

BACKGROUND:

1. Are you related to an employee/ Board Member of the St. Tammany Parish School System?
If yes, provide name of relative, relationship, position, and school/site.

YES NO

2. Are you retired from the Louisiana Teachers' Retirement System or the Louisiana School Employees' Retirement System?

YES NO

3. Have you ever worked for the St. Tammany Parish School Board?
If yes, list the worksite(s) and the position(s) held.

YES NO

4. Have you ever worked in a school system? If yes, list worksite(s) and the position(s) held.

YES NO

5. Are you currently under contract with a temporary agency?
If yes, list the agency with a contact name and number.

YES NO

EDUCATION:

School	Name and Address	Years Attended	Graduation Date/ Degree Earned
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

EMPLOYMENT HISTORY:

Dates From To		Position	Name, Address, and Phone Number of Employer	Name of Supervisor	Reason for Leaving
MO/YR	MO/YR				

- Please explain any gap in employment on a separate sheet of paper.
- Your current/most recent employer will be contacted as part of our reference check.

PROFESSIONAL REFERENCES:

Name and Position	Complete Address	Telephone Number (including area code)

PERSONAL REFERENCES:

Name	Complete Address	Telephone Number (including area code)	Relationship to Applicant

AUTHORIZATION TO INVESTIGATE AND INQUIRE:

I authorize St. Tammany Parish School Board to make investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. The St. Tammany Parish School Board reserves the right to reject an incomplete application and further reserves the right to dispose of any application which is not current in a one-year period. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employing authority, if employed.

CERTIFICATION OF ACCURACY:

I certify that the information furnished in this application is true and complete. I understand that furnishing false information or omitting information on this application could disqualify me from consideration for employment or could lead to discharge from employment. The St. Tammany Parish School Board is hereby authorized to investigate my personal and employment history.

Signature

Date

How did you hear about this vacancy? (Circle all that apply)						
STPSB School/Site	STPSB Website	STPSB Job line	LA Works	Newspaper	T.V.	Radio

Notice of Nondiscrimination

The St. Tammany Parish School Board does not discriminate on the basis of age, race, religion, national origin, disability or gender in its educational programs and activities (including employment and application for employment), and it is prohibited from discriminating on the basis of gender by Title IX (20 USC 168) and on the basis of disability by Section 504 (42 USC 794).



ST. TAMMANY PARISH SCHOOL BOARD
321 N. THEARD STREET - POST OFFICE BOX 940
COVINGTON, LOUISIANA 70434
Phone (985) 898-3254 Fax (985) 898-6409

CONSENT TO PERFORM BACKGROUND CHECK

Date: _____ Driver's Lic # _____ State Issued _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County or Parish State and Zip Code

Social Security Number

This authorization and consent for release of personal information acknowledges that:

In the interest of maintaining the safety and security of its students and their parents and its employees, the St. Tammany Parish School Board (Hereafter referred to as "Board") and any of its agents may now, or at any time I am assigned to, volunteer with or am employed by the Board, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, Workers' Compensation reports from either the Department of Labor, National Personnel Records or the Office of Workers' Compensation or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to the Board or its agent, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

The Board or its agent may also conduct an investigation of my background to include any criminal record information maintained in the Louisiana State Police file, the FBI files, or at any other place or in any other database. The Louisiana State Police, any local, State or Federal entity or authority may release to the Board or its agent any and all information regarding me concerning any arrests, convictions or other matters relating to criminal activities, from the date of execution of this authorization until such time as my employment with the Board ceases. I agree and acknowledge that as a condition of my employment, I may be required by the Board or its agent to execute an updated authorization in the event the Board in its sole discretion deems it necessary.

The Board may also procure a consumer report or investigative consumer report on me in connection with my employment application, and if I am hired, may procure additional background check reports on me for employment purposes. Further, any consumer reporting agency or any employment screening agency may prepare the report. I acknowledge that the background check report will contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; references checks; credit reports; licensing and certification checks; and drug testing results. The information will be obtained from private and public record sources, including, as appropriate, personal interviews with my associates, friends and neighbors.

