



**Claiborne Parish School District**  
**415 East Main Street**  
**PO Box 600**  
**Homer, La 71040**

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BEFORE YOU FILL OUT THIS APPLICATION

**BE SURE YOU READ AND UNDERSTAND THIS...**

- We ask certain questions concerning your health and your criminal history.
- We verify the answers you provide through appropriate agencies.
- As an educational agency, we are entitled to your complete criminal history report which includes:
  1. Anything for which you have been arrested and/or convicted.
  2. Information on arrests or convictions for which you may have subsequently received pre-trial interventions or pardons or which have been expunged. That does not excuse you from listing these on your application.

There is no time limit or other reason to fail to report an arrest or conviction.

- The inclusion of your name and the date below indicates: You have read and understood the above.
- You understand that your employment is contingent upon a satisfactory records check that is in accordance with the answers you have provided .
- Records check sometimes take significant time to be returned.
- You understand that our offer of employment is based on an evaluation of the information you have provided. If that information is inaccurate, false, or misleading that will be grounds to terminate your employment upon receipt of the report.

Applicant's Name:

Date:

## Application

### ALL APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTATION:

1. Copy of current Driver's License OR Official Identification Card
2. Copy of Social Security Card AND Birth Certificate
3. Copy of high school diploma or college diploma or transcripts indicating degree earned
4. Copy of teaching certificate if applying for a teaching or administrative / educational leader position
5. Copy of NTE or PRAXIS test scores if applying for teaching or administrative / educational leader position

\*\*\*Current Employees do not need to include the above listed documents if applying for a different position, unless otherwise stated

First Name

Last Name

E-mail Address

Phone

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### Check Each Position Below That You Are Applying For

Full Time Clerk / Secretary - 21 years of age, High school diploma or transcript or GED

Full Time Paraprofessional - 21 years of age, High school diploma or transcript or GED, for full time position, must have passing score on ParaPro test, 48 college hours, or Associates Degree

Full Time Custodian / Maintenance - 21 years of age

Full Time Food Service Technician - 21 years of age, High school diploma, transcript, GED, or ability to follow written instructions and do simple math, must earn passing score on Claiborne Parish Food Service Test

Substitute Food Service Technician - 21 years of age, High school diploma, transcript, GED, or ability to follow written instructions and do simple math, must earn passing score on Claiborne Parish Food Service Test

Food Service Manager / Assistant Manager - Registered as Louisiana Food Service Manager

Teacher - Specify grade level and / or subjects preferred - Minimum of Bachelor's degree, Valid teaching certificate or meet requirements for a temporary Louisiana certificate (passing scores on PRAXIS Pre-Professional Skills Test)

Educational leader / Administrator - Specify position(s) - Valid Educational leader or Administrator / Supervisor certificate or eligible to apply for a Louisiana Educational Leader certificate

Other professional position - Specify position(s) - As listed on specific job description

Indicate if applying for a specific Advertised Position:

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Date of Application:

Social Security Number:

Last Name:

First Name:

Middle / Maiden:

Street Address:

City:

State:

Zip Code:

Telephone Number 1:

Telephone Number 2:

United States  
Citizen?

Yes  
No

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 local, state or national license.

State:	Type and Number:	Issued:	Expires:	Areas of Certification or Endorsement:
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	

**Education History** – List all Diplomas and Degrees Earned

High School Graduate: Yes  
No

Name and Location of School:	Degree:	Date Earned or Expected:	Major or Field of Study
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

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**Employment History and / or Teaching Experience** - List Last Five Employers

Dates of Employment:	Employer/School District and Location:	Job/Teaching Assignment:	Reason for Leaving:
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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.

I understand that I may not be given salary credit for past employment until the Personnel Office receives the forms.

Initials:

**Military Experience**

Dates of Service:

Branch:

Final  
Rank:

Type of Discharge:

Work Performed:

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

Full Name:

Position:

Address and Phone Number:

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**Background**

1. Have you ever been convicted, found guilty or entered a guilty plea, or entered a plea of nolo contendere (no contest) for any crime whether a felony or misdemeanor?  
Claiborne Parish School Board has access to all arrest records, even if not convicted. \*

Yes      No

2. Have you ever been arrested for any crime, whether felony or misdemeanor, or are there any pending charges?  
Claiborne Parish School Board has access to all arrest records, even if not convicted. \*

Yes      No

3. Have you ever been terminated or recommended for dismissal by any employer?

Yes      No

4. Have you ever had a professional license or certificate revoked?

Yes      No

5. Are you related to an employee / board member of Claiborne Parish School Board?

Yes            No

6. Are you retired from the LA Teacher's Retirement or School Employee's Retirement System?

Yes            No

7. Did you participate in DROP (Deferred Retirement Option Program)?

Yes            No

8. Are you currently receiving Worker's Compensation?

Yes            No

9. Have you ever worked for Claiborne Parish School Board before?

Yes            No

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

\*Please be advised that Claiborne Parish School Board has access to all arrest records (i.e.) dismissals, pardons, expungements)

**TEACHERS** - have you successfully completed the Louisiana Teacher Assistance and Assessment Program (LaTAAp)?

Yes            No

Are you currently under contract with another school system?

Yes            No

When would you  
be available to  
accept  
employment in  
Claiborne Parish?

Are you interested in coaching or sponsoring a student activity?

Yes            No

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

**Release Information** - Please Initial Each Item

I authorize Claiborne 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 information pertinent to my qualifications for employment.

I authorize Claiborne Parish School Board to request information from my current or previous employer (if a city, parish, or other local public school board), relative to all instances of sexual misconduct with students committed by me.

I hereby release Claiborne Parish School Board, employers, schools, or persons from liability in responding to inquiries in connection with my application.

I understand that I must abide by the terms of the Claiborne Parish Drug-Free Work Place Policy. As part of the application process, I understand that I must submit to a pre-employment drug screen.

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

Applicant's Name:

Date:

*Claiborne 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, 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.*

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**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: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

**Medical History / Work Injury**

A. Do you now or have you ever had:

- |                     |           |                  |
|---------------------|-----------|------------------|
| Heart Trouble       | Yes<br>No | If yes, explain: |
| Diabetes            | Yes<br>No | If yes, explain: |
| High Blood Pressure | Yes<br>No | If yes, explain: |
| Arthritis           | Yes<br>No | If yes, explain: |
| Epilepsy            | Yes<br>No | If yes, explain: |
| Seizures            | Yes<br>No | If yes, explain: |



Back Injuries	Yes	If yes, explain:
	No	
Back / Spine Surgery	Yes	If yes, explain:
	No	
Any other serious physical ailments	Yes	If yes, explain:
	No	
Any physical ailments	Yes	If yes, explain:
	No	
Any mental/emotional problems	Yes	If yes, explain:
	No	

B. How many days were absent from work due to illness:                      Last year:                      Last 5 Years:

Explain:

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

Approximate date of the accident

Did you lose any time from work?	Yes	If yes, how many days?
	No	

Did any permanent damage or disability result?	Yes	If yes, explain:
	No	

Were you given a disability rating from your doctor?	Yes	If yes, Provide Doctor Name and Address
	No	

What part of the body was injured?

Are currently drawing Worker's Compensation for any former injury?	Yes	If yes, explain:
	No	

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

	Poor	Fair	Good	Excellent	Never Been Sick
How would you classify your current health?					

Warning: Pursuant to LSA-RS 23:1208.1, I understand that 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 medical treatment and expenses. I have read and full understand the above.

Applicant's Name:

Date:

**Submit with your application - CPSB will forward to former Employer(s)**

**Disclosure and release statement regarding sexual misconduct**

Applicant can not be considered for employment unless this form is completed in its entirety.

Applicant's Name:

Social Security No:

I hereby swear or confirm that I have never committed any acts that resulted in an investigation by a previous employer or law enforcement agency relating to or involving sexual misconduct with minors or co-workers. I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish, or other local school board, relative to all instances of sexual misconduct by me, if any. I expressly give consent for the release of such information from any school employee and/or teacher personnel file maintained with respect to me. I release and hold harmless my current or previous employer, if employer is/was city, parish, or other local school board, and any employee acting on behalf of such employer from any liability from providing any information relative to all instances of sexual misconduct with student committed by me, if any. **This form must be returned in accordance with RS 17:91.9**

Applicant can not be considered for employment unless this form is completed in its entirety

Applicant's Name:

Date:

\*\*\*\*THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER\*\*\*\*

Name of School System:

There is information in this employee's file indicating sexual misconduct

I have attached documentation regarding sexual misconduct

Name of Director of Human Resources:

Date:

Year:

Results:

Year:

Results:

Previous employer(s) should complete this form and return it within ten (10) business days to the following address:

Claiborne Parish School Board  
Human Resources Department  
P.O. Box 600  
Homer, LA 71040

## **Writing Sample for Teachers**

The Claiborne Parish School District seeks candidates for teaching positions who can express themselves in a clear, cogent, and grammatically correct manner. Such competency is essential regardless of grade level or subject area. In completing this application, submit a handwritten statement which expresses why you are applying to this district for a teaching position. Your statement shall also indicate the specific contributions you can make as a teacher in this district. Use the space below to complete your writing sample.