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Director
Katie Bouillion
C.F.O.

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

NAME _____
FIRST MIDDLE LAST

PHYSICAL ADDRESS _____
STREET/HOME CITY STATE ZIP

MAILING ADDRESS _____
STREET/HOME CITY STATE ZIP

TELEPHONE (HOME) _____ (CELL) _____
AREA CODE/NUMBER AREA CODE/NUMBER
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

POSITION DESIRED

INDICATE YOUR PREFERENCE BY DRAWING A CIRCLE AROUND THE POSITION

TEACHER AIDE SECRETARY CUSTODIAN CAFETERIA MANAGER CAFETERIA AIDE
OTHER POSITIONS _____

WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PRESENTLY UNDER CONTRACT? YES NO EXPIRATION DATE _____

DO YOU HAVE THE PHYSICAL ABILITY TO PERFORM JOB-RELATED FUNCTIONS? ? YES NO

IF NO, IDENTIFY ACCOMMODATION(S) NEEDED: _____

EDUCATION AND TRAINING

LAST GRADE COMPLETED IN SCHOOL _____ NAME OF SCHOOL _____

OTHER TRAINING/SCHOOLS YOU HAVE COMPLETED:

NAME OF TRAINING PLACE

PREVIOUS EXPERIENCE

Beginning with your most recent position, supply a complete history of your experience.

SESSION NAME AND ADDRESS OF EMPLOYER

TO
REASON FOR LEAVING _____

TO
REASON FOR LEAVING _____

TO
REASON FOR LEAVING _____

TO
REASON FOR LEAVING _____

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.



REFERENCES

LIST NAMES OF PROFESSIONALS (SUPERVISOR TEACHER, YOUR CLERGYMAN) WHO WOULD HAVE FIRST-HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, WORK ETHIC, AND ABILITY.

NAME OF REFERENCE	COMPLETE MAILING ADDRESS (ZIP CODE)	TITLE/POSITION	PHONE NUMBER (AREA CODE)

PERSONAL INFORMATION

The school in conjunction with state and federal statistical reports will utilize some of this information. Responses are optional.

SEX MALE FEMALE

MARITAL STATUS _____

ETHNIC GROUP

- | | |
|---|---|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> BLACK (NON-HISPANIC) |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER |

PLEASE RESPOND TO THE FOLLOWING:

UNITED STATES CITIZEN: YES NO

EXPLAIN _____

1. OTHER THAN ENGLISH, WHAT LANGUAGE (S) DO YOU SPEAK FLUENTLY? _____
2. IF YOU ARE EVENTUALLY EMPLOYED BY THE GLENCOE EDUCATION FOUNDATION, INC, DO YOU WISH TO HAVE YOUR TELEPHONE NUMBER TREATED AS PUBLIC INFORMATION. (PUBLIC INFORMATION IS RELEASED TO ANYONE WHO REQUESTS IT.) YES NO
3. COMMISSION ON ETHICS FOR PUBLIC EMPLOYEES:
IS ANY MEMBER OF YOUR IMMEDIATE FAMILY (CHILDREN, BROTHERS, SISTERS, PARENTS, SPOUSE) STAFF, OR ADMINISTRATION? YES NO

EXPLAIN: _____

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

5. HAVE YOU EVER BEEN ASKED TO RESIGN OR FAILED TO BE REASSIGNED TO A WORKING POSITION

YES NO IF YES, EXPLAIN _____

The application and related documents supplied and received are considered property of the Glencoe Educational Foundation, Inc., and will not be returned to the applicant. Applications are considered as having active status for a period of one year, after one year applications are placed in an inactive file one year to remain in the active, file, an application must be updated.

APPLICANTS AFFIRMATION

IN FILING THIS APPLICATION WITH THE V. B. GLENCOE EDUCATIONAL FOUNDATION, INC., I ACKNOWLEDGE THAT I WILL BE REQUIRED TO PROVIDE A PHOTOCOPY OF MY SOCIAL SECURITY CARD AND BIRTH CERTIFICATE AT THE TIME OF CONTRACTING. I AGREE TO ABIDE BY ALL POLICIES SET FORTH BY THE V.B. GLENCOE EDUCATIONAL FOUNDATION, INC. I AUTHORIZE FULL INVESTIGATION OF THE INFORMATION GIVEN IN THIS APPLICATION AND CONSENT TO THE REPRESENTATIVES OF THE GLENCOE EDUCATIONAL FOUNDATION, INC. CONTACTING MY REFERENCES, PREVIOUS EMPLOYERS, PHYSICIANS, HOSPITALS, SCHOOL ATTENDED, COURT OFFICIALS, AND LAW ENFORCEMENT AUTHORITIES. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF REQUESTED INFORMATION SHALL BE A REASON FOR NON-EMPLOYMENT OR DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THIS APPLICATION IS NOT VALID UNLESS SIGNED AND DATED.

APPLICANTS

SIGNATURE _____ DATE _____

THE V. B. GLENCOE EDUCATIONAL FOUNDATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS PERSONNEL SOLELY ON THE BASIS OF MERIT AND SUITABILITY TO THE POSITION. SELECTION IS DETERMINED BY THE PRESENTATION OF EVIDENCE OF EXPERIENCE TRAINING, THE SUBMISSION OF WRITTEN PROFESSIONAL REFERENCES AND PERSONAL INTERVIEWS. THE V. B. GLENCOE EDUCATIONAL FOUNDATION, INC. EMPLOYS PERSONNEL WITHOUT REGARD TO RACE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, RELIGION OR CREED