



**SUMTER COUNTY
SCHOOLS**
2680 WC 476
Bushnell, Florida 33513
Personnel Office: (352) 793-2315 x220

**NON-TEACHER
APPLICATION**

PS-020
Rev. 10/07

Date: _____

Last Name: _____ (Please Print) First Name: _____ Middle Initial(s): _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____

Optional Information: Sex: Female Male Race: White Black Hispanic Asian or Pacific Islander Native American/Alaskan Native Date of Birth: _____

Check Position(s) For Which You Are Applying:

<input type="checkbox"/> Aide, Instructional	<input type="checkbox"/> Food Service Worker	<input type="checkbox"/> Secretary, County Office	<input type="checkbox"/> Technician, Facilities
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Home/School Social	<input type="checkbox"/> Secretary, School	<input type="checkbox"/> Technician, Payroll
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Maintenance, Gen. Tech	<input type="checkbox"/> Technician, Computer Operation	<input type="checkbox"/> CDA Lead Teacher
<input type="checkbox"/> Clerk	<input type="checkbox"/> Maintenance, Worker	<input type="checkbox"/> Technician, Food Service	
<input type="checkbox"/> Custodian	<input type="checkbox"/> Mechanic, Bus	<input type="checkbox"/> Technician, Media	<input type="checkbox"/> Other

Are you legally entitled to work in the United States? YES NO Are you retired from any Florida State Administered Retirement Plan? YES NO

If you are now employed, why do you desire a change? _____

Have you ever been discharged or asked to resign? YES NO If "Yes", explain why? _____

List machines or equipment for which you have training or experience. _____

Trade or Professional Licenses you hold. _____

EDUCATION

Secondary School attended and location.	Highest Grade successfully completed. _____	High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
University attended and location.	No. of years completed	GED <input type="checkbox"/> Yes
	Degree	
Major subjects of specialization		
Community College attended and location.	No. of years completed	
	Degree	
Major subjects of specialization		
Other educational Training Courses.		

CRIMINAL HISTORY

Have you ever been arrested and/or convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you other than minor traffic violations? The entire arrest record is revealed to school districts to include Sealed/Expunged records and military court proceedings. Failure to answer the question accurately could cause denial or termination of employment. Yes No (If employed an arrest record check will be made.)

Where Arrested	Date(s)	Nature of Charge(s)	Disposition of Charge(s)

EMPLOYMENT HISTORY (List present or most recent positions first)

Name of Employer		Address: No., Street, City	
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr)	Date left (Mo,Day,Yr)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for leaving			

Name of Employer		Address: No., Street, City	
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr)	Date left (Mo,Day,Yr)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for leaving			

Name of Employer		Address: No., Street, City	
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr)	Date left (Mo,Day,Yr)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for leaving			

MAY WE ASK YOUR EMPLOYER FOR A REFERENCE? YES NO

BUS DRIVER AND MAINTENANCE APPLICANTS ONLY

Do you drive? Yes No Type of License? _____ License Number _____
 Have you at any time during the past five(5) years received a summons for violating traffic regulations? Yes No
 If "Yes", list below the number and kinds of violations.

LOCATION	DATE(S)	DISPOSITION OF CHARGE(S)	NATURE OF VIOLATION

MILITARY SERVICE

FROM -TO	PLACE OF SERVICE	SERIAL OR SERVICE NO.	BRANCH OF SERVICE	TYPE OF DISCHARGE

Applicants who claim veteran's preference MUST PROVIDE DOCUMENTATION TO SUPPORT THEIR CLAIM OF ELIGIBILITY AT THE TIME THEIR APPLICATION IS OFFICIALLY SUBMITTED. Such documentation must include a copy of the DD-214 Form or discharge papers or equivalent certification from the Department of Veterans Affairs. If you are claiming Veteran's Preference, please indicate the provision under which you qualify:

- A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America. **Please circle qualifying war: Korean Conflict: June 27, 1950 to Jan. 31, 1955; Vietnam Era: Feb. 28, 1961 to May 7, 1975; Persian Gulf War: Aug. 2, 1990 to Jan. 2, 1992; Operation Enduring Freedom: Oct. 7, 2001 to present; Operation Iraqi Freedom: March 19, 2003 to present.**
- 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. Department of Veterans Affairs and the Department of Defense.
- Receipt of any Armed Forces Expeditionary Medal is qualifying for veteran's preference.
- The spouse of a veteran who cannot qualify for employment because of a total and permanent service-related disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- The unmarried widow or widower of a veteran who died of a service-connected disability.

STATEMENT BELOW IS PART OF THIS APPLICATION AND SHOULD BE READ CAREFULLY. I CERTIFY 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 OF THE SCHOOL BOARD. I UNDERSTAND THAT OBTAINING EMPLOYMENT THROUGH FALSE OR INCOMPLETE STATEMENTS MAY BE GROUNDS FOR DISMISSAL. I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT WITH THEM AND, IN ADDITION, TO FURNISH ANY OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I UNDERSTAND THAT I WILL BE FINGERPRINTED AS A MATTER OF PROTECTION AND IDENTIFICATION AND HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION FROM ANY AND ALL LAW ENFORCEMENT AGENCIES WHERE PROTECTED UNDER THE PRIVACY ACT.

Signature of Applicant _____

"AN EQUAL OPPORTUNITY EMPLOYER"

IT IS THE POLICY OF THE SCHOOL BOARD OF SUMTER COUNTY TO EMPLOY AND RETAIN AS EMPLOYEES THOSE CITIZENS BEST QUALIFIED TO FILL THE NEEDS OF THE PUBLIC IN ITS OPERATION WITH OUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITIES.