



ST. TAMMANY PARISH SCHOOL BOARD
321 N. THEARD STREET
COVINGTON, LA 70433
Phone (985) 898-3254 Fax (985) 898-6409

Pre-Screen
Para Course

CONSENT TO PERFORM BACKGROUND CHECK

I agree and fully consent to the St. Tammany Parish School Board (Hereafter referred to as "Board") and any of its agents conducting an investigation, whether the records are of a public, private or confidential nature and consent to release to the Board or any of its agents any and all information requested by the Board in its investigation of me. I agree and consent to the Board or its agents investigating my background, including any criminal record information maintained in the Louisiana State Police file, the FBI files, or at any other place or in any other database. I consent to the taking of my fingerprints and I agree that my fingerprints will be used to check the criminal history records of the FBI relating to me. The Louisiana State Police, any local, State or Federal entity or authority may also release to the Board or its agents any and all information regarding me concerning any arrests, convictions or other matters relating to criminal activities.

I agree and acknowledge that as a condition of my employment, I may be required by the Board or its agents to execute an updated authorization in the event the Board in its sole discretion deems it necessary. I understand that this investigation may be used to determine hiring, work assignment or continued employment eligibility under the Board's employment or volunteer policies, and I authorize and consent for full release of records (either orally or in writing) to the authorized representative 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, cost expenses or any other charge or complaint filed with any person, entity or agency arising from retrieving and reporting this information.

After reading this document, I fully understand its contents and authorize and consent to the release of information and the background verification. Further, I certify that the information contained in this Consent is true and correct to the best of my knowledge. I agree to have any of the information checked by the St. Tammany Parish School Board. I authorize the references listed, as well as any other individuals whom the Board contacts (including my current employer, former employers, and my government or law enforcement agency), to provide the Human Resources Department of the Board, any and all information concerning my previous or current employment. I understand that if I limit the Board's right to contact persons/organizations deemed necessary by the Board, the application may not be considered further. Also, I release all parties and persons from any and all liability for any damages that may result as a consequence of furnishing such information to the Board or its agents, employees or representatives for purposes related to this application or my employment.

I also understand that related skills testing and testing for the presence of drugs and alcohol in my body may be required prior to employment. I agree that with or without accommodation, I must be able to perform the 'essential functions' of the position for which I am applying. If any accommodation is required, I must make that request prior to my employment start date. I understand that any misrepresentation, falsification or material omission of information during the interview or on this 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 property of St. Tammany Parish School Board, and consent for release of information may be used at any time during my employment with the Board. I agree to execute an updated consent form if the Board deems it necessary.

Printed Name _____

Signature _____

Date: _____



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FAILURE TO ANSWER THESE QUESTIONS HONESTLY WILL JEOPARDIZE YOUR ELIGIBILITY TO APPLY AND WILL JEOPARDIZE YOUR EMPLOYMENT/VOLUNTEER OPPORTUNITIES.

- 1. Have you ever been arrested? (NO MATTER THE DATE OF THE ARREST OR OUTCOME) Yes No
If YES, attach copy of legal documentation.

- 2. Have you ever received a summons? Yes No
If YES, attach copy of legal documentation.

- 3. While in the military service were you ever convicted by court martial? Yes No N/A
If YES, attach copy of legal documentation.

- 4. Have you ever been terminated by an employer? Yes No
If YES, attach an explanation, including the name of the company, contact person, and a phone number.

- 5. Have you ever had your driver's license, or any professional license suspended or revoked? Yes No
If YES, attach an explanation.

Printed Name _____

Signature _____

E-mail: _____

Telephone: _____

Date: _____

(Revised mjdb 1/2018)



ADDITIONAL INFORMATION FOR BACKGROUND CHECK

You must provide copies of **legal documents** for any of the following:

- Arrests
- Convictions
- Summons
- Guilty pleas
- Nolo Contendere pleas
- Nolle Prossed charges
- Probation

If you have been **ARRESTED**, please provide the following information:

DATE OF THE ARREST: _____

CITY/STATE OF THE ARREST: _____

ARREST/CHARGE: _____

OUTCOME/DISPOSITION: _____

BRIEF EXPLANATION OF THE ARREST: _____

If you have received a **SUMMONS**, please answer the following questions:

DATE OF THE SUMMONS: _____

CITY/STATE OF THE SUMMONS: _____

REASON FOR THE SUMMONS: _____

OUTCOME/DISPOSITION: _____

Printed Name: _____

Signature: _____

Date: _____



ADDITIONAL INFORMATION FOR BACKGROUND CHECK

If you have been **TERMINATED** from a previous employer, please provide the following information:

NAME OF THE COMPANY: _____

PHONE NUMBER FOR THE COMPANY: _____

POSITION/JOB HELD WITH THE COMPANY: _____

DATES OF EMPLOYMENT: _____

NAME OF YOUR SUPERVISOR: _____

REASON FOR TERMINATION: _____

Printed Name: _____

Signature: _____

Date: _____



St. Tammany Parish School Board
Demographic Information for Para Course Background Check

First Name (As it appears on your birth certificate): _____

Last Name: _____

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

Alias: Maiden Name and/or Other Last Name(s) used (list all): _____

Physical Address : _____
(No P.O. Box)

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Alternate Phone Number: _____

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

Driver's License #: _____ **State Issued:** _____

Social Security Number: _____

Email Address: _____



St. Tammany Parish School Board
Employment History/Professional Reference
Para Course Background Check

Employment History: (must include current or last employer)

Name of Employer: _____

City/State: _____

Position Held: _____

Dates of Employment: _____

Name of Supervisor/Contact Person: _____

Telephone Number: _____

Name of Employer: _____

City/State: _____

Position Held: _____

Dates of Employment: _____

Name of Supervisor/Contact Person: _____

Telephone Number: _____

Professional Reference:

Name of Employer: _____

Position Held: _____

Dates of Employment: _____

Name of Supervisor/Contact Person: _____

Telephone Number: _____

Printed Name : _____

Signature: _____

Date: _____