

Taylor County School Board 318 N. Clark St. • Perry, Florida 32347 Phone 850-838-2500 • Fax 850-838-2501

Application for Instructional Position

Name	FIRST	MI	DDLE		Date		
Present Address				_	Phone		
		CITY	STATE	ZIP CODE	Phone		
NO. AND STREET		CITY	STATE	ZIP CODE	<u></u>		
Email Address							
Social Security No. XXX–XX– (only last 4 digits)	Sex: Male Female Date of Birth	Ethnicity: Ethnicity:	nly. This information will not be used in employment decisions. Asian Black/American African Hispanic Native American/Alaskan Native Native Hawaiian or other Pacific Islander White/ Non-Hispanic				
Present Position?				Salary? _			
Are you a citizen of the U.S.?	_ Length of residence in Tay	lor County?		in l	Florida?		
Are you multilingual? Yes No	What language(s)	do you speak?			_		
Have you ever been bonded?	By what company?		_ Has b	ond ever be	en refused you?	-	
In case of accident, notifyNAME		DEL ATIONS	NUID.		PHONE NUMBER		
Address of person to notify		RELATIONS					
What subjects or grades are you certifie					STATE	ZIP -	
Designate subject or grade for which y	ou are applying by choice.	(1)	(2)_		(3)		
When can you start to work?						-	
Have you ever been removed or dismiss	sed from any position?	If yes, expl	ain				
Florida Teacher's Certificate		Do you have a pr	ior crim	inal convict	ion record?		
Professional Tempo	rary	If so, when					
Certificate Status: Current	Expired						
Number							
Date Issued							
Expiration Date							
Subject and grades covered							
				e has been i	ll not be processed until received from FDLE/FBI po ntute 231.02(c)	ursuant to	

TCSB #00012

Pocord N/III

	IVI	ilitary	JEI V	ice ne	coru						
Branch of Service		Inclusive From	Dates To	Beginnin	g Rank	Rank at Disc	charge	Type of	Discharge		
(Indicate whether on active	duty or reserve	status If a	rtivo duty	a copy of d	ischarge na	nors must be f	iled for pos	sible salany	cradit)		
are you a veteran as defined by s. 2	•		-			ipers must be i	neu ioi pos.	sibic Salai y	crearc.,		
Are you claiming Veterans' Preferen											
f you are claiming Veterans' Prefe following conflicts: Korean Conflict, Florida Statutes).	rence, please in	dicate the p	orovision (•	-	-			
f you state that you were "A vetera	n of any war,"	please indi	cate the w	ar here:							
Note: In order to receive Veterans' showing military status, dates of APPLICATION. Spouses, widows, or documents in order to receive such	service and dis	scharge typ ifying for Ve	e or othe eterans' E	er type of	proof fron	n the DD or V	'A MUST B	E SUBMITT	ED WITH TH		
ist at least three references, includ haracter, personality, scholarship, a		-		rences der whom y	ou have ta	ught, who have	first-hand l	knowledge (of your		
Name		Address						Official Position			
1.											
2.											
3.											
	Educa	tion ar	nd Pro	fessio	nal Tra	ining					
Name of School or Institution	Ado	Iress		Course	Degree Diplor Receiv	ma Date	Time Spent	Reg. Ses. Sum. Ses.	Number o Credits		
High School									Spec. Sem. H or Qrt. Hrs		
College								1	01 Q11.1113		
University							+				
Graduate Work					-		+				
Special					-			+			
Special					-						
·											
	Cre	edenti	als A	re On	File A	t:					
Name of Institution		Street Address					City and State				

Experience

If service is less than one year, give the number of days taught if possible.

Name of School or Institution	Address of School	Public School	Non- Public School	Grade or Subject Taught	County System	City System	Dates Taught From To	Number of Months	Salary	Your Name Under Which Employed

Other Activities

List hobbies, professional recognitions, comm	nittee work, articles for publications, community and church activities, etc.:
List any training programs where you h	nave been trained as the trainer:
Finance, School Paper, School Yearbook, Ele	which you have had experience or training: Counseling, Guidance, Testing and Assessment, School mentary School Library, Audio-Visual Aids, Debate, School Plays, Clubs, Football, Basketball, Basebalck, Tennis, Swimming, Calisthenics, Playground Activities.
	ry areas in which you are proficient (word processing, spreadsheets, interactive white boards,
	Certification Statement ats to the best of my knowledge and belief. I am not aware of any purposeful omissions or false is application is completed in detail it will not be considered.
Taylor County School Board to employee	rules and regulation of said system. My answers to the foregoing questions are given to induce the me and false statements will be considered sufficient cause for my dismissal in the event this erstand the answers given by me are subject to verification and are true to the best of my knowledge
DateSignatu	re
	By typing your name in the box above, you are electronically signing this statement
	Information for Applicants
We operate on a referral system. Your applications from this file.	ation will be filed in our central office. Administrators in need of teachers will consult the application
For additional information, please use a sepa applied for, will be helpful.	rate sheet. A description of any original work, either in education or related fields to your work
	is frequently required. However, candidates are advised to communicate with this office before going oney in seeking an interview. The request to come for an interview in no way implies the applicant wi
	imply the candidate is under consideration for immediate appointment. Applicants should expect to tion only if being considered for an appointment. Applications are kept on file two years after date o
Boar	d Policy on Employment and Assignment
We do not believe we can teach democracy	in our schools without demonstrating our belief in democracy in the way the schools are operated
work by other employees without regard for	work cooperatively with other employees, to teach pupils, and to supervise or be supervised in your the race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual any other reason prohibited by law, of any individual. This is an equal opportunity school system and connected with it.
	pen to applicants regardless of race, color, religion, age, sex, national origin, marital status, disability, er identity or expression, or any other reason prohibited by law, and every effort will be made to ancy.
I will read and adhere to the Board Policies if	I am accepted for employment.
I further agree any omissions or false stateme completed in detail it will not be considered.	ents in this application will constitute reason for dismissal. I also understand unless this application is
Date Signa	ture of Applicant

Apply Online or Deliver Application to Taylor County School Board • 318 N. Clark St. • Perry, Florida 32347

By typing your name in the box above, you are electronically signing this statement