

# Application for Employment PROFESSIONAL PERSONNEL

OFFICE USE ONLY

## RAPIDES PARISH SCHOOL BOARD

619 Sixth Street  
P.O. Box 1230, Alexandria, LA 71309-1230  
Phone Number: 318-487-0888 Fax Number: 318-449-3167  
[www.rapides.k12.la.us](http://www.rapides.k12.la.us)

- FINGERPRINTS
- ID / SS CARD
- DIPLOMA
- TRANSCRIPT
- PRAXIS
- SUBSTITUTE
- COMPUTER

ALL APPLICANTS MUST PROVIDE THE FOLLOWING AT THE TIME THE APPLICATION IS SUBMITTED:

1. Current Driver's License OR Voter Registration Card OR Military Identification Card
2. Social Security Card
3. Copy of college diploma and official college transcripts indicating degree earned
4. Copy of teaching certificate
5. Copy of NTE or PRAXIS test scores

\*\*\*\* Current employees do not need to include the documents listed above when applying for a different position.

**POSITION DESIRED**

Indicate grade level and/or subjects preferred \_\_\_\_\_

Indicate if you are applying for a specific advertised position \_\_\_\_\_

Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle / Maiden

Address \_\_\_\_\_  
Street
City
State
Zip Code

Telephone Number(s) \_\_\_\_\_

United States citizen?  YES  NO      If not, do you have legal right to work in this country?  YES  NO

**CERTIFICATE AND/OR LICENSE** – Include all teaching and ancillary certificates, special endorsements, NBPTS certificates, or any other state or national license

STATE	TYPE and NUMBER	ISSUE DATE	EXPIRATION DATE	AREAS OF CERTIFICATION OR ENDORSEMENT

**EDUCATION HISTORY - List all degrees earned**

NAME AND LOCATION OF SCHOOL	DEGREE	DATE EARNED OR EXPECTED	MAJOR OR FIELD OF STUDY

Have you successfully completed the Louisiana Teacher Assistance and Assessment Program (LaTAAP)?  YES  NO

If not, are you currently participating in LaTAAP?  YES  NO

**EMPLOYMENT HISTORY and/or TEACHING EXPERIENCE - List last five employers, beginning with most recent**

DATES OF EMPLOYMENT	EMPLOYER / SCHOOL DISTRICT	JOB or TEACHING ASSIGNMENT	REASON FOR LEAVING

I understand that it is my responsibility to obtain forms for verification of previous employment from the Personnel Department and send them to past employers and that I will not be given credit for past employment until the forms are received by the Personnel Office. \_\_\_\_\_ Initials

**MILITARY EXPERIENCE**

Dates of service \_\_\_\_\_ Branch \_\_\_\_\_ Final Rank \_\_\_\_\_

Type of discharge \_\_\_\_\_ Work Performed \_\_\_\_\_

**REFERENCES** – Provide the names of at least four (4) persons who have knowledge of your professional skills and abilities

FULL NAME	OFFICIAL POSITION	COMPLETE MAILING ADDRESS	PHONE NUMBER

**BACKGROUND**

1. Have you ever been arrested for any crime, whether a felony or misdemeanor?  YES  NO
2. Have you ever been convicted of an offense against the law or are you now under charges for an offense against the law?  YES  NO
3. Have you ever been terminated or recommended for dismissal by your employer?  YES  NO
4. Have you ever had a professional license or certificate revoked?  YES  NO
4. Are you related to an employee / board member of Rapides Parish School Board?  YES  NO
5. Are you retired from the LA Teacher’s Retirement or School Employee’s Retirement System?  YES  NO
6. Did you participate in DROP (Deferred Retirement Option Program)?  YES  NO
7. Are you currently receiving Worker’s Compensation?  YES  NO
8. Have you worked for the Rapides Parish School Board before?  YES  NO

*If you checked YES for any of the questions above, please explain in the space below:*

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ARE YOU CURRENTLY UNDER CONTRACT WITH ANOTHER SCHOOL SYSTEM?  YES  NO

WHEN WOULD YOU BE AVAILABLE TO ACCEPT EMPLOYMENT IN RAPIDES PARISH? \_\_\_\_\_

ARE YOU INTERESTED IN COACHING OR SPONSORING A STUDENT ACTIVITY?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

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***THIS APPLICATION IS NOT COMPLETE UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN INCLUDED:***

- Copy of Current Driver's License OR Voter Registration Card OR Military Identification Card
- Copy of Social Security Card
- Copy of college diploma and official college transcripts showing degree earned
- Copy of NTE or PRAXIS test scores

***COMPLETED APPLICATIONS WILL REMAIN ACTIVE FOR ONE CALENDAR YEAR ONLY.  
YOU MUST COMPLETE A NEW APPLICATION EACH YEAR IF YOU WISH TO REMAIN ON THE ACTIVE LIST.***

**RELEASE OF INFORMATION**

I hereby authorize Rapides Parish School Board to investigate my background, references, character, past employment, education, credit history, criminal or police records for the purpose of confirming the information in this application and/or obtaining other information pertinent to my qualifications for employment. I hereby release Rapides Parish School Board, employers, schools, or persons from liability in responding to inquiries in connection with my application.

If employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I certify that answers given herein are true and complete to the best of my knowledge. I have read and agree with the information provided to me.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RAPIDES PARISH SCHOOL SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED FOR EMPLOYMENT ON THE BASIS OF QUALIFICATIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX OR HANDICAPPING CONDITION.**

**AS PROVIDED BY FEDERAL LAW, APPLICANTS MAY REQUEST ACCOMMODATIONS IN ORDER TO COMPLETE THE APPLICATION OR TO TAKE ANY REQUIRED EMPLOYMENT TEST.**

**CONFIDENTIAL**  
**SECOND INJURY FUND QUESTIONNAIRE**

*The purpose of this questionnaire is to provide the employer with the knowledge about the employee- specifically about any pre-existing condition or disability, which may entitle the employer to reimbursement from Louisiana's Second Injury Fund (R. S. 23 §1378). The information provided shall not be used to discriminate against a qualified individual with a disability because of such individual in regard to job application procedures; the hiring, the advancement, or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.*

NAME \_\_\_\_\_ SS NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN EMERGENCY NOTIFY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICAL HISTORY/WORK INJURY**

**A. Do you now or have you ever had:**

- Heart Trouble  No  Yes If yes, explain \_\_\_\_\_
- Diabetes  No  Yes If yes, explain \_\_\_\_\_
- High Blood Pressure  No  Yes If yes, explain \_\_\_\_\_
- Arthritis  No  Yes If yes, explain \_\_\_\_\_
- Epilepsy  No  Yes If yes, explain \_\_\_\_\_
- Any type Seizures  No  Yes If yes, explain \_\_\_\_\_
- Back injuries  No  Yes If Yes, explain \_\_\_\_\_
- Back/Spine Surgery  No  Yes I yes, explain \_\_\_\_\_
- Any other serious physical ailments  No  Yes If yes, explain \_\_\_\_\_
- Any physical ailments  No  Yes If yes, explain \_\_\_\_\_
- Any mental/emotional problems  No  Yes If yes, explain \_\_\_\_\_

**B. How many days were you absent from work due to illness: Last Year \_\_\_\_\_ Last 5 Years \_\_\_\_\_**

Explain: \_\_\_\_\_  
Have you ever been injured on the job?  No  Yes If yes, answer the following:

Approximate Date of Accident \_\_\_\_\_  
Did you lose any time from work?  No  Yes If yes, how many days? \_\_\_\_\_  
Did any permanent damage or disability result?  No  Yes If yes, explain \_\_\_\_\_  
Were you given a disability rating by a Doctor?  No  Yes  
If yes, give Doctor's Name and Address \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Are you now drawing Worker's Compensation for any former injury? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Give details of any other injuries you may have sustained on or off the job in the past 5 years \_\_\_\_\_

How would you classify your present health?  Poor  Fair  Good  Excellent  Never been sick

Would you submit to a physical examination at the Company's expense?  Yes  No

**WARNING: PURSUANT TO LSA-RS 23:1208.1, I UNDERSTAND THT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A FORFEITURE OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICA TREATMENT AND EXPENSES.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

U.S. Department of Justice  
Immigration and Naturalization Service

OMB No. 1115-0136  
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employer CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <u>X</u>	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year) <u>X</u>

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A, one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative <u>Sharon W Miller</u>	Date (month/day/year)
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SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE.

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***

**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

**\*\*\*\*PLEASE PRINT\*\*\*\***

RAPIDES PARISH SCHOOL BOARD OFFICE  
FACILITY OR AGENCY  
P.O. BOX 1230

MAILING ADDRESS

ALEXANDRIA, LA 71309  
CITY STATE ZIP CODE

SHARON W. MILLER, DIRECTOR OF PERSONNEL  
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Sharon W Miller  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

( 318 ) 487-0888  
FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL
- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT - USE INK\*\*\*\*  
LAST FIRST MIDDLE  
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.

