



Hamilton School Board

P. O. Box 1059
 Jasper, Florida 32052
 (386) 792-1228 ~ Fax: (386) 792-3681



Application For Employment (An Equal Opportunity Employer)

Personal Information

Name: _____
Last First Middle Maiden

Permanent Address: _____
Street City State Zip

Temporary Address: _____
Street City State Zip

Social Security Number: _____ Date of Birth: _____ Phone Number: _____

Chauffeur's License Number: _____ Expiration Date: _____

Are you a citizen of the U.S.? YES _____ No _____
 If "No", do you possess an I-151 Card, an I-551 Card, or an I-94 Card stamped "Employment Authorized"?
 Yes _____ No _____ **Note:** If answer is "No" to both, you are ineligible for employment.

YES NO Have you ever been arrested for an offense other than a minor traffic violation? Failure to answer this question accurately could cause denial of employment. **A YES or NO answer is required by Florida Law.** If you check the YES box, you must give the information requested for each charge. Please attach a separate sheet if you need more space.

City Where Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

Employment Desired

Position Applied For: _____ Date you can start work: _____

Can you perform the duties of the job for which you have applied in a manner which is safe to you, your fellow co-workers, and employees? Yes _____ No _____ If "No", explain _____

Education

Name / Address of High School	Received:	Date Received
	<input type="checkbox"/> Diploma <input type="checkbox"/> Equivalency	
	<input type="checkbox"/> Certificate <input type="checkbox"/> None, Highest grade completed _____	

Your name, if different from application _____

College, University or Professional School		Dates Of Attendance (month/year)		Hours Earned		Primary Course Of Study	Secondary Course Of Study	Degree Received & Date
Name	Address	From	To	Qtr	Sem			

Business, Correspondence, Trade, Technical Or Vocational Schools		Dates Of Attendance (month/year)		Hours Earned		Area Of Study	Diploma / Certificate Received & Date
Name	Address	From	To	Class	Clock		

Educator's Certificate

Number Of Florida Certificate (Valid or Expired): _____ Certificate Type: _____
 Highest Acceptable Level Of Training: _____ Validity Period: _____
 Subject Coverages: _____

Employment Record

List Each Employer Starting With Your Present Or Last Employer. Include Military Service.

Name Of Employer	Job Title	From (Mo. & Yr.)	To (Mo. & Yr.)
Address (Including City & State)		Duties	
Name & Title Of Supervisor	Telephone		
Reasons For Leaving:			
Name Of Employer	Job Title	From (Mo. & Yr.)	To (Mo. & Yr.)
Address (Including City & State)		Duties	
Name & Title Of Supervisor	Telephone		
Reasons For Leaving:			
Name Of Employer	Job Title	From (Mo. & Yr.)	To (Mo. & Yr.)
Address (Including City & State)		Duties	
Name & Title Of Supervisor	Telephone		
Reasons For Leaving:			
Name Of Employer	Job Title	From (Mo. & Yr.)	To (Mo. & Yr.)
Address (Including City & State)		Duties	
Name & Title Of Supervisor	Telephone		
Reasons For Leaving:			

References

List Names & Addresses Of People Who Have Known You Over 3 Years. (DO NOT LIST RELATIVES.)

Name	Address	Occupation	Phone

Veteran's Preference

Check if you are claiming Veteran's Preference as:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veterans Administration and the Department of Defense, or	The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or	A veteran of any war or who has served on active duty for 180 consecutive days or more during the wartime era, or	The unmarried widow or widower of a veteran who died of a service-connected disability.
Branch of Service	Date of Entry	Date of Honorable Discharge	

Please Read Before Signing

I hereby verify that the information provided is true, complete and accurate. I agree that the School Board may investigate all of the statements made on this application form and that any misrepresentation or omission is cause of dismissal.

Signature _____ Date _____