

# GULF COUNTY SCHOOL DISTRICT



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Primary Phone		Alt. Phone		Date of Birth	
Social Security No.			Email Address		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
What is your official county of residency?			What is your official state of residency?		
Have you ever worked for this agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you presently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we contact your employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of availability?					
EDUCATION AND PROFESSIONAL TRAINING					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
VETERAN'S PREFERENCE					
Are you claiming Veteran's Preference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
APPLICANT MUST SUBMIT A COPY OF FORM DD-214.					

**PRE-EMPLOYMENT TESTS**

THE GULF COUNTY SCHOOL BOARD REQUIRES THREE PRE-EMPLOYMENT TESTS. THE EMPLOYEE PAYS THE COSTS FOR EACH TEST. TEST RESULTS MUST BE AVAILABLE BEFORE APPLICANT CAN BE RECOMMENDED FOR EMPLOYMENT.

1. FINGERPRINT ANALYSIS

State law requires a fingerprint analysis be made for each employee who comes into contact with school children. PLEASE CONTACT THE COORDINATOR OF HUMAN RESOURCES AND SET UP AN APPOINTMENT FOR A FINGERPRINT ANALYSIS BEFORE BEING RECOMMENDED FOR EMPLOYMENT. ALL COST MUST BE PAID BY THE APPLICANT PRIOR TO OBTAINING THE ANALYSIS. (PHONE (850) 229-6940 EXT. 115) Failure to comply with this requirement may result in termination. Employment is contingent until a "clear" analysis is received from the Florida Department of Law Enforcement and Federal Bureau of Investigation. If an arrest record and conviction record results from this analysis and it was not documented on the application, immediate action will be taken to begin the termination process and to make appropriate reports to law enforcement or judiciary agencies.

Do you understand this "Fingerprint Analysis" statement? YES  NO

If NO, please explain:

2. PRE-EMPLOYMENT PHYSICAL EXAMINATION

The applicant understands that employment will be contingent upon timely submission of:

A pre-employment physical examination signed by a practicing Florida physician indicating physical ability to perform duties of the position.

Do you understand this "Pre-Employment Physical" statement? YES  NO

3. PRE-EMPLOYMENT DRUG SCREENING

The applicant understands that employment will be contingent upon timely submission of:

A pre-employment drug screening conducted and signed by an agency approved by the Gulf County School Board. The drug test results must indicate the applicant is drug free.

Do you understand this "Pre-Employment Drug Screening" statement? YES  NO

**DISCLAIMER AND SIGNATURE**

I UNDERSTAND THAT THIS APPLICATION WILL BE CONSIDERED COMPLETE ONLY WHEN THE FOLLOWING ITEMS ARE ON FILE IN THE DISTRICT OFFICE. I FURTHER UNDERSTAND MY SIGNATURE INDICATES ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, AND IF INACCURACIES ARE FOUND AFTER APPOINTMENT, EMPLOYMENT MAY BE TERMINATED.

- 1.  OFFICIAL COPY OF HIGH SCHOOL DIPLOMA OR EQUIVALENT
- 2.  FOR HIGHER EDUCATION AN OFFICIAL TRANSCRIPT(S) FOR COLLEGE HOURS EARNED
- 3.  ALL SECTIONS OF THE APPLICATION COMPLETED AND SIGNED AND DATED

Printed Name of Applicant

Signature

Date