



Taylor County District School Board
318 N. Clark St. • Perry, Florida 32347

Position Applying For _____

Non-Instructional Application

To Applicant: We deeply appreciate your interest in our school system and assure you that 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 the last four digits of your Social Security number.*

Name _____ Telephone No. _____
(last) (first) (middle)

Present Address _____
(no. and street) (city) (state) (zip)

Last former address _____
(no. and street) (city) (state) (zip)

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

Date of Birth (MM/DD/YY) _____

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

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 that 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 System _____

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? _____

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

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 _____

Address _____
(name) (relationship) (phone number)
(number & street) (city) (state) (zip code)

It is the policy of this board that all positions are open to applicants regardless of race, color, sex, age, religion, disability, creed, marital status, or national origin.
An Equal Opportunity / Equal Access / Veterans' Preference Employer.

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	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	Extra Curricular Activities
Elementary							
High School							
College							
Other							

*Note: Please be advised that 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 complete in detail it will not be considered.

Date _____ Signature _____