Human Resources Department 85 School Road • Eastpoint, FL 32328 (850) 670-2810 • Fax (850) 670-8579

Per Florida State Statute 1012.27(6), before employing a person in any position that requires direct contact with students, hiring authorities must conduct an employment history check of ALL the applicant's previous employers. Please list below all previous employers and current contact information for your direct supervisor(s). Failure to disclose all previous employment information may result in the rescission of an employment offer.

Current Franklin County Public Schools (FCSD) employees must only list prior FCSD supervisors for the previous five years.

	<b>Applicant Name</b>	Last four of SS#
Previous Employer:		
Address, City, State:		
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)
Position Held:		,
Supervisor Name:		
Supervisor Telephone:		
Supervisor Email:		
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Previous Employer:		
Address, City, State:		
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)
Position Held:		
Supervisor Name:		
Supervisor Telephone:		
Supervisor Email:		
Previous Employer:		
Address, City, State:		
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)
Position Held:		
Supervisor Name:		
Supervisor Telephone:		
Supervisor Email:		
Previous Employer:		
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Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)
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Supervisor Email:	-	

Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
Position Held:			
Supervisor Name:			
Supervisor Telephone:			
Supervisor Email:			
Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
Position Held:			
Supervisor Name:			
Supervisor Telephone:			
Supervisor Email:			
Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
Position Held:			
Supervisor Name:			
Supervisor Telephone:			
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Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
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Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
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Supervisor Email:			

Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
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Supervisor Name:			
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Supervisor Name:			
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Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
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Supervisor Name:			
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Supervisor Email:			
Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
Position Held:			
Supervisor Name:			
Supervisor Telephone:			
Supervisor Email:			
Previous Employer:			
Address, City, State:			
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)	
Position Held:			
Supervisor Name:			
Supervisor Telephone:			
Supervisor Email:			

In lieu of a signature, you	select "YES" to confirm disclosure	of all previous employment:	Yes	No
	Signature			
I confirm that I have disc	losed all previous employment:			
Supervisor Email:				
Supervisor Telephone:				
Supervisor Name:	1			
Position Held:	Start Date: (mm/yyyy)	Eliu Date: (mm/yyyy)		
Employment Dates:	Start Date: /mm/:::::\	End Date: (mm/yyyy)		
Address, City, State:				
Previous Employer:				
Supervisor Email:				
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Supervisor Name:				
Position Held:				
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)		
Address, City, State:	1	1= .= :		
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Position Held:				
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)		
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Supervisor Telephone:				
Supervisor Name:				
Position Held:				
Employment Dates:	Start Date: (mm/yyyy)	End Date: (mm/yyyy)		
Address, City, State:				