

CALCASIEU PARISH SCHOOL BOARD  
3310 BROAD STREET  
P O Box 800  
Lake Charles, LA 70602-0800

LAST NAME,  
FIRST NAME

APPLICATION FOR PARAPROFESSIONALS (TEACHER AIDE)

Please Print In Ink

Date: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ALTERNATE ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

HAVE YOU EARNED A HIGH SCHOOL DIPLOMA? \_\_\_\_\_

WHAT SCHOOL GRANTED THE DIPLOMA? \_\_\_\_\_

WHEN WAS THE DIPLOMA EARNED? \_\_\_\_\_

HAVE YOU ATTENDED A COLLEGE OR UNIVERSITY? \_\_\_\_\_

WHAT INSTITUTION DID YOU ATTEND? \_\_\_\_\_

WHERE IS THE INSTITUTION LOCATED? \_\_\_\_\_

HOW MANY CREDIT HOURS DID YOU EARN? \_\_\_\_\_

DID YOU EARN A DEGREE? \_\_\_\_\_

WHAT WAS YOUR MAJOR AND MINOR AREAS? \_\_\_\_\_

HOW MANY SEMESTER HOURS DID YOU COMPLETE? \_\_\_\_\_

WHEN DID YOU ATTEND? \_\_\_\_\_

WHEN DID YOU EARN A DEGREE? \_\_\_\_\_

HAVE YOU WORKED IN A POSITION WHEREIN YOU SUPERVISED CHILDREN?  
\_\_\_\_\_

WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER? \_\_\_\_\_  
\_\_\_\_\_

RECORD OF WORK EXPERIENCE: (Attach extra sheet if necessary)

<u>EMPLOYER</u>	<u>POSITION</u>	<u>DATE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD NOLO CONTENDERE TO, CRIMES OUTLINED IN STATE LAW? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify the above answers to be true and correctly recorded, and it is further understood that false statements will be grounds for termination.

**LIST THE NAMES OF ANY RELATIVES EMPLOYED BY THE CALCASIEU PARISH SCHOOL BOARD:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This application will be retained for 1 year.

**CALCASIEU PARISH SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER**

# CALCASIEU PARISH DRUG FREE WORKPLACE POLICY

YOU ARE HEREBY NOTIFIED that it is a violation of the policy of the Calcasieu Parish School Board for any employee to unlawfully manufacture, distribute, dispense, possess or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in Schedule I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1308.11 through 1308.15. **Drug Testing is a requirement for all new employees of the Calcasieu Parish School System.**

"*Workplace*" is defined as the site for the performance of work done in connection with an activity under the auspices of the School Board. That includes a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off-school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the School Board.

YOU ARE FURTHER NOTIFIED that it is a condition of your continued employment that you will comply with the policy of the School Board and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace, no later than five (5) days after such conviction.

Any employee who violates the terms of the School Board's drug-free workplace policy may be non-renewed or his or her employment may be suspended or terminated, at the discretion of the Board.

Sanctions against employees, including non-renewal, suspension and termination shall be in accordance with administrative regulations and procedures as prescribed in Section GBK and related sections of the Calcasieu Parish School Board Policy Manual.

I, \_\_\_\_\_, have read the above and understand that a copy will be placed in my personnel folder.

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Signature

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Date



**DISCLOSURE AND RELEASE STATEMENT REGARDING  
SEXUAL MISCONDUCT**

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 other 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 with students committed 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 a city, parish, or other local school board, and any employee acting on behalf of such employer from any liability for providing any information relative to all instances of sexual misconduct with students committed by me, if any.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

Name of School System: \_\_\_\_\_

There is no information in this employee's file indicating sexual misconduct.

I have attached documentation regarding sexual misconduct.

\_\_\_\_\_  
Signature (Human Resources Administrator)

\_\_\_\_\_  
Date

Please return to:

**Calcasieu Parish School System  
P O Box 800  
Lake Charles, LA 70602-0800**

*All children are important to us.*