I am aware that any information obtained as a result of any investigation or any information obtained as a result of an investigation through a credit reporting agency or an employment screening agency may limit my eligibility for initial or continued employment with the Board.

I understand that these searches will be used to determine hiring, work assignment or continued employment eligibility under the Board's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Board. In addition, I release and discharge the Board and its agents or associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I may be entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report if such a report was obtained by the Board. I also understand that I may request a copy of the report, if any from the Board at telephone number (985) 892-2276. After reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer: (In response to these questions, you may omit: (1) minor traffic violations unless the violation is of the criminal statutes or code, for example driving while intoxicated or reckless driving, if in doubt list the arrest or conviction: and (2) any offense committed before your 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.

1. Have you ever been convicted or pled guilty before a court of any federal, state, or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
2. Have you ever pled nolo contendere, received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
If YES, attach copy of legal documentation.
4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, attach copy of legal documentation.
5. Have you ever been arrested for any federal, state or municipal offense? (Excluding minor traffic violations) YES NO
If YES, attach copy of legal documentation.
6. Have you ever had any conviction expunged, pardoned, or otherwise removed from the public record? (Excluding minor traffic violations) YES NO
If YES, attach copy of legal documentation.
7. While in the military service were you ever convicted by court martial whether summary, special or general? YES NO
If YES, attach copy of legal documentation.
8. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, attach copy of legal documentation.
9. Have you ever been terminated or recommended for dismissal or asked to resign by an employer? YES NO
If YES, attach an explanation, including the name of the company, contact person, and a phone number.
10. Have you ever been dismissed, or have you resigned from any position as a result of an allegation of unlawful behavior involving a child, including, without limitation, unlawful sexual behavior? YES NO
If YES, attach an explanation.
11. Have you ever had your driver's license, or any professional licenses (including teaching certificates/licenses) suspended, annulled, or revoked in any state or country? YES NO
If YES, attach an explanation.
12. Have you ever been non-renewed or refused tenure? YES NO
If YES, attach an explanation.
13. Have you consulted an attorney regarding answering these questions? YES NO

APPLICATION, MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT, OR, IF I AM HIRED, MAY RESULT IN MY EMPLOYMENT BEING TERMINATED BY THE BOARD. I UNDERSTAND THAT ANY RESULTS OF THE STATE OR FEDERAL BACKGROUND CHECKS WHICH MIGHT DENY ME EMPLOYMENT MAY BE FORWARDED TO THE STATE DEPARTMENT OF EDUCATION. I UNDERSTAND APPLICATIONS ARE KEPT ON FILE FOR A PERIOD OF ONE YEAR AND WILL REMAIN THE PROPERTY OF ST. TAMMANY PARISH SCHOOL BOARD, AND THIS CONSENT FOR RELEASE OF INFORMATION MAY BE USED AT ANY TIME DURING MY EMPLOYMENT WITH THE BOARD. I AGREE TO EXECUTE AN UPDATE CONSENT FORM IF THE BOARD DEEMS IT NECESSARY.

Signed this _____ day of _____, 20 _____

Applicant (Printed Name) _____

Applicant Signature _____

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Gayle Sloan
Superintendent

P. O. Box 940
Covington, LA 70434
985.892.2276 • Fax 985.898.3267

Sexual Misconduct Disclosure Statement

I hereby affirm that I have never committed any act or acts that resulted in an investigation by a previous employer or law enforcement agency relating to or involving sexual misconduct, neglect or abuse of a minor child or a student or sexual misconduct involving a co-workers or others. I authorize all present employers, or any prior employer, to disclose to the St. Tammany Parish School Board or its agents or employees, any and all information relative to all instances of alleged sexual misconduct, abuse or neglect committed by me, if any. I expressly give consent for the release of this information, including, without limitation, from any school employee or teacher personnel file maintained with respect to me. I release, discharge and agree to hold harmless any current or prior employer, and any employee acting on behalf of such employer or prior employer, from any liability for providing any information relative to any and all instances of alleged sexual misconduct committed by me, if any.

- I have read and understand the statement above.
- I also understand that I cannot be considered for employment in the St. Tammany Parish School System unless this form is signed.
- Once this form has been signed, the applicant may be hired on a conditional basis pending the review of any information obtained.
- I agree that a copy of this form will be sent to each of my previous employers.
- Each completed form received will be placed in my personnel file.

Please check the appropriate statement:

- I have formerly worked in (a) school district(s) in the State of Louisiana.
- I have never worked in (a) school district(s) in the State of Louisiana.

PRINT FULL NAME DATE

SIGNATURE OF EMPLOYEE SOCIAL SECURITY NUMBER

This section to be completed by previous employer.

Name of School System: _____

- There is no information in this employee's file indicating sexual misconduct, abuse or neglect and there is no other information available to suggest this employee has been guilty of sexual misconduct, abuse or neglect involving students or others.
- I have attached documentation regarding sexual misconduct, abuse or neglect.

Previous employer(s) should complete this form and return it within twenty (20) business days to the following address:

**St. Tammany Parish School Board
Human Resources Department
P.O. Box 940
Covington, Louisiana 70434-0940**

Print Name of Authorized HR Employee Date

Signature of Authorized HR Employee: _____

Revised (3/10 DD)



St. Tammany Parish School Board
Demographic Information for Background Check

First Name: _____

Last Name: _____

Middle Initial: _____ Suffix: (circle one) II III IV V Jr. Sr.

Alias: Maiden Name or other name(s) used: _____

Race: (circle one) Asian, Black, American Indian, White (use for Hispanic)

Sex: Female or Male Date of Birth: ____/____/____

State of Birth: _____

Height: ____feet ____inches

Hair Color: (circle one) Bald, Black, Blonde/Strawberry, Brown, Gray/Partially
Gray, Other, Red/Auburn, Sandy, White

Eye Color: (circle one) Black, Blue, Brown, Green, Gray, Hazel, Multicolored

Weight: _____

Social Security: _____

Driver's License # _____ State Issued: _____

Street Number: _____

Street Name: _____

Apartment Number: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

(Office Use Only)

Circle One: Non-Certificated Certificated

Case I.D. # _____

ST. TAMMANY PARISH PUBLIC SCHOOL SYSTEM HEALTH INSURANCE VESTING SCHEDULE

The information below is very important to all prospective employees with the St. Tammany Parish Public School System relative to health insurance coverage. It is of particular importance to people who are already employed with another public school system in the state of Louisiana and currently have health insurance coverage through that system.

Effective July 1, 2007, any employee who enrolls in the St. Tammany Parish Public School System's health insurance program will be subject to the following premium reduction at the time of retirement.

- Less than 10 years with STPSB insurance coverage: the System will pay 25% of its normal contribution rate.
- 10 – 14.99 years of insurance coverage: the System will pay 50% of its normal contribution rate.
- 15 – 19.99 years of insurance coverage: the System will pay 75% of its normal contribution rate.
- 20 or more years of insurance coverage: the System will pay 100% of its normal contribution rate.

(As an example: the premium for a fully funded active employee who has "single" coverage is approximately \$35.00 per month. However, under the new vesting program, that same person as a retiree, with less than 10 years of insurance coverage, would pay a premium of over \$630.00 per month.)

My signature below indicates that I have been informed of and fully understand the St. Tammany Parish Public School System's health insurance vesting schedule. I also realize that if I elect to obtain health insurance coverage I will be bound by this vesting schedule.

(Employee's Signature)

(Employee's Printed Name)

(Full Social Security Number)

(Date Signed)