

Mailing Date: _____

LAFOURCHE PARISH SCHOOL BOARD

Request For Information On Present/Former School Employee

ATTN: _____

APPLICANT: _____
SS#: _____ DOB: _____
DATES OF EMPLOYMENT: _____ TO _____
POSITION HELD: _____

TO THE APPLICANT: Please fill in the portion of this form above. Type/print the name and mailing address of the Supervisor of Personnel of your last employer. Type/print your full name, social security number, date of birth, date of employment and position held. Type/print date mailed. Sign and date under Authorization for Release of Information. Mail form to the Supervisor of Personnel of your last employer.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the above-named employer to provide any and all information requested on the Request for Information Form. I waive any privilege pertaining to the furnishing of such information. I further hold the employer harmless from any liability associated with the disclosure of personal information and employment records to the LAFOURCHE PARISH SCHOOL BOARD. 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 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.

SIGNATURE OF APPLICANT

DATE

* * * * *

The above named individual has applied for employment with the LAFOURCHE PARISH SCHOOL BOARD. The applicant has listed you as his/her last employer. The applicant has authorized above a RELEASE OF INFORMATION into his/her background and has WAIVED any privilege pertaining to the furnishing of such information to the Lafourche Parish School Board. PLEASE REPLY IMMEDIATELY, AS DELAYS MAY PREVENT THE TIMELY PROCESSING OF THE APPLICANT'S APPLICATION.

1) Person supplying information on behalf of employer: Name: _____
Position: _____

2) Dates the above named applicant was employed by you: From _____ to _____. Based on your knowledge of this applicant and the work he/she performed, would you ever rehire this applicant if a position were available? YES _____ NO _____ If NO, please explain, (using a separate piece of paper, if necessary): _____

3) Please state the reason for applicant's separation from his employment with you:
Reduction in force _____ Fired for cause _____ Resignation _____ Other _____
a) If "Fired for cause," please describe the cause for termination using a separate sheet, if necessary: _____

b) If employee resigned, please advise whether the resignation was due to alleged misconduct, or if charges were pending against employee, and if so, please explain the nature of the alleged misconduct or charges:

c) If "Other," please explain _____

4) From your knowledge, do you believe this applicant to be trustworthy? YES _____ NO _____
If NO, please explain: _____

TO YOUR KNOWLEDGE, HAS THE ABOVE NAMED APPLICANT EVER BEEN: (Please check YES or NO. For any YES answers, please explain below in "Personal Comments.")

YES _____ NO _____ Terminated, suspended, or otherwise disciplined while employed by you?

YES _____ NO _____ Arrested for or been convicted of a criminal offense other than minor traffic offenses?

YES _____ NO _____ Accused of any immoral conduct involving students in your school system?

PERSONAL COMMENTS: _____

SIGNATURE: _____ PARISH DATE: _____
(Supervisor of Personnel)

PLEASE RETURN TO: Superintendent, Lafourche Parish School Board, Post Office Box 879, Thibodaux, LA 70302.