous schoo
	<u>District</u>	<u>State</u>	Supervisor
	ici to ally of the above questi	ono wao yeo, a request ioi imenimati	ion form (found oi
HR webp I affirm that all the School Dis the Lafourche hereinabove co	age) must be submitted to the information set forth in this application, I will abide by all Board of Eparish School Board to contact	e previous employing school district ication is accurate, truthful and comple Education and school policies. I hereb those persons necessary to confirm ar ation of information to be released to the	ete. If I am employe y grant permission ny of the information
I affirm that all the School Disthe Lafourche hereinabove of School Board.  I release indivigiven in respordrug and alcohevent that I aminformation in that may be termina	information set forth in this application, I will abide by all Board of Parish School Board to contact to contained and to authorize verifications duals listed as references and conse to a request for an employment test and physical exam prior in employed by the District and in this application or in subsequent ated at any time after the discovered	e previous employing school district ication is accurate, truthful and comple Education and school policies. I hereb those persons necessary to confirm ar	ete. If I am employe y grant permission ny of the information he Lafourche Paris ability for information be required to take a ay be employed. In false or misleading that my employmen

Please return to: Lafourche Parish School Board P. 0. Box 879 Thibodaux, LA 70302