New Employee Forms





NAME:		DATE OF BIRTH:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:		SECONDARY #:

Oath of Loyalty

I,,	, a citizen of the State of Florida and the United States of				
America, and being employed by an officer of the	School Board of Gadsden	County, Florida and a r	ecipient of		
public funds as such employee or officer, do hereb	by solemnly swear or affirm	n that I will support the			
Constitution of the United States of American and	l the State of Florida.				
Signature of Applicant	D	Date			
Subscribed and sworn to before me this	day of	, 20	•		
Notary Public, State of Florida at large					

Notary Seal or Stamp: