

**HUMANITIES AND FINE ARTS CHARTER SCHOOL
APPLICATION FOR
TEACHER AND INSTRUCTIONAL SPECIALIST**

CONTACT INFORMATION Personal Information	Contact Information
*First Name:	*Mailing Address:
*Last Name:	Address Line 2:
Middle Name:	*City:
Other Name:	*State:
Maiden Name:	*Phone: ()
Former Last Name:	Phone 2: ()
Sensitive Information: Social Security Number	
*SSN:	

SECURITY BACKGROUND CHECK	
Other Names and Aliases	Questionnaire
In this box, list aliases. An alias is any other name by which an individual is or has been known, including maiden name and/or nick name. If not applicable, place 'N/A' on space provided.	*Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
:	*Are you willing to take a pre-employment drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Name or Alias 1:	*Are you willing to be fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Name or Alias 2:	
Other Name or Alias 3:	
Other Name or Alias 4:	

Criminal Convictions

At the time of employment local, state and federal law enforcement agencies will research your fingerprints. Sealed or expunged records must be revealed to the Humanities and Fine Arts Charter School pursuant to Florida Statutes 943.0585 and 943.059. Your employment with the Humanities and Fine Arts Charter School is temporary and probationary pending successful processing of your fingerprints. The following questions must be answered truthfully. Your omission of any criminal history information will subject you to termination.

* Have you ever been convicted of an offense other than a minor traffic infraction? (DUI, DWI and other criminal traffic violations are not minor and must be reported.)

Yes No

* Have you ever been found guilty of a criminal offense?

Yes No

* Have you ever entered a nolo contendere or no contest plea?

Yes No

* Have you ever had a criminal record sealed?

Yes No

* Have you ever had a criminal record expunged?

Yes No

* Have you ever had adjudication withheld in a criminal offense?

Yes No

* Are there criminal charges currently pending against you?

Yes No

Arrest Data

If you have been arrested in the past, complete the block(s) below, providing the requested information about EACH arrest. Failure to list an arrest may be considered falsification of the application due to intentional misrepresentation of your criminal history.

1st Conviction
Where Arrested?

Arresting Agency:

Date of Arrest: mm/dd/yyyy

Offense:

Final Disposition:

2nd Conviction
Where Arrested?

Arresting Agency:

Date of Arrest: mm/dd/yyyy

Offense:

Final Disposition:

<p>* Have you ever been imprisoned or jailed as a result of a criminal proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Have you ever been placed on probation as a result of a criminal proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Have you ever failed to appear in court or forfeited bond in a criminal proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Have you ever had a teaching certificate revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must give the name of the state where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you: _____</p> <p>* Have you ever had a teaching certificate suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must give the name of the state where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you: _____</p> <p>* Have you ever had sanctions placed on your teaching certificate for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must give the name of the state where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you: _____</p>	<p>3rd Conviction Where Arrested? _____</p> <p>Arresting Agency: _____</p> <p>Date of Arrest: mm/dd/yyyy _____</p> <p>Offense: _____</p> <p>Final Disposition: _____</p>
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<p>* Have you ever been denied a teaching certificate anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must give the name of the state where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you: <hr/></p> <p>* Is disciplinary action currently pending anywhere against your certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must give the name of the state where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you: <hr/></p> <p>* Have you ever been dismissed from employment in another school system or had your contract non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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WORK ELIGIBILITY INFORMATION

Certificate Information (if applicable)

Questionnaire

<p>Have you ever applied for a Florida educators' certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you hold a current Florida professional teaching certificate or license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the field below.</p> <p>Florida Endorsements/Subjects: List all certificates/licenses you have. Please separate each with a comma. <hr/></p>	<p>Are you legally authorized to work in the United States as a United States Citizen or a non-citizen with employment authorization? (Proof of eligibility will be required before you can begin to work). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed with the Lake County School Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you leave employment prior to the end of a school year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the field below. <hr/></p>
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Type of License: _____ _____	Expiration Date: mm/dd/yyyy _____	Are you presently under contract with a school system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school system? _____
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Other Certification Information

Availability

Out-of-State Certificate 1 _____ Out-of-State Certificate 2 _____ Out-of-State Certificate 3 _____	Date Available: mm/dd/yyyy _____ <input type="checkbox"/> Full <input type="checkbox"/> Part-time
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EDUCATION HISTORY

Please list chronologically beginning with the most recent education.

Technical Literacy

Education Level to Date:

Please indicate your knowledge of any of the following: (To select more than one option, hold down the 'ctrl' or 'cmd'). <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Internet <input type="checkbox"/> Keyboard (Typing) <input type="checkbox"/> Multimedia	Highest Level of Education: _____
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Colleges/Universities 1

Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy
_____	_____
College/University:	

Major:	

Minor:	

Degree Awarded:	

City:	

State:	Zip:
_____	_____
Graduation Date: mm/dd/yyyy	GPA:
_____	_____

Colleges/Universities 2

Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy
_____	_____
College/University:	

Major:	

Minor:	

Degree Awarded:	

City:	

State:	Zip:
_____	_____
Graduation Date: mm/dd/yyyy	GPA:
_____	_____

Colleges/Universities 3

Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy
_____	_____
College/University:	

Major:	

Minor:	

Degree Awarded:	

Colleges/Universities 4

Start Date: mm/dd/yyyy	End Date: mm/dd/yyyy
_____	_____
College/University:	

Major:	

Minor:	

Degree Awarded:	

City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Graduation Date: _____ GPA: _____ mm/dd/yyyy	Graduation Date: _____ GPA: _____ mm/dd/yyyy

High School

High School:

Degree Awarded:

Note* If indicating diploma or GED, you must mail a notarized copy of the diploma or GED certificate unless also providing official transcript of Associates degree or higher with this application.

If none, please enter the highest grade completed:

City:

State:

Graduation Date:
mm/dd/yyyy

EXPERIENCE

Administrative/Employment 1

Start Date: mm/dd/yyyy End Date: mm/dd/yyyy

Name of School District:

Address:

City:

State: Zip:

Job Title:

Supervisor's Name:

Hours Per Week:

Employment Status:
 Full
 Part-time

Phone:
() _____

Duties and Responsibilities (list subjects and grade)

Reason for Leaving:

Administrative/Employment 2

Start Date: mm/dd/yyyy End Date: mm/dd/yyyy

Name of School District:

Address:

City:

State: Zip:

Job Title:

Supervisor's Name:

Hours Per Week:

Employment Status:
 Full
 Part-time

Phone:
() _____

Duties and Responsibilities (list subjects and grade)

Reason for Leaving:

EXPERIENCE

Administrative/Employment 3

Start Date: mm/dd/yyyy End Date: mm/dd/yyyy

Name of School District:

Address:

City:

State: Zip:

Job Title:

Supervisor's Name:

Hours Per Week:

Employment Status:
 Full
 Part-time

Phone:
() _____

Duties and Responsibilities (list subjects and grade)

Reason for Leaving:

Administrative/Employment 4

Start Date: mm/dd/yyyy End Date: mm/dd/yyyy

Name of School District:

Address:

City:

State: Zip:

Job Title:

Supervisor's Name:

Hours Per Week:

Employment Status:
 Full
 Part-time

Phone:
() _____

Duties and Responsibilities (list subjects and grade)

Reason for Leaving:

Extracurricular Interest and Talents**Military Experience**

Examples of talents such as playing an instrument, singing, drawing/painting, acting and dancing; list hobbies, clubs, etc. <hr/> <hr/>	Start Date: mm/dd/yyyy End Date: mm/dd/yyyy Years: _____ Months: _____
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Honors and Awards

What special honors or distinctions have you received in the following: College: <hr/> <hr/> Community and Professional: <hr/> <hr/>
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PROFESSIONAL REFERENCES

Persons who have supervised your work in an educational setting are preferred. Do not use relatives or spouse.

Reference 1

First Name:

Last Name:

Middle Initial:

Title:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

() _____

Phone 2:

() _____

Reference 2

First Name:

Last Name:

Middle Initial:

Title:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

() _____

Phone 2:

() _____

Veteran's Preference Claim

Have you previously entered into employment by the state, including the State University System, the State Community College System, the Florida School for the Deaf and Blind, or any of the state's political subdivisions (such as county, city, town, village, school district, special road and bridge district, etc.) while claiming veterans' preference?

Yes No

Preference in appointment will be provided to eligible veterans and spouses of veterans as defined by the following:

A veteran with a compensable 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.

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.

A veteran of a war who has served on active duty for one (1) or more days and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America with such active duty performed during a wartime era, as defined below. (Excludes active duty for training.)

The un-remained widow or widower of a veteran who died of a service-connected disability.

"War" or "wartime era" means any of the following:

Persian Gulf War: August 2, 1990, ending on the date thereafter prescribed by presidential proclamation or by law.

Vietnam Era: February 28, 1961, to May 7, 1975

Korean Conflict: June 27, 1950, to January 31, 1955

World War II: December 7, 1941, to December 31, 1946

World War I: April 6, 1917, to November 11, 1918, extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 1, 1918, and before July 2, 1921, provided such veterans had at least one day of service between April 5, 1917, and November 12, 1918.

Are you claiming veterans' preference as defined by 1, 2, 3 or 4 listed above?

Yes No

If yes, under which category above do you consider yourself qualified?

1

2

3

4

If claiming preference under category 1, what is your documented disability rating? (%)

Applicants claiming preference must provide acceptable documentary evidence to support their claim. As a minimum, the DD-214 or military discharge papers must be provided. Additional documentation may be required, depending on the category (1-4) claimed.

ADDITIONAL SURVEY
Additional Career Survey

What do you consider to be the most significant educational problems or issues today?

Describe briefly your responsibilities in the position you currently hold.

Please indicate what you feel are your outstanding professional skills and areas of competence.

Why are you applying for this position?

What have been your most important educational/personal accomplishments?

Please discuss your leadership style — give one example of how your leadership style provided system independent results.

Please add any other comments you would like to make concerning your application for this position.

How did you hear about us?

How did you hear about our school and the position that you are making an application for?

- Publication
- Personal Contact
- Humanities and Fine Arts Charter School Website
- Web site
- Florida Teachers
- Former Lake County School Board Employee
- Student Teaching For Lake County School Board
- Other

AGREEMENT

I am aware that any omissions, falsifications, misstatements, or misrepresentations on my application or inserts/attachments herein may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted to the Humanities and Fine Arts Charter School are public records. I certify that, to the best of my knowledge and belief, all of the statements contained on this form and within my application or attachments are true, correct, complete, and made in good faith.

Official transcript is required at the time of the interview.

* I have read the above statement:

- Yes No

* First Name:

* Middle Initial:

* Last Name:

* Agree to terms:

- Yes No

An Equal Opportunity Employer

“It is the fundamental policy of the Humanities and Fine Arts Charter School, to provide equal opportunity in all its operations and in all areas of employment practice and to ensure that there shall be no discrimination against any employee or applicant on the basis of age, race, color, religion, gender, national origin or ancestry, marital or veteran status or disability.”

Thank you for completing Part I of your application for the Humanities and Fine Arts Charter School. Please print and mail this application to the address below.

PART II REFERENCES:

TO COMPLETE THE APPLICATION PROCESS, please download and print two reference forms. Completed reference forms should be mailed directly to the Educational Leader, Humanities and Fine Arts Charter School, 213 N. Lee Street, Leesburg, FL 34748.