



School of success academy
 Charter Middl e/senior high
 6974 Wil son Bl vd.
 Jacksonvil l e, FL 32210
 Phone: (904)573-0880 Fax: (904)573-0889

Please print clearly

APPLICATION FOR EMPLOYMENT

We are a drug-free employer

Please Answer All Questions. Resumes Are Not a Substitute For a Complete Application

TO APPLICANT: We appreciate your interest in School of Success Academy and assure you that we are interested in your qualifications. A clear and full understanding of your background and work history will aid us in placing you in a position that best meets your qualifications and any openings that we may have at this time.

Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability, veteran's status or any other basis prohibited by federal, state or local law. School of Success also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.

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Social Security Number

Name _____

Resident Address _____

Mailing Address _____

Sex: Male Female Race (please circle): African American Black White (non-Hispanic) White (Hispanic)

Hispanic Asian/Pacific Islander Native American/Alaskan Native Other

Date of Birth _____ U.S. Citizen? **Yes/No** If no, what is your citizenship? _____

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? **Yes/No**

Position applied for (please circle): TEACHER SUBSTITUTE TEACHER ADMINISTRATOR OTHER _____

If your application is for an elementary/secondary position, state grades/possible teaching field in order of preference:

a. _____ b. _____ c. _____

If your application is for a position other than elementary or secondary teaching, state area of interest (s):

Have you previously been employed by the Duval County Public Schools? **Yes/No** Date(s) _____

If yes, under what name and in what position were you employed? _____

Are you able to perform all of the essential functions of the job for which you applied? **Yes/No**

If not, which job(s) are you not able to perform? _____

DATE AVAILABLE FOR EMPLOYMENT _____

If a license is required for the position for which you are applying (drivers and other), please list the following:

License Number _____ State of Issuance _____

License Type _____

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Social Security Number

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: *This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record does not necessarily bar employment.)* **Yes/No**

If yes, please fully describe the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).

Name and relationship of person to be notified in case of emergency _____

Address _____ Phone _____

City, State, Zip Code _____

EDUCATION

Overall undergraduate grade point average: _____ Maximum grade point possible (i.e., 3.0 or 4.0) _____

Name of School	Address of School	Date Attended	Major/Program	Degree
High School				
College or University				
College or University				
Other Education				

Scholastic honors (honor societies, awards, scholarships, etc.): _____

List your computer, foreign language skills and work experience which you feel qualifies you for the job for which you are applying:

WORK HISTORY MUST BE COMPLETE—PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT

TEACHING EXPERIENCE: Are you presently under contract? **Yes/No** If yes, where? _____

May we contact the schools listed below? **Yes/No**

* Area or Type of School Legend:

District (D) Public (P) Non-public (N/P) Out-of-state public (OS/P) Out-of-state non-public (OS/NP)

Name of School	Area* See Above	City, State	Grade or Subject	(Month/Day/Year) Date of Employment		# of Years
				From	To	

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Social Security Number

TEACHER CERTIFICATION/OTHER LICENSURES:

State	Kind of Certificate	Number	Subject Covered	Date Issued	Date of Expiration

STUDENT TEACHING (CIRCLE ONE): **Completed** **Currently Student Teaching** **None**
 If none, how many hours in education? _____

If you have completed or are taking student teaching, please fill in the following:

Grades or subