



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

## Application for Administrative Position

Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP CODE

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP CODE

Email Address \_\_\_\_\_

Social Security No. XXX-XX-\_\_\_\_\_  
 (only last 4 digits)

**This is voluntary and collected for record-keeping only. This information will not be used in employment decisions.**

Sex: Male \_\_\_\_\_ Ethnicity: Asian \_\_\_\_\_  
 Female \_\_\_\_\_ Black/African American \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hispanic \_\_\_\_\_  
MONTH-DAY-YEAR 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 Taylor County? \_\_\_\_\_ in Florida \_\_\_\_\_

Are you multilingual? Yes No What language(s) do you speak? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ By what company? \_\_\_\_\_ Has bond ever refused you? \_\_\_\_\_

In case of accident, notify \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

Address of person to notify \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP

When can you start to work? \_\_\_\_\_

Have you ever been removed or dismissed from any position? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Florida Professional Certificates  
 Professional \_\_\_\_\_ Temporary \_\_\_\_\_  
 Certificate Status: Current \_\_\_\_\_ Expired \_\_\_\_\_  
 Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Subject and grades covered \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a prior criminal conviction record? \_\_\_\_\_  
 If so, when \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Your application will not be processed until fingerprint clearance has been received from FDLE/FBI pursuant to Florida Statute 231.02(c)**

# Military Service Record

Branch of Service	Inclusive Dates From                      To	Beginning Rank	Rank at Discharge	Type of Discharge

(Indicate whether on active duty or reserve status. If active duty, a copy of discharge papers must be filed for possible salary credit.)

Are you a veteran as defined by s. 295.07, Florida Statutes?      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you claiming Veterans' Preference?      Yes \_\_\_\_\_ No \_\_\_\_\_

*If you are claiming Veterans' Preference, please indicate the provision under which you qualify. State Law currently defines "war" to include the following conflicts: Korean Conflict, Vietnam Era, Persian Gulf War, Operation Enduring Freedom and Operation Iraqi Freedom. (SB 156-1.01(14) Florida Statutes).*

If you state that you were "A veteran of any war...," please indicate the war here: \_\_\_\_\_

**Note:** In order to receive Veterans' Preference, it is required that proof such as DD-214 (Military Discharge Papers) or its equivalent from the VA showing military status, dates of service and discharge type or other type of proof from the DD or VA **MUST BE SUBMITTED WITH THIS APPLICATION.** Spouses, widows, or widowers qualifying for Veterans' Employment Preference **MUST SUBMIT** with this application, the required documents in order to receive such Veterans' Employment Preference.

## References

List at least three references, including immediate supervisors, who have first-hand knowledge of your work ethic, professional character, and personality.

Name	Address and Phone	Official Position
1.		
2.		
3.		

## Education and Professional Training

Name of School or Institution	Address	Course	Degree or Diploma Received	Date	Time Spent	Reg. Ses. Sum. Ses.	Number of Credits
High School							Spec. Sem. Hrs. or Qrt. Hrs.
College							
University							
Graduate Work							
Special							
Special							

## Credentials Are On File At:

Name of Institution	Street Address	City and State

Are any members of your family employed by the School Board of Taylor County? \_\_\_\_\_

\_\_\_\_\_

# Experience

If service is less than one year, give the number of months/days employed

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

The addresses listed above must be an address of the school board in the district in which you worked. Experience must be verified in order to allow credit on the salary schedule.  
To receive credit for experience, verification must be received within 30 calendar days of employment.

## Other Activities

List hobbies, professional recognitions, committee work, articles for publications, community and church activities, etc.:

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List any training programs where you have been trained as the trainer: \_\_\_\_\_

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Underscore any of the following services in which you have had experience or training: Counseling, Guidance, Testing and Assessment, School Finance, Audio-Visual, Athletic Directing, Transportation Logistics, Facilities Maintenance, and Public Relations.

Technology Literacy: Please list the technology areas in which you are proficient (word processing, spreadsheets, interactive white boards, document cameras, etc.). \_\_\_\_\_

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### Certification Statement

The above are true and accurate statements to the best of my knowledge and belief. I am not aware of any purposeful omissions or false statements. I also understand that unless this application is completed in detail it will not be considered.

If employed, I agree to abide by applicable rules and regulation of said system. My answers to the foregoing questions are given to induce the Taylor County School Board to employ me and false statements will be considered sufficient cause for my dismissal in the event this application results in my employment. I understand the answers given by me are subject to verification and are true to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

## Information for Applicants

We operate on a referral system. Your application will be filed in our central office, and we will consult the application in consideration for a posting.

For additional information, please use a separate sheet. A statement of purpose or description of any original work, either in education or related fields, will be helpful.

An interview is frequently required. However, candidates are advised to communicate with this office before going to any considerable expenditure of time or money in seeking an interview. The request to come for an interview in no way implies the applicant will be employed.

The sending of a blank application does not imply the candidate is under consideration for immediate appointment. Applicants should expect to receive information concerning their application only when being considered for an appointment. Applications are kept on file two years after date of receipt by this office.

## Board 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.

If employed, you will be expected to work cooperatively with other employees, to teach pupils, and to supervise or be supervised in your work by other employees without regard for the race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law, of any individual. This is an equal opportunity school system and should be understood as such by all persons connected with it.

It is the policy of this Board that all positions are open to applicants regardless of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law, and every effort will be made to secure the best qualified person for each vacancy.

I will read and adhere to the Board Policies if I am accepted for employment.

I further agree any omissions or false statements in this application will constitute reason for dismissal. I also understand unless this application is completed in detail, it will not be considered.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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

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

*An Equal Opportunity / Equal Access / Veterans' Preference Employer.*