

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

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Date: _____

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 & 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**