

# ***Marion Charter School***

***39 Cedar Road***

***Ocala, FL 34472***

***(352) 687-2100 – phone***

## ***Application for Employment***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_ home

\_\_\_\_\_ work

\_\_\_\_\_ cell or pager

**Email (if applicable):** \_\_\_\_\_

**Position applied for:**

\_\_\_\_\_ Instructional - preferred grade \_\_\_\_\_

\_\_\_\_\_ Instructional – special area \_\_\_\_\_

\_\_\_\_\_ Teacher assistant

\_\_\_\_\_ Extended day worker

\_\_\_\_\_ Other \_\_\_\_\_

**Social security number:** \_\_\_\_\_

**U.S. citizen:** \_\_\_\_\_ yes \_\_\_\_\_ no

**ALL POTENTIAL EMPLOYEES: Please attach a resume showing:**

- Education (name of institution/years attended/major/degree received)
- Previous employment (employer name/ mailing address/phone/position held/dates of employment/supervisor/reason for leaving)
- Special training, skills
- Teachers – please show certification information on resume to include state that issued certificate held, subject areas and validity period. Please attach a copy of your teaching certificate. A copy of your transcripts may be required for applicants from outside Marion County.
- Teachers – please attach a letter describing your educational philosophy and why you are interested in a position at our school.

**Equal Opportunity Employer/Drug Free Workplace**

## References

Please forward the reference forms to former supervisors and request that they be returned within 10 days. Individuals listed below should be observed your work and be knowledgeable of your work ability. The individuals listed below must be the same as those used on the attached reference forms. If currently employed, list your current supervisor first.

<u>Name/Position</u>	<u>Address</u>	<u>Phone</u>
1. _____ _____	_____ _____	_____
2. _____ _____	_____ _____	_____
3. _____ _____	_____ _____	_____

## Criminal Background

1. Have you ever been cited or arrested in any state for a traffic violation in the past five years? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide the following information:

Offense: \_\_\_\_\_

Name used by you at time of the offense:  
\_\_\_\_\_

Date of offense: \_\_\_\_\_

City/County/State: \_\_\_\_\_

Explanation of final disposition: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had your driver's license suspended or revoked in any state?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide the following information:

Offense: \_\_\_\_\_

Name used by you at time of the offense:  
\_\_\_\_\_

Date of offense: \_\_\_\_\_

City/County/State: \_\_\_\_\_

Date of suspension or revocation: \_\_\_\_\_

Date of driving privileges were restored: \_\_\_\_\_

Explanation of final disposition: \_\_\_\_\_  
\_\_\_\_\_

**3. Have you ever been convicted, fined, incarcerated, placed on probation and/or community control (house arrest), taken into custody by a law enforcement officer, participated in any type of pretrial intervention program, or had adjudication withheld, other than in a minor traffic violation? No \_\_\_\_\_ Yes \_\_\_\_\_**

**(Note – You should list all arrests and charges, even if you have been advised by an attorney or judge that the charge would show up on a background check. Include all sealed or expunged records so that disposition of your cases(s) can be verified.)**

**If yes, provide the following information below for each offense:**

**Offense: \_\_\_\_\_**

**Name used by you at time of the offense:**

**Date of offense: \_\_\_\_\_**

**City/County/State: \_\_\_\_\_**

**Date of conviction: \_\_\_\_\_**

**Date of conviction or disposition: \_\_\_\_\_**

**Explanation of final disposition: \_\_\_\_\_**

**Pursuant to S231.02(2)(a), Fla. Stat (1995), applicants having been convicted of a crime involving moral turpitude shall not be employed in any position requiring direct contact with students. Otherwise, an applicant shall not be disqualified from employment solely because of a prior conviction of a crime. Nevertheless, a person may be denied employment pursuant to S112.001, Fla. Stat. (1995), by reason of a prior conviction if the crime was a felony or first degree misdemeanor and directly related to the position of employment sought.**

**I hereby consent to the release of my juvenile delinquency records (if any) to Marion Charter School.**

**My answers to the questions contained in this application are given in order to provide Marion Charter School with facts pertinent to my employability. I agree that if any misrepresentation has been made by me, any offer of employment may be with drawn or my employment terminated immediately in the event this application results in my employment. I understand the answers given by me are subject to verification and are true to the best of my knowledge.**

**APPLICANT'S SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

***Marion Charter School  
Ocala, Florida***

***Authorization to Release Information***

**Applicant's Name:** \_\_\_\_\_

**Applicant's current address:** \_\_\_\_\_

\_\_\_\_\_

**I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to Release Information by the above stated agency to release and disclose to such agency any and all information or records requested regarding me including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any) and background. I have authorized this information to be release whether in writing or via telephone, in connection with my application for employment or to be a volunteer at the agency above.**

**Any person, firm, organization or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency's guidelines.**

\_\_\_\_\_  
**Signature of prospective employee**

\_\_\_\_\_  
**Date**