

Application Process Procedures Instructional/Administrative

- Please return completed application packet with all requested documents.
- Three (3) references should be sent directly to our Human Resources Department from the school administrator, employer, or college official completing the form.
- Your file will not be considered complete until all forms are received.
- Your completed application will be kept on file for one year after receipt.
- The instructional/administrative vacancy list is posted on the internet <http://www.desotoschools.com/> Vacancies are also posted in the district office and at all schools/departments in district. Vacancy information may also be obtained by calling our Job Hotline (863) 494-4222, Ext. 1.
- DeSoto County School District supports the American Disabilities Act of 1990 and we will take all reasonable steps to accommodate individuals using our services, programs and activities. Please notify Human Resources in advance.
- The school district requires all employees to be fingerprinted and meet Level 2 screening requirements as described in §1022.32 F.S. The fingerprint fee of \$57.25 is charged to the employee and is payable by Credit Card, Debit Card or Money Order.
- Pre-employment drug screening is required for all job applicants selected to fill vacancies or new positions. Refusing to take the pre-employment drug screen, a positive result, altering the screen, or inconclusive test results will disqualify any candidate from employment and any offer will be withdrawn.

If you have any questions, please call the school district human resources office (863) 494-4222, x135. Fax No. (863) 494-9675

Equal Opportunity/Affirmative Action Employer

Daniel Dubbert, Equity Coordinator, DeSoto County School District, Phone (863) 494-4222
DIS-ADO-1-2-039-R002/06

Application for Instructional/Administrative Personnel

DeSoto County School District

530 LaSolona Avenue

Arcadia, FL 34266

Telephone No. (863) 494-4222, Ext. 135

Job Hotline No. (863) 494-4222, Ext. 1

Fax No. (863) 494-9675

Name _____ Social Security No. _____

Current address _____
Street/PO Box _____ City _____ State _____ Zip _____

Current Phone: (____) _____ Permanent Phone (____) _____

Permanent address _____
Street/PO Box _____ City _____ State _____ Zip _____

E-MAIL ADDRESS: _____

In case of emergency, notify: _____ Phone (____) _____

Have you previously been employed with DeSoto County School District? ___Yes ___No

Location _____ Dates _____ Position _____

Any other names under which your records/transcripts may be listed _____

Position Desired:

Subject(s) and/or Grade Level(s) _____

Administrative _____

Other _____ Date available to begin _____

All applicants are advised that a preliminary criminal check will be made through the Florida Department of Law Enforcement and the Federal Bureau of Investigation. Employment is on a probationary status pending fingerprint processing.

Have you ever been convicted of a crime, found guilty, or entered a plea of no contest (nolo contendere) even if adjudication was withheld? Failure to answer this question accurately could result in termination of employment. ___Yes ___No

If yes, charges? _____

Florida Certification

Do you hold a valid Florida Teacher's Certificate? ___Yes ___No ___Eligible, _____
Subject Area(s)

If yes, indicate: Certificate No. _____ List subject area(s) shown on certificate _____

- Please attach a copy of your certificate or your letter from the Florida Department of Education indicating that you are eligible for a certificate.

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Educational and Professional Training

Name/address of school or institution	Major	Minor	Degree	Graduation Date (month/year)
High School:	////////////////////	////////////////////	//////////	
	////////////////////	////////////////////	//////////	
List all colleges/universities attended (begin with most recent):				

- An official transcript must be submitted from each college or university attended.

Instructional and/or Administrative Experience

- A maximum of 15 years verified experience may be accepted for instructional/administrative applicant

Name/Address of School	Part-time or Full-time	Public or Private Sch.	Position Title, Grade Level & Subject Taught	Beginning and ending dates of employment

Full-time Non-Teaching Work Experience

Employer	Supervisor	Duties	Beginning and ending dates of employment

- Attach an additional sheet if necessary for employment experience

Educational and Personal References

List at least five references that have knowledge of your qualifications or potential as a teacher. References should include former principals or administrators. If not an experienced teacher, list professors and a directing teacher.

Name	Position	Phone	Address	City	State	Zip

Personal Philosophy In your own handwriting, state your personal philosophy in the space provided.

I understand that all information given on this application is true and complete. I understand the requirements and agree to comply with the requirements of the State of Florida, including the signing of a loyalty oath as may be required by the provisions of Florida Statutes and the DeSoto County School Board. I understand that obtaining employment through false or incomplete statements may be grounds for dismissal.

Signature of Applicant

Date

IMPORTANT NOTICE: ALL MATERIALS CONTAINED HEREIN ARE SUBJECT TO PUBLIC DISCLOSURE SUBJECT TO SECTION 119.07, FLORIDA STATUTES, EXCEPT AS MAY BE SPECIFICALLY EXCLUDED FROM THE PUBLIC RECORDS BY LAW.

Veteran's Preference Information

Applicant Name _____
Position Title for which you are applying _____
Date _____

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference Categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense, **or**
2. 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**
3. A veteran of any war who has served on active duty for one day or more during a wartime period, or served during Operation Enduring Freedom (beginning October 7, 2001-present) or Operation Iraqi Freedom (beginning March 19, 2003-present) excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. **The receipt of a campaign or expeditionary medal is not required**. Wartime periods are defined in §1.01, F.S. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, FL, 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? _____
(Please indicate number from Veterans' Preference Information section above.)

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? ___Yes ___No

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

**DeSoto County School District
Affirmative Action Information**

Applicant Name _____

Social Security No. _____

Date _____

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the DeSoto County School District in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida, 32303.

POSITION TITLE FOR WHICH YOU ARE APPLYING _____

SEX: ___ MALE ___ FEMALE

DATE OF BIRTH: _____

RACE (Check Only One):

- | | | |
|-------------------------------|--------------------------|--------------|
| ___ WHITE (Non-Hispanic) | ___ BLACK (Non-Hispanic) | ___ HISPANIC |
| ___ ASIAN or PACIFIC ISLANDER | ___ NATIVE AMERICAN | |
| ___ OTHER (Specify) _____ | | |

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