

Bonjour!

Thank you for your interest in lending your talents and ideas to our school. In order to get you processed in our system, we'll first need your fingerprints and background information.

You'll need to bring your picture ID to your local Sheriff's Office. They will take your fingerprints and provide you with the necessary fingerprint card. Most offices don't require an appointment, but you may want to call ahead just to be sure. This usually costs \$10, cash or money order only.

Once you've got the card, please fill out the attached paperwork and bring me your info sheet, the fingerprint card, the background check request papers, a copy of your picture ID, and a money order for \$43.00. (The State background check is \$31 and the FBI processing is an additional \$12.00, required for any work at a school.) Processing can take up to six weeks, so once you're cleared we'll send you the new hire paperwork to complete. (Board members do not complete new hire documents.)

Please do not hesitate to contact me if you have any questions.

Merci!

Sarah Savoy

Directrice administrative

ssavoy@ecolestlandry.org

(337) 510-3022

Please provide the following information with your fingerprint cards and background check request forms so we'll know how to reach out to you:

Your name: _____

Your date of birth: _____ Your phone number: _____

Your email address: _____

Your highest level of education: _____

Number of years teaching experience: _____ Are you certified? _____

Your availability: _____

Any grade preference? _____

What is your level of French fluency? Please circle one.

- | | |
|----------|--|
| Niveau 0 | No French, or just a few words and phrases |
| Niveau 1 | Basic sentences, common questions |
| Niveau 2 | Able to have limited social conversations and understand basic commands |
| Niveau 3 | Understand and speak the language well enough to contribute greatly in the workplace, though you may exhibit an obvious accent and need help with advanced terminology |
| Niveau 4 | You can have conversations at an advanced level and have a firm understanding of the language, though you may have some misunderstandings or occasional mistakes. |
| Niveau 5 | You are entirely fluent. You were raised speaking the language or have spoken it long enough to become proficient in it. Your accent is either nonexistent or barely recognizable. |

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$31 (Including \$5.00 Technology Fee per La.RS 15:587D(1)).

FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

École Saint-Landry

AGENCY, FACILITY OR INDIVIDUAL

671 Napoleon Avenue

MAILING ADDRESS

Sunset

CITY

Louisiana

STATE

70584

ZIP CODE

Sarah SAVoy

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL



SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

(337) 510-3022

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

ssavoy@ecolestlandry.org

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST) | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.) | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DEPT. HEALTH AND HOSPITALS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS | <input checked="" type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> GESTATIONAL CONTRACTS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> WILDLIFE AND FISHERIES |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
****PRINT – USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 1/2/2025

