EAST CARROLL PARISH SCHOOL BOARD

Application for Accounting/Clerical Positions



Meagan Brown, Superintendent

514 Third Street
Post Office Box
792
Lake Providence, LA
71254Phone:
318.559.2222
Fax: 318.559.3864

Where Education Is First!

Section I Personal In Name: Social Security Number: Are you a citizen of the Un Current Phone Number	LAST nited States?	□ No	Alternate Nu	MIDDLE mber
Section I Personal In Name: Social Security Number: Are you a citizen of the Un Current Phone Number E-mail Address	LAST nited States?	FIRST No ell Phone	Alternate Nu	MIDDLE
Section I Personal In Name: Social Security Number: Are you a citizen of the Un Current Phone Number	LAST iited States?	FIRST No ell Phone	Alternate Nu	MIDDLE
Section I Personal In Name: Social Security Number: Are you a citizen of the Un	LAST nited States?	FIRST		MIDDLE
Section I Personal In Name: Social Security Number:	LAST	FIRST		
Section I Personal In Name: Social Security Number:	LAST	FIRST		
Section I Personal In	LAST	FIRST		
Section I Personal In				
	formation			
				on Amendments of 1972, as amended, an ed States Department of Health, Education
national origin, handicap, or state compensation, training and appres	tus as a Vietnam era or disableonticeship, and all other terms, con-	d veteran. This policy encompass ditions, benefits and privileges asso	ses recruitment, selection ociated with employment.	, assignment, promotion, transfer, terming. This policy extends to the educational pro-
NOTICE TO APPLICANT The East Carroll Parish School B	oard does not knowingly discrin	ninate against any employee or ap	plicant for employment o	n the basis of race, color, religion, gende
	Date			
	□ Office Clerk□ Other			
	☐ Payroll Clerk/ Ass	sistant Business Manager		Experience:
LA Certified:				Contract Code: Degree:
Interview Date:		OUNTING/CLERICAL I	OSITIONS	Replacing:
Ref: 1) 2.)		APPLICATION FOR OUNTING/CLERICAL P		Position Code:
Ack:	_			Effective Date: Length of Contract:
		4 Third Street Post Office Lake Providence, Louisiana		Assigned to:
ile:	514	t Carroll Parish School 4 Third Street Post Office 1		Assigned to:

Section II Academic Record

Beginning with the most recent

Institution and Location		Attendance To	Degree & Date Awarded or Expected	Major or Field of Study	Full or Part Time	GPA in Major/GPA Overall
	Mo/Yr	Mo/Yr				
	Mo/Yr	Mo/Yr				
	Mo/Yr	Mo/Yr				

Section III Employment Information

Beginning with the most recent, include part-time work and full time work experience.

Da	ates			
From	To	Position	Name, Address, and Phone No. of Employer(s)	Reason for Leaving
Mo/Year	Mo/Year			

Section IV Extra-Curricular Activities

Beginning with the most recent, list up to four of the most significant extra-curricular/community activities and professional affiliations in which you have been most actively involved. Describe the nature of your involvement and/or responsibilities

Organization Name	Position	Years	Average Hours Per Week	Description of Activity
				1

Section V Experience in Accounting or Clerical Work

Experienced Applicant: A minimum of two (2) references must be submitted.

Non-certificated applicant—Send reference request to previous employer, supervisor, and person of standing in community who is familiar with you

Name and Position	Name of Agency	Complete Mailing Address	Telephone Number

Section VI Additional Information

1. When will you be available? (month/date/year)?	
2. Are you on approved leave from a job?	No If yes, ending date
3. Are you related to an employee/board member of the East If yes, list the employee/board member's position and relat	ionship.
PositionRelation	ship
PositionRelation	aship
Position Relation	
4. Have you ever been convicted of a felony? Yes, No	0
5. Have you ever been convicted of an offense against the law Yes, No	v or are you now under charges for any offense against the Law?
6. Have you ever been terminated or recommended for dismissal by	your employer? Yes, No
7. While in the military service were you convicted by a gene	ral court-martial? Yes, No Non-applicable
If you check YES for Question 4,5,6, and /or 7 in section XII	briefly explain in the space below.

East Carroll Parish **School District**

Meagan Brown Superintendent

318.559.2222 Fax 318.559.3864

Sexual Misconduct Disclosure Statement

As required by Louisiana Revised Statute 17:81.9 (Act 723), the applicant authorizes all previous employers to disclose any and all information in the applicant's personnel file related to instances of sexual misconduct with students committed by the applicant. The applicant releases previous and current employers from liability for providing the requested information to the East Carroll Parish School System.

		I have read and understand the state	ement above.	
			onsidered for employment in the East Carroll Parish School System unless this	form is
		signed.	a amplicant may be himd on a conditional basis nanding the maying of any infan	
		obtained.	e applicant may be hired on a conditional basis pending the review of any infor	nation
			l be sent to each of my previous employers.	
		Each completed form received will		
Please che	ck the ap	propriate box:		
	I have fo	ormerly worked in (a) school district(s	s) in the State of Louisiana.	
	I have no	ever worked in (a) school district(s) in	n the State of Louisiana.	
PRINT FULI	NAME		DATE	
SIGNATURI	E OF EMPLO	OYEE	SOCIAL SECURITY NUMBER	
Name of S		empleted by previous employer. em:		
	There is	no information in this employee's file	e indicating sexual misconduct.	
	I have at	tached documentation regarding sexu	ual misconduct.	
Previous en	nployer(s) sl	nould complete this form and return i	t within twenty (20) business days to the following address:	
		School Board		
P.O. Box '				
	192	Department		
		pepartment puisiana 71254		
		_		
Print Name	vidence, L	_	Date	

Personnel

Signature of Authorized HR Employee: ___