



Franklin County School District
 Administrative Offices
 85 School Road, Suite One
 Eastpoint, Florida 32328

Nina M. Marks
 Superintendent

Instructional _____
 Non-Instructional _____

Prospective employers will receive Consideration without discrimination because of race, creed, color, age, sex, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone
	City, State, Zip			Date of Birth _____ Male _____ Female _____	Business Phone
	Position Desired			Marital Status M _____ S _____ D _____ Widow / Widower _____	Social Security Number
	Are you legally eligible for employment in the United States? _____			When will you be available to begin work? _____	
	Other special training or skills (languages, machine operation, etc.)				
	Certification # _____ State _____		Any previous employment with FCSB? _____		
Have you applied? _____ Date _____		If yes, Years? _____ Position _____			
Supervisor _____					

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? DATE _____	DEGREE OR DIPLOMA
	*COLLEGE					
	HIGH					
	OTHER					

***All Teachers and Substitute Teachers must supply official transcripts to verify degree BEFORE they receive payment for years of college.**

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
 (exclude those which may disclose your race, color, religion, or national origin)

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		BRANCH OF SERVICE	
	Describe your duties and any special training.		Period of Active Duty(Month & Year) From _____ To _____	
			Rank at Discharge	
			Date of Final Discharge	

Please attach photo to application for identification purposes – SBE Rule 6A-4.0012(b), F.S. 231.17(1)(f), 231.47 requires fingerprint clearance for all instructional and substitute teachers; Board action 7-15-1985 requires fingerprint clearance for all employees.
 Three Letter of Reference Must be Included with Application.

EMPLOYMENT

We may contact employers listed below unless you indicate – Do Not Contact – and the reason why?

Please give accurate, complete full time and part time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (month and year) From _____ To _____
	Name of Supervisor (for reference)	Weekly Pay Start _____ Last _____
	State Job Title and Describe your work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (month and year) From _____ To _____
	Name of Supervisor (for reference)	Weekly Pay Start _____ Last _____
	State Job Title and Describe your work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (month and year) From _____ To _____
	Name of Supervisor (for reference)	Weekly Pay Start _____ Last _____
	State Job Title and Describe your work	Reason for Leaving

Personal Information: Of the employers listed above how many years of experience do you have in education (that can be used for this employment) _____ years? Total number of years you will be claiming in the Franklin County School System. _____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status or physical or mental handicap or disability. Attach additional sheets of paper if necessary to answer questions completely.

<input checked="" type="checkbox"/> Provide dates you attended school			
Elementary From _____ To _____	High School From _____ To _____	College From _____ To _____	Other (Give name and dates) From _____ To _____
<input type="checkbox"/> Sex Male _____ Female _____			
<input type="checkbox"/> How long at present address? _____ years	<input type="checkbox"/> How long at previous address? _____ years	<input checked="" type="checkbox"/> What is your previous address?	
<input checked="" type="checkbox"/> Are you over 18 years of age? Yes _____ No _____ If not, employment is subject to verification of minimum legal age.			
<input checked="" type="checkbox"/> Have you ever been bonded? Yes _____ No _____ If yes, with what employers?			
<input checked="" type="checkbox"/> Have you been convicted of a crime in the past 10 years? Yes _____ No _____ If yes, describe in full (attach sheet of paper)			
<input checked="" type="checkbox"/> Have you ever been committed to a mental institution? Yes _____ No _____ If yes, explain (attach sheet of paper)			
<input checked="" type="checkbox"/> State names of relatives and friends working for us other than your spouse.			
<input checked="" type="checkbox"/> Instructional Applicants: The following questions to be answered in own handwriting on attached sheet.			
<ul style="list-style-type: none"> • What elements do you perceive as fundamental to the educational process? • What are your opinions as it relates to classroom behavior? 			

AFFIRMATIVE ACTION SURVEY: This data is for analysis and affirmative action only. Submission of information about handicap is voluntary. Check one of the following. White _____ Black _____ Hispanic _____ American Indian _____ Asian _____

Check if any of the follow is applicable. Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual _____

S I G N A T U R E	<p>The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on the application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p>_____</p> <p>Signature Date</p>
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The School Board offers several 403(b) plans. All employees are eligible to participate. New employees wishing to enroll should contact the payroll department.

Veterans are given preference in employment, re-employment, promotion and retention in accordance with Florida Statutes.

**Franklin County School District
Administrative Offices
85 School Road, Eastpoint, Florida 32328
Phone (850) 670-2800 Fax (850) 670-2811
www.franklincountyschools.org
SUBSTANCE ABUSE AND FINGERPRINT POLICY**

PRE EMPLOYMENT

SEPARATE APPLICATION FOR EACH POSITION

Effective January 4, 1990, the Franklin County School Board adopted the following policy with regard to use, possession or sale of drugs and alcohol:

A. OBJECT OF POLICY

To prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance, the Franklin County School Board will require pre-employment screening examinations.

Persons who are to be recommended for employment and applicants who wish to substitute in a teaching, school food service, or custodial position are required to comply with the following:

- 1) Complete an application, indicating the school(s) you wish to be employed by and present to the Personnel Office. You will receive a copy of your application for the school(s) you indicate with a Transmittal Form attached.
- 2) Present the copied application/transmittal to the principal at the school(s) you wish to work to obtain approval. You will be notified by the Personnel Office when to obtain drug screening. Please have the tests results forwarded to the Personnel Office.
- 3) When negative drug results are received, you will be contacted to have your fingerprints processed at the School Board Office by the Automated Fingerprint-based Applicant Processing System. The Fingerprinting Fee Is \$57.25, payable in advance with either Visa/Mastercard or money order made payable to **Fingerprinting Services, LLC**. You may make payment by Internet: <http://www.flprints.com> or calling 877-357-7456. **No other form of payment will be accepted.**
- 4) When approved by the School Board you may begin employment at the school(s) you indicated. The individual school(s) will contact you if you are a substitute applicant.

The Franklin County School Board will not discriminate against applicants for employment because of past use of either drugs or alcohol. It is the current use of drugs or abuse of alcohol which prevents employees from properly performing their job that the Board will not tolerate. By signing it is understood that the Board is released from liability. Initial positive drug/alcohol results will require a Confirmation Test. If the Confirmation test supports the initial positive findings, these findings will be reviewed with the applicant and employment will be denied.

I DO HEREBY AGREE TO COMPLY WITH THE FRANKLIN COUNTY SCHOOL BOARD'S PRE-EMPLOYMENT SUBSTANCE ABUSE POLICY. I UNDERSTAND THAT SHOULD I FAIL THE URINALYSIS TEST, I WILL NOT BE RECOMMENDED FOR EMPLOYMENT.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

If interviewed and recommended for employment, instructional & non-instructional test results must be received before School Board approval. All new full-time, part-time, instructional, non-instructional employees must have drug screening and fingerprint clearance at the expense of the employee. Employment is contingent until all results have been received.

NOTE FOR SUBSTITUTES: You will not need to go through this process again, unless otherwise requested, if you reapply as a substitute each year and are active as a sub each year.

Board Meets First Thursday after First Monday in Each Month

George Thompson
District 1

David Hinton
District 2

Teresa Ann Martin
Vice Chair District 3

Jimmy Gander
District 4 Chair

Carlton Whaley
District 5

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

T E S T R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W E R R E S U L T S	INTERVIEWER NAME AND COMMENTS		

Personnel Information Only _____	Additional Comments _____
School Assigned _____	_____
Date of Employment _____	_____
Total Years of Experience _____	_____