



EMPLOYEE APPLICATION

POSITION INFORMATION

List the position for which you are applying? [Click here to enter text.](#)

How did you hear of this position? [Click here to enter text.](#)

What are your salary requirements? [Click here to enter text.](#)

PERSONAL INFORMATION

First Name: [Click here to enter text.](#)

Last Name: [Click here to enter text.](#)

Middle Initial: [Click here to enter text.](#)

E-Mail Address: [Click here to enter text.](#)

Home #: [Click here to enter text.](#)

Cell #: [Click here to enter text.](#)

Street: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Agency Name(s): Name of Agency if applicable

INFORMATIONAL

Do you have any relatives employed by School Name Here
If so, list their names: Names of relatives

Yes No

Are you a veteran of the U.S Military? If yes, list dates of active duty and discharge Date. From [Click here to enter text.](#) Date To: [Click here to enter text.](#)
Discharge Date: [Click here to enter text.](#)

Yes No

Did you receive a dishonorable discharge from the military? Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances or seriousness of event.

Yes No

CRIMINAL CONVICTION INFORMATION

Have you ever been convicted of any crime (other than minor traffic violations) under the law of Florida, entered a plea of Nolo Contendere (no contest) to any crime (other than minor traffic violations) under the law of Florida, or received a suspended sentence (regardless of the ultimate adjudication) for any crime (other than minor traffic violations) under the law of Florida. If yes, please explain

Yes No

Have you ever been sued for causing death or injury to a person or for causing any property damage (e.g. for assault, batter, defamations, etc.)? If yes, Date: Click here to enter text. Please explain the nature of the claims in the lawsuit(s) and/or deposition(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been censured/disciplined or found to be in violation of ethical standards by a professional organization? If yes Please explain Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering "yes" to any of the above questions will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and type of position.	

EDUCATION

Be prepared to provide official transcripts for all post-high school coursework. Check the highest level of attainment:

High School: 9th 10th 11th 12th GED

College: 1 2 3 4

Graduate School: Yes No

Name and location of education institution (secondary and beyond) Click here to enter text.	Semester or Quarter Hours Completed Click here to enter text.	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Click here to enter text.	Minor Click here to enter text.	Degree Award Click here to enter text.
Name and location of education institution (secondary and beyond) Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	Click here to enter text.
Name and location of education institution (secondary and beyond) Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	Click here to enter text.
Name and location of education institution (secondary and beyond) Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	Click here to enter text.
Name and location of education institution (secondary and beyond) Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	Click here to enter text.

EMPLOYMENT HISTORY

List all employment starting with your current or most recent job. Account for all periods including unemployment, U.S. military service and volunteer work. If you list military service as work experience, you must attach a copy of your DD-214.

EMPLOYMENT HISTORY #1

Employer Name: Click here to enter text.	Job Title: Click here to enter text.	Supervisors Name: Click here to enter text.	Hours worked: Click here to enter text.
Starting Salary: Click here to enter text.	Ending Salary: Click here to enter text.	Part Time: <input type="checkbox"/>	Full Time: <input type="checkbox"/>

EMPLOYMENT HISTORY #2

Employer Name: Click here to enter text.	Job Title: Click here to enter text.	Supervisors Name: Click here to enter text.	Hours worked: Click here to enter text.
Starting Salary: Click here to enter text.	Ending Salary: Click here to enter text.	Part Time: <input type="checkbox"/>	Full Time: <input type="checkbox"/>

EMPLOYMENT HISTORY #3

Employer Name: Click here to enter text.	Job Title: Click here to enter text.	Supervisors Name: Click here to enter text.	Hours worked: Click here to enter text.
Starting Salary: Click here to enter text.	Ending Salary: Click here to enter text.	Part Time: <input type="checkbox"/>	Full Time: <input type="checkbox"/>

SKILLS, LICENSES, CERTIFICATIONS, SCHOLARSHIPS, AWARDS, HONORS, & MEMBERSHIPS

Indicate any professional or occupational licenses, registrations or certification you currently hold. If a license or certification is required for a position, you must provide a copy of it to be the hiring department. Also list any special knowledge, skills or abilities you have.

Click here to enter text.

List scholarships, awards, honors, and memberships in honorary and/or professional societies, publications, consulting work in professional field, etc.

Click here to enter text.

Certification, Authorization and Signature

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which the School may contact to secure references or records. I hereby authorize School Name to release information concerning my employment to any prospective employer or others seeing to verify my employment with School Name. I hereby release School Name from all liability for any truthful statement made by an employee, agent or official of School Name, authorized by Human Resources, which is made to any prospective employer and waive any claim that might arise from any such statement. I consent to the use of my social security number for School Name business. I certify that the information and answers I entered on this Application are true and complete to the best of my knowledge. I further understand that any false statements or omissions made on this application or supplement may be grounds for immediate discharge or removal from consideration of employment. Finally, acknowledge and agree to, as a post offer requirement, to be fingerprinted and have a background check if it is required for the position for which I am seeking.

Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)