



APPLICATION FOR EMPLOYMENT
Instructional

HARDEE COUNTY SCHOOL BOARD
1001-1009 NORTH SIXTH AVENUE (U.S. HIGHWAY 17)
P.O. BOX 1678
WAUCHULA, FLORIDA 33873
(863) 773-9058 Fax (863) 773-3410
JOB HOTLINE (863) 773-6436

Position(s) for which you are applying:
1 st preference
2 nd preference

CHECK ONE: New Applicant Former Applicant Former Hardee County School Employee

CHECK AS MANY AS APPLICABLE: Instructional Substitute Administrative*

PERSONAL INFORMATION			
Name (Last, First, Middle) (As appears on Social Security Card)	Maiden Name	Date of Application	Date Available for Employment
Current Address (Street or P.O. Box, City, State, Zip) UNTIL	Phone	Social Security Number (Enclose copy of card)	Date of Birth (Month, Day, Year)
Permanent Address (Street or P.O. Box, City, State, Zip)	Phone	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have resident alien work permits necessary for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION		
Have you ever been employed by the School District of Hardee County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name under which you were employed.		
Name	Date Terminated	Reason
Is any member of your immediate family employed by the School District of Hardee County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information:		
Name	School/Department	Position Held

CERTIFICATION INFORMATION			
Do you hold, or have you ever held, a Florida Educator's Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information:			
Type Certificate	Expiration Date	DOE Number	Subjects or Fields on Certificate

Have you taken the College Level Academic Skills Test? Yes No If yes, please include copy of test report.
 Have you taken the Florida Teacher Certification Examination? Yes No If yes, please include a copy of test report.
 Have you completed a Florida Beginning Teacher Program? Yes No If yes, in which District? _____

Certificates/Teaching Licenses from other states? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Please find copy of Florida Educator's Certificate enclosed. <input type="checkbox"/> Have applied. Am sending/will send copy of receipt and/or official statement.
State _____ Subject or Field _____	
State _____ Subject or Field _____	

Please check the regional accrediting association that approved the college which awarded your undergraduate degree.

<input type="checkbox"/> The Middle States Association of Colleges and Schools	<input type="checkbox"/> The Northwest Association of Secondary and Higher Schools
<input type="checkbox"/> The New England Association of Colleges and Schools	<input type="checkbox"/> The Southern Association of Colleges and Schools
<input type="checkbox"/> The North Central Association of Colleges and Schools	<input type="checkbox"/> The Western Association of Colleges and Schools

Circle approximate scholastic grade average, Undergraduate, A B C D Total semester hours in Professional Education Courses _____ approx.

List subject areas in which you have 12 semester hours or more.

*SCHOOL-BASED ADMINISTRATIVE APPLICANTS MUST COMPLETE AN ADDITIONAL SCREENING AND SELECTION PROCESS.

EDUCATION

School	Dates Attended	Name and Address of School/Institution	School	Dates Attended	Name and Address of School/Institution		
Elementary	From To		Junior High School	From To			
High School	From To		Date of Graduation				
			Degree Received	Major	Minor	Date of Graduation	Semester Hours
College/University	From To						
	From To						
	From To						
	From To						

STUDENT TEACHING – List your experience below.

SCHOOL (Include address)	Phone Number	Grade/Subject	Length of Time From To	Supervising Teacher
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LIST ALL SALARIED TEACHING EXPERIENCE. Begin with most recent employment. Attach separate sheet if necessary.

Previous Employer (School/District/County/State)	Dates Employed (Mo. & Yr.) From To	Address	Phone	
Position(s) Held	Grade/Subject	Private/Public	Type Certificate	Principal/Supervisor
Reason for Leaving:				
Previous Employer (School/District/County/State)	Dates Employed (Mo. & Yr.) From To	Address	Phone	
Position(s) Held	Grade/Subject	Private/Public	Type Certificate	Principal/Supervisor
Reason for Leaving:				
Previous Employer (School/District/County/State)	Dates Employed (Mo. & Yr.) From To	Address	Phone	
Position(s) Held	Grade/Subject	Private/Public	Type Certificate	Principal/Supervisor
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Reason for Leaving:				
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Position(s) Held	Grade/Subject	Private/Public	Type Certificate	Principal/Supervisor
Reason for Leaving:				

Have you held a Continuing or Professional Services Contract in Florida? Yes No

Have you ever been requested to resign from a position or not been reappointed? Yes No If yes, submit details on separate sheet.

REFERENCES

DO NOT LIST RELATIVES. In addition to your current employer please give three professional and two character references.

May we contact your employer? ___Yes ___No

Are you currently under contract to another school district? ___Yes ___No

	Name	Name of School/Business	Address	Phone	Relationship	Years Known
Professional	1.					
	2.					
	3.					
Character	1.					
	2.					
	(Current Employer)				Current Employer	

WORK EXPERIENCE OTHER THAN TEACHING – List below. Attach separate sheet if necessary.

Name of Company	Dates Employed (Mo. & Yr.) From _____ To _____	Address	Phone
Position/Title	Your Supervisor (Name & Title)	Responsibilities	
Reason for Leaving:			

Name of Company	Dates Employed (Mo. & Yr.) From _____ To _____	Address	Phone
Position/Title	Your Supervisor (Name & Title)	Responsibilities	
Reason for Leaving:			

Name of Company	Dates Employed (Mo. & Yr.) From _____ To _____	Address	Phone
Position/Title	Your Supervisor (Name & Title)	Responsibilities	
Reason for Leaving:			

SPECIAL INTERESTS AND ABILITIES

List extracurricular activities you have directed and length of experience:

List extracurricular activities you would like to assist with or sponsor:

Professional organization to which you belong:

Awards, publications, professional organization leadership:

Other interests and activities:

Professional certificates or licenses held, other than in the field of education:
