

APPLICATION FOR EMPLOYMENT

Date of Screening: _____
(OFFICE USE ONLY)

FRANKLIN PARISH SCHOOL BOARD
318.435.9046
7293 Prairie Road
Winnsboro, LA 71295

POSITION APPLIED FOR (check)

- Bus Driver _____
- Cafeteria Technician _____
- Custodian _____
- Para-Professional _____
- Secretary _____
- Sub Bus Driver _____
- Sub Cafeteria Tech. _____
- Sub. Teacher _____
- Sub Bus Aide _____

A copy of your Driver's License, Social Security Card and Birth Certificate must accompany application.
A copy of your diploma or GED diploma is a requirement for employment.

-----PLEASE TYPE OR PRINT-----

I. PERSONAL:

Name _____ Sex _____

Home Address _____ Phone _____
(Physical & mailing) (City) (State) (ZIP) Alt. Phone _____

Date of Birth _____ Social Security Number _____

Are you Hispanic/Latino: ___ Yes ___ No Choose one or more races: ___ Am. Indian/Alaskan Native;
 ___ Asian; ___ Black or African Am.; ___ Native Hawaiian or other Pacific Islander; ___ White
 (This information shall be used for statistical purposes only and shall not be used in consideration for employment.)
 Marital Status: (Circle One) Single Married Divorced Widowed
 Do you wish for any of your personal information to be released? ___ Yes ___ No

II. EDUCATION (List in detail): _____

Para-professional Score _____ Chauffeur's License No. _____
(copy of test score must be attached) (Bus Drivers & Substitute drivers only)

III. WORK EXPERIENCE

(Verification of employment must be provided)

Reason for leaving last position _____

Are You Retired or belong to a Retirement System? Yes No If so, with whom? _____
(circle one)

School or schools in which you desire to work:

Parish-wide _____ Baskin School _____ Crowville School _____ Fort Necessity School _____ Head Start _____

Gilbert School _____ Winnsboro Elementary _____ Horace G. White School _____ Franklin Parish High _____

Comments: _____

IV. REFERENCES: Name Phone Address

I guarantee the correctness of the information in this application. I understand that any omission or false statement made by me in this application will be sufficient grounds for discharge, should I become employed. I also affirm that I have never been convicted of a felony.

Date Signed _____ Signature _____

(This application will remain active for one year from date, after which time you must come in to update application.)

The Franklin Parish School Board is an Equal opportunity employer. The Franklin Parish School System does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment of the provisions of services.

FRANKLIN PARISH SCHOOL BOARD
Payroll Enrollment Form/Payroll Change Form

The information contained within this form is needed by the payroll department to issue a paycheck to all new employees. It is the **responsibility** of all new employees to complete this form before they receive their first pay check.

SECTION I: TO BE COMPLETED BY THE EMPLOYEE

Please print clearly in ink.

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SOCIAL SECURITY NUMBER

Month	Day	Year

DATE OF BIRTH

		--			--				
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AREA CODE TELEPHONE NUMBER

Male _____ Female _____

Are you Hispanic/Latino: ___ Yes ___ No

Choose one or more races:

___ Am. Indian/Alaskan Native; ___ Asian; ___ Black or African Am.; ___ Native Hawaiian or other Pacific Islander; ___ White

Last Name

First Name Middle Initial

Street/Post Office Box

City, State, & Zip Code

Signature of Employee

Date Signed

(This information shall be used for statistical purposes only and shall not be used in consideration for employment.)

SECTION II: TO BE COMPLETED BY THE EMPLOYER

This information agrees with the data to be entered in the computer system

Emp. I.D. # _____

School/Position _____

Department _____

Months Employed: 9 9½ 10 11 12

Gen. Ledger Acct. Code

_____ EIC _____

_____ EIC _____

_____ EIC _____

_____ EIC _____

Personnel Supv: _____ Date: _____

Business Manager: _____ Date: _____

Superintendent: _____ Date: _____

Payroll: _____ JCampus: _____

REPLACE: _____

Effective date of hire/change _____

Most Recent School District/System: _____

Personal

Degree HS B M M+30 Sp Phd

Certified YES NO

Tea. Cert. # _____

First Check: 07/01 08/01 09/01

Yrs. Exp. In _____ Out _____ TOTAL _____

Actual Days work _____

*Contract days per year: 147 150 158
 163 174 197

Retiree Rehired: Y N

Retirement System: _____