

GRANT PARISH SCHOOL BOARD

P.O. BOX 208
COLFAX, LA 71417
(318) 627-3274

EMPLOYMENT APPLICATION

GENERAL INFORMATION:

Name: _____
Last First Middle Initial Date of Application

Address: _____
P.O. Box or Street City State Zip

Phone Number: Home (____) _____ Cell (____) _____
Other (____) _____

Driver's License # _____ State of Issue _____ Email address: _____

Position(s) Applied For:

- | | |
|---|---|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Bookkeeping/Accounting |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Secretary/Receptionist |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Janitor/Sweeper | <input type="checkbox"/> HVAC Mechanic |
| <input type="checkbox"/> Cafeteria Worker | <input type="checkbox"/> Nurse/Nurse Assistant |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bus Attendant | |

Have you ever worked for Grant Parish School Board before? Yes _____ No _____

If yes, when and what position: _____

Are you a Retiree returning to work? Yes _____ No _____

If yes: What date did you retire? _____

From what system did you retire? _____

Do you qualify for PIPS? Yes _____ No _____ PIP Increment Amount? \$ _____

From what school system did you last receive PIPS? _____

PERSONAL INFORMATION:

Are you eligible to work in the United States? Yes _____ No _____

Have you ever been convicted or pleaded no contest to a felony? Yes _____ No _____

If yes, please explain: _____

EDUCATION:

Name & Address of High School Attended: _____

Highest Grade Completed: _____ Graduation Date: _____

Name & Address of College Attended: _____

Do you have a Degree?: Yes _____ No _____ If yes, please provide a copy.

Other Skills and Qualifications: Licenses, Trainings, Awards, etc.

EMPLOYMENT HISTORY:

Present or Previous Position/Title: _____

Employer: _____

Address: _____ Phone: (____) _____

Employed From: _____ Employed To: _____

Responsibilities & Job Duties: _____

Reason For Leaving: _____

Prior or Previous Position/Title: _____

Employer: _____

Address: _____ Phone: (____) _____

Employed From: _____ Employed To: _____

Responsibilities & Job Duties: _____

Reason For Leaving: _____

REFERENCES:

Name/Title/Phone:

1) _____

2) _____

3) _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. I authorize the verification of all information above.

Signature _____ Date: _____