

## Non-Instructional Position

Position of Interest \_\_\_\_\_

**To Applicant:** We appreciate your interest in our school system and assure you we are sincerely interested in your qualifications. Please print or type your information in order that we might obtain a clear understanding of your background and work history. A brief statement or resumé describing your qualifications for the applied position is recommended.

Date \_\_\_\_\_ Social Security No. XXX-XX- \_\_\_\_\_ Please provide only the last four digits of your Social Security number.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(last) (first) (middle)

**Present Address** \_\_\_\_\_  
(no. and street) (city) (state) (zip)

**Last former address** \_\_\_\_\_  
(no. and street) (city) (state) (zip)

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

Sex:  Male Ethnicity:  White Non-Hispanic  Black or African American  American Indian or Alaskan Native  
 Female  Hispanic  Asian Native Hawaiian or Other Pacific Islander

Date of Birth (MM/DD/YY) \_\_\_\_\_

Military service? \_\_\_\_\_ Branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_ Dates \_\_\_\_\_

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 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.

Relatives working for Taylor County School District \_\_\_\_\_

Have you ever been known by any other name on employment records? \_\_\_\_\_

If so, what? \_\_\_\_\_

Have you ever been employed by the Taylor County School Board? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ Position? \_\_\_\_\_  
(from-to) (school or department)

Reason for leaving? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor, whether or not adjudication was withheld? (You will not necessarily be disqualified based upon this information.)

If so, explain \_\_\_\_\_

In case of accident, notify \_\_\_\_\_  
(name) (relationship) (phone number)

Address \_\_\_\_\_  
(number & street) (city) (state) (zip code)

**Employment History:** (List present or most recent employment first. You must account for previous 10 years)

From	To	Employer	Street No.	City	State	Position	Reason For Leaving

**References:** (Do not list relatives)

Name	Street No.	City	State	Phone	Business Or Occupation	Years Acquainted

**Education:** (Must submit a copy of High School Diploma or equivalent)

Name Of School	Street No.	City	State	From	To	Graduate	Extracurricular Activities
Elementary							
High School							
College							
Other							

*Note: Please be advised your application will remain on file for a period of two (2) years from the date application is made. After that time, it will be removed and placed in the inactive file unless you contact us to request that it remain active.*

**I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information. I further agree that any omission or false statements in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail it will not be considered.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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