

HOLMES DISTRICT SCHOOL BOARD

701 East Pennsylvania Avenue

Bonifay, Florida 32425

PH(850)547-9341 ~ FX(850)547-0381

APPLICATION FOR INSTRUCTIONAL EMPLOYMENT

PERSONNEL

[Please Print or Type]

Date of Application _____ Phone Number _____ U.S. Citizen? Yes No
Month Day Year

Social Security Number: _____ (Attach Copy)

Notification regarding social security collection and usage: In compliance with Florida Statute 119.071(5), the District is providing you with that it may collect your social security number for the following legitimate employment business purposes: payroll eligibility verification, workers' compensation claims reporting, enrollment in and processing of employment benefits provided to the vendor administering District benefits, pre-employment background check, drug screening, income reporting, and completing immigration related documentation necessary for sponsorship. The District will collect and use your social security number only for these purposes in performance of the District's duties and responsibilities. Providing your social security number is a condition of employment at the district.

Name _____

Address (Last) (First) (Middle) _____

(No.) (Street) (City) (State) (Zip) _____

Position(s) applied for _____ Full Time Part Time

Have you worked for us before? _____ If YES, When? _____ Position _____

Indicate special qualifications or skills _____

NOTE: The items below are voluntary and are collected for Equal Employment Opportunities and for record keeping only, not for employment decisions.

Date of Birth: ____/____/____ Gender: Male Female Ethnic Identification: Hispanic/Latino Yes No

Race: White, Non-Hispanic Black/African American Hispanic Asian Native Hawaiian or Other Pacific Islander
 American Indian/Alaskan Native

BACKGROUND INFORMATION

Are you a U.S. Citizen? _____ If NO, can you legally remain permanently in the United States? _____

Have you ever been bonded in prior employment? _____ If YES, list name(s) of employer(s): _____

Have you ever been convicted of a Felony or a first degree misdemeanor? _____ If YES, list convictions: _____

Have you ever received Worker Compensation benefits? _____ If YES, when? _____

Type of injury? _____

Do you have a disability which would limit or prohibit you from performing the work for which you have applied? _____ If YES explain _____

EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
Elementary			
High School			
College	Major:		
	Degree:		
Other			

EMPLOYMENT RECORD [Begin With Most Current Job]

Employer	Phone	From	To
Address		Position	
Duties		Supervisor's name	
		Starting Salary/Wages	
Reason for Leaving		Final Salary/Wages	
Employer	Phone	From	To
Address		Position	
Duties		Supervisor's name	
		Starting Salary/Wages	
Reason for Leaving		Final Salary/Wages	
Employer	Phone	From	To
Address		Position	
Duties		Supervisor's name	
		Starting Salary/Wages	
Reason for Leaving		Final Salary/Wages	

PERSONAL REFERENCES

Name	Address	Phone Number

CERTIFICATION/LICENSURE [EX. Drivers License, Teacher Certification, etc.]

Application Date or Certification No. _____ Type _____ Expiration Date _____
(Attach Copy)

Subjects Covered: _____

Drivers License: State _____ Type _____ No. _____ Expiration Date _____
(Attach Copy)

To be eligible for employment in the Holmes County School System, you will be required to submit a complete set of fingerprints. New employees will be on probationary status pending fingerprint processing and determination of compliance with standards of good moral character.

I hereby certify that, to the best of my knowledge and belief, the answers made herein are true. I understand false information is sufficient grounds for dismissal.

Signature of Applicant

Date

If you need any special accommodations, please contact the Superintendent's office at 1-850-547-9341. Federal and State Laws require that all applications be considered without regard to basis of ethnicity, gender, marital status, disability, age, or religion.