

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

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

PERSONAL	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 ___	Email Address
	Are you legally eligible for employment in the United States?				
	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 _____		

EDUCATION	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)

MILITARY	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.

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	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.
Signature	Date

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.

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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 test 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 _____	_____

CHAPTER 6.00 – HUMAN RESOURCES

SOCIAL SECURITY NUMBERS

6.881*

I. Collection

- A. Social security numbers shall be collected only when allowed by law or when necessary for the performance of the school system's duties.
- B. The District shall collect the social security number of each applicant and employee for the following reasons:
 - 1. Identification and verification;
 - 2. Benefit processing;
 - 3. Data collection;
 - 4. Tax reporting; and
 - 5. Criminal background checks.
- C. The District may also use the social security number for search purposes.

II. Notification

The District shall notify each applicant and employee of the reasons for which his/her social security number may be collected. Such notification shall include the specific law governing the collection, use or release of a social security number and whether the collection of social security numbers is authorized or mandatory under law.

III. Review

The Superintendent shall review the collection of social security numbers to ensure that the reasons for collection and the process for collection and maintenance are consistent with Florida Statutes. The Superintendent shall report his/her findings as required by law.

IV. Confidentiality

A social security number shall be considered confidential and exempt from public inspection in accordance with Florida Statutes. Social security numbers may be disclosed to another agency or governmental entity if it is necessary for the receiving entity to perform its responsibilities.

V. Release to Commercial Entities

- A. Social security numbers may be released to a commercial entity as allowed by law. The commercial entity must state the reason for requesting the social security numbers.
- B. The District, as required by law, shall annually report the identity of all commercial entities that have requested social security numbers during the preceding year and the reasons for the requests. If no requests have been received during the preceding year, the District shall report that information.

STATUTORY AUTHORITY:

LAW(S) IMPLEMENTED:

HISTORY:

1001.41, 1001.42, 1012.23, F.S.

119.071, 1001.43, 1012.23, F.S.

ADOPTED: 08/05/2010

REVISION DATE(S):

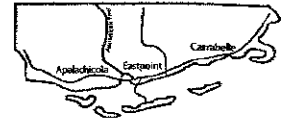
FORMERLY: NEW



Nina M. Marks
Superintendent

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Working Together
Making A Difference

MEMORANDUM

TO: All Franklin District Employees

FROM: Roy Carroll, Director of Financial Services *RC*

DATE: February 25, 2011

RE: Social Security Numbers

This memorandum is communicated to make you aware of the Franklin District School Board policy (#6.881) regarding the collection of social security numbers from our employees. This school board policy may be read in its entirety on the Franklin County School web site @ www.franklincountyschools.org. Social security numbers are collected only when allowed by law or when necessary for the performance of the school system's duties.

The District shall collect the social security number of each applicant and employee for the following reasons:

1. Identification and verification
2. Benefit processing;
3. Data collection
4. Tax reporting
5. Criminal background checks

The District may also use the social security number for search purposes.

It is the District's intent to inform all new and prospective employees of their right to protection according to Section 119.071(5)(a) Florida Statutes.

Please feel free to contact my office with any concerns regarding the collection of social security numbers by our district.

CC: Supt. Nina Marks

RECEIVED
FEB 28 2011
 BY: *[Signature]*

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An Equal Opportunity Employer