

# WINN PARISH SCHOOL BOARD

P. O. Box 430 – 304 East Court Street  
Winnfield, Louisiana 71483  
Phone (318) 628-6936 Fax (318) 628-2582

## Sexual Misconduct Disclosure Statement

As required by Louisiana Revised Statute 17:81.9 (Act 723), the applicant authorizes all previous employers to disclose any and all information in the applicant's personnel file related to instances of sexual misconduct with students committed by the applicant. The applicant releases previous and current employers from liability for providing the requested information to the Winn Parish School System.

- ☐ I have read and understand the statement above.
- ☐ I also understand that I cannot be considered for employment in the Winn 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 box:**

☐ I have formerly worked in (a) school district(s) in the State of Louisiana.  
Parishes worked: \_\_\_\_\_

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

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

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**\*\*\*\*\*This section to be completed by previous employer\*\*\*\*\***

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

**Winn Parish School Board  
Director of Personnel  
P.O. Box 430  
Winnfield, LA 71483**

Name of School System: \_\_\_\_\_

- ☐ There is no information in this employee's file indicating sexual misconduct.
- ☐ I have attached documentation regarding sexual misconduct.

\_\_\_\_\_  
Printed Name of Authorized HR Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized HR Employee