

**ITEMS TO BE ATTACHED TO APPLICATION FOR PROFESSIONAL EMPLOYMENT**

---

\_\_\_\_\_ APPLICATION (attached)

\_\_\_\_\_ RESUME

\_\_\_\_\_ COLLEGE DIPLOMA

\_\_\_\_\_ COPY OF TEACHING CERTIFICATE OR LETTER FROM UNIVERSITY  
VERIFYING ADMISSION TO TEACHER EDUCATION PROGRAM (STATING  
WHICH ALTERNATIVE CERTIFICATION ROUTE BEING PURSUED) AND  
PRAXIS SCORES

\_\_\_\_\_ COLLEGE TRANSCRIPTS

\_\_\_\_\_ TWO (2) REFERENCE LETTERS FROM PLACE OF LAST EMPLOYMENT

\_\_\_\_\_ THREE (3) CHARACTER REFERENCES OTHER THAN FAMILY MEMEBERS

\_\_\_\_\_ SIGNED WAIVER TO RELEASE RECORDS (attached)

---

**EVANGELINE PARISH SCHOOL BOARD**  
**1123 Te Mamou Road**  
**Ville Platte, LA 70586**  
**(337)363-6651**

**APPLICATION FOR EMPLOYMENT (Professional)**  
**PERSONAL INFORMATION:**

Last Name First Middle	Date
Street Address	Home Phone ( )
City, State, Zip	Cell Phone ( )
Have you every applied for employment with us? Yes No If yes, Month and Year _____ Location _____	Business Phone ( )
Position Desired	E-mail address
Apart from absence for religious observations, are you available for full time work? (Number of days) _____ _____ Yes _____ No If not, what hours can you work? _____	Social Security Number
	Date of Birth (month/day/year)
Are you legally eligible for employment in the United States? Yes No	Ethnicity: Are You Hispanic/Latino _____ Yes _____ No
Are you a retiree from the public school system? ___ Yes ___ No	
Other special training or skills (language, machine operations, etc.)	Please select one or more of the following race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian(Pacific Islander)
How did you learn of our organization?	When will you be available to begin work?

Have you ever been convicted of a felony for which you have not been pardoned? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**EDUCATION:**

TYPE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DEGREE OR DIPLOMA
High School		Major:  Minor:	
Other			

**NEPOTISM DISCLORUE:**

Are you an immediate family member of any member of the Evangeline Parish School Board or its Superintendent?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

(The term "immediate family" is defined by LA R.S. 42:1119(2)(a) to include children, spouses of children, brothers, sisters, parents, spouse, and the parents of the board members' or superintendent's spouse)

If your answer is "YES", explain your relationship: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please give accurate, complete full-time and part-time employment record. Start with present or most-recent employer.

<b>1</b>	Company Name	Telephone ( )
	Address	Employed(State Month and Year) From: To:
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone ( )
	Address	Employed(State Month and Year) From: To:
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone ( )
	Address	Employed(State Month and Year) From: To:
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

**Signature:**

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge.

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal character, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

The Evangeline Parish School Board does not discriminate on the basis of race, color, national origin, sex, age, handicapping condition or veteran statue.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

## WAIVER TO REQUEST RECORDS

---

I, \_\_\_\_\_, whose Social Security Number is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, grant permission to the Evangeline Parish School Board Personnel Office to request all observation/evaluation reports forms by previous employer (s) and to place those records in my personnel file.

\_\_\_\_\_  
Signature of Employee/Applicant

\_\_\_\_\_  
Date