## APPLICATION FOR EMPLOYMENT

Non-Instructional



## HARDEE COUNTY SCHOOL BOARD

1001-1009 NORTH SIXTH AVENUE (U.S. HIGHWAY 17) P.O. BOX 1678 WAUCHULA, FLORIDA 33873

1<sup>st</sup> preference 2<sup>nd</sup> preference (863) 773-9058 Fax (863) 773-3410

Position(s) for which you are applying:

CHECK ONE:First	Time							_Current I	Iardee Co	unty Sc	hool Employee	
		(In	complete	e applications	s will not be o	conside	ered.)					
A pre-employment test	of rea	ading and arithmetic	skills (pos	sibly other job	specific skills)	will be	reauired o	of applican	ts prior t	o reco	mmendation.	
		···8 ··			NFORMATION		1	F F	To Proces			
Name (Last, First, Middle) (As appears on Social Security Card)			Maiden Name		Date of Application		Date Available for Employment					
Current Address (Street or P.O. Box, City, State, Zip) UNTIL				Phone		Social Security Number			Date of Birth (Month, Day, Year)			
, , , , , , , , , , , , , , , , , , , ,						(Enclose copy of card)						
Permanent Address (Street	or P.0	O. Box. City. State. Zir	n)	Phone								
- S. Marier Fidules (Super of F. S. Don, City, Suite, Elp)						Are you a U.S. Citizen?YesNo If not, do you have resident alien work permits necessary for						
						employment?YesNo						
			G	ENERAL IN	FORMATIC	N						
Have you ever been emplo	yed by	y the School District of			_No If yes, plea		name under	which you	were emp	oloyed.		
Name			Last Year	ar of Employment			Reason for Leaving					
Y 1 C :	11		1 6 1 17	Divis CII I	G ( ) W	2.7	10 1		4 6 11		6	
Is any member of your imr	nediat	te family employed by			e County?Ye	sNo		ase provide	the follo	wing in	formation:	
Name			School/Department			Position Held						
					ATION						1.1.1.	
School	Dates Attended		Name and Address of School/Institution		School		Г	Dates Attended			Name and Address of School/Institution	
	From		Беноо	# mstration		From						
Elementary	То				Junior High	To To						
W 1 C 1 1	Froi	m			Date of Gradua	ition	ion					
High School	High School To											
					Degree Rece	ived	Major	Minor	Date	-	Semester Hours	
	I _		1						Gradua	ation		
College/University	Fron To	m										
	10			DEEED	ENCES							
DO NOT LIST RELA	TIVE	ES In addition to yo	ur current		ENCES	aracter	references					
Are you currently emple							Cicicinecs	·-				
J J 1												
Name		Address	Phone		Number		Relationship			Years Known		
1.												
2.												
3.								_				
(Current Employer)												

AN EQUAL OPPORTUNITY EMPLOYER

Current Employer

	WORK EXPERIENC	$\mathbb{C}\mathbf{E}$ — List below. Attach separate sheet if necess	ary.
Name of Company	Dates Employed (Mo. & Yr.)	Address	Phone Number
	From To		
Position/Title	Supervisor (Name & Title)	Responsibilities	I
Reason for Leaving:			
Name of Company	Dates Employed (Mo. & Yr.)	Address	Phone Number
T. J.			
Position/Title	From To Supervisor (Name & Title)	Responsibilities	
osition Title	Supervisor (rume & rine)	responsionales	
Reason for Leaving:			
Name of Company	Dates Employed (Mo. & Yr.)	Address	Phone Number
,			
Position/Title	From To Supervisor (Name & Title)	Responsibilities	
OSITION/THIC	Supervisor (Name & Title)	Responsibilities	
Reason for Leaving:			
		JOB SKILLS	
Do you have a valid Florida Driver	s License? Yes No If YES, wh		
	ge other than English?YesN	NAL STATEMENT	ither
Yes No There are crimi Yes No I have had a pro	victed or had adjudication withheld or nal or professional charges now pendin ofessional license revoked or suspended	SPACES BELOW THAT APPLY TO YOU. plead nolo contender in a criminal offense other to a gagainst me. d and/or have been denied a license, including driven.	
f yes, give details below or add an Where arrested or charged	Dates	Nature of charges	Disposition
			1
any application document will discomission of facts in any application  I understand that any experiments and in the inhis/her/its best interest.  I have no objections to enforcement and agree to submit previous employers, schools or perinformation they may have regardicated the inhibition of the in	qualify me from further consideration a document will be cause for my dismissimployment offered to me by the Schais means the employment relationship being fingerprinted and having my receither required processing fee(s). I further soons named in this application to give name, whether or not it is in their recoons from all liability for any damage for employment I agree to abide by the application will be considered active	I understand that any deception, misrepresentation for employment. I further understand that, if end sal without prior notice regardless of when they also Board of Hardee County unless reflected in may be severed at any time, for any reason, with the proof cleared through the Federal Bureau of Investigation agree to a physical examination if required their agree to a physical examination if required erange information regarding my employment, phords, unless I have otherwise indicated in writing or issuing this information. A photocopy of this strules and policies of the School Board of Hardee of for two years or until the position for which I are defor employment after the expiration of this appears or until the position of this appears or until the position of this appears or until the position of this appears or the proof of the specific that the proof o	nployed, any deception, misrepresentation or use discovered. In a written contract signed by an authorized or without cause, by either party deems it to gation, and/or the Florida Department of Law as a condition of employment. I authorize yisical or mental condition, together with any with an explanation. I hereby release all such tatement will possess the same validity as the County, Florida. In applying has been filled, whichever comes
application form.  Signature			