



**School District of DeSoto
Instructional Support Online
Application**

**APPLICATION PROCESS PROCEDURES
INSTRUCTIONAL SUPPORT APPLICANTS**

- If you wish to apply for one of the positions advertised, complete all sections of the application form including name, complete address and telephone number of three references. You must include work references.
- Please attach a copy of your high school diploma or G.E.D or fax it to 863-494-9675.
- After the initial application, to be considered for any other position, you must call the school district office and indicate the position for which you would like to apply. The telephone number is (863) 494-4222, ext. 135.
- Your application will be kept on file for one year from the date of receipt.
- DeSoto District Schools 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 the Human Resources Dept. 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altering the screen, or inconclusive test results will disqualify any candidate from employment and any offer will be withdrawn.
- Daniel Dubbert, Equity Coordinator, DeSoto County School District, Phone (863) 494-4222.

FOR JOB VACANCIES:

PH: (863) 494-4222, Ext. 1 (Job Hotline)

Website: <http://www.desotoschools.com>

Date of Application:

1. Job Listing

- Interested In:
- | | |
|--|--|
| <input type="checkbox"/> Aide, Classroom | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Bookkeeper/Acct Clerk |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Groundskeeper | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Security |
| <input type="checkbox"/> Print Shop | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Substitute Teacher |
| <input type="checkbox"/> Substitute Food Service | <input type="checkbox"/> Substitute Transportation |
| <input type="checkbox"/> Other | |

2. Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS	CITY	STATE	ZIP CODE
(<input type="text"/>) - <input type="text"/> Ext. <input type="text"/>	<input type="text"/>		
HOME PHONE NUMBER	EMAIL ADDRESS		
(<input type="text"/>) - <input type="text"/> Ext. <input type="text"/>			
CELL PHONE NUMBER	SPECIFIC POSITION FOR WHICH YOU ARE APPLYING		

Yes No

HAVE YOU EVER BEEN EMPLOYED BY THE SCHOOL DISTRICT OF DESOTO COUNTY?

WHERE	WHEN	WHAT POSITION?

REASON FOR LEAVING

Yes No

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN A POSITION?

IF YES, EXPLAIN

Yes No

ARE YOU A U.S. CITIZEN?

IF NOT, GIVE ALIEN CARD NUMBER

SELF SPOUSE

PLEASE INDICATE IF EITHER YOU OR YOUR SPOUSE IS A VETERAN

BRANCH OF SERVICE

DATES OF MILITARY SERVICE

LIST MACHINES OR EQUIPMENT WITH WHICH YOU HAVE HAD TRAINING OR EXPERIENCE, OR ANY SPECIAL SKILLS THAT YOU POSSESS

3. Arrest/Revocation Record

Yes No

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY, OR ENTERED A PLEA OF NOLO CONTENDERE (NO CONTEST) TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION (DUI IS NOT A MINOR TRAFFIC VIOLATION)? 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.

CITY WHERE ARRESTED	STATE	DATE OF ARREST	CHARGE	DISPOSITION

4. Bus Driver Applicants Only...Complete This Section

CHAUFFEUR'S LICENSE NO.	EXPIRATION DATE
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Yes No

CAN YOU READ AND WRITE IN ENGLISH?

Yes No

ARE YOU 18 YEARS OF AGE OR OLDER?

Yes No

CAN YOU DRIVE A MANUAL SHIFT, CLUTCH-TYPE VEHICLE?

Yes No

DO YOU HAVE FIVE YEARS DRIVING EXPERIENCE?

Yes No

HAVE YOU EVERY HAD ANY MOTOR VEHICLE ACCIDENTS?

Yes No

HAVE YOU EVER HAD A DRIVER'S LICENSE SUSPENDED OR REVOKED?

Yes No

HAVE YOU EVER BEEN TICKETED FOR A MOVING OR NON-MOVING TRAFFIC VIOLATION?

IF YES TO ANY OF THE ABOVE, GIVE DATE AND DETAILS:

WHEN CAN YOU BEGIN WORK?

5. Work Experience Record (Begin with the most recent position)

Work Experience 1

NAME, ADDRESS, TELEPHONE NO. OF FIRM OR EMPLOYER

TYPE OF WORK

NO. OF MONTHS

DATES OF EMPLOYMENT

Work Experience 2

NAME, ADDRESS, TELEPHONE NO. OF FIRM OR EMPLOYER

TYPE OF WORK

NO. OF MONTHS

DATES OF EMPLOYMENT

Work Experience 3

NAME, ADDRESS, TELEPHONE NO. OF FIRM OR EMPLOYER

TYPE OF WORK

NO. OF MONTHS

DATES OF EMPLOYMENT

Work Experience 4

NAME, ADDRESS, TELEPHONE NO. OF FIRM OR EMPLOYER

TYPE OF WORK

NO. OF MONTHS

DATES OF EMPLOYMENT

Work Experience 5

[Empty rectangular box for employer information]

NAME, ADDRESS, TELEPHONE NO. OF FIRM OR EMPLOYER

TYPE OF WORK

NO. OF MONTHS

DATES OF EMPLOYMENT

6. Educational and Professional Training

Training 1

[Empty rectangular box for school name and location]

NAME & LOCATION OF SCHOOL

COURSE OF STUDY

GRADUATION DATE

DEGREE OR DIPLOMA

Training 2

[Empty rectangular box for school name and location]

NAME & LOCATION OF SCHOOL

COURSE OF STUDY

GRADUATION DATE

DEGREE OR DIPLOMA

Training 3

[Empty rectangular box for school name and location]

NAME & LOCATION OF SCHOOL

COURSE OF STUDY

GRADUATION DATE

DEGREE OR DIPLOMA

Training 4

[Empty rectangular box for school name and location]

NAME & LOCATION OF SCHOOL

COURSE OF STUDY

GRADUATION DATE

DEGREE OR DIPLOMA

7. References (Name and complete address and telephone numbers of three (3) references)

[Empty rectangular box for reference 1]

NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, POSITION

[Empty rectangular box for reference 2]

NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, POSITION

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NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, POSITION

VETERAN'S PREFERENCE INFORMATION

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' Preferences 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

- Select -

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?

Yes No

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

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.

Affirmative Action Information

Applicant Name _____

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)** _____

ATTACHMENTS

If you have an electronic copy of your resume, diploma, certificates, or transcripts please upload these documents.

[Click to Upload Files](#)

Routing Instructions

Your application will be submitted to the Human Resources Division. After the initial application, to be considered for any other position, you must call the school district office and indicate the position for which you would like to apply. The telephone number is (863) 494-4222, Ext. 135.

By submitting this application, I certify that the information provided herein is true, complete and correct to the best of my knowledge. I understand that any falsification or omission of fact on this application shall be considered cause for dismissal or denial of employment. I hereby wave confidentiality on any criminal or medical records which may be requested by the School District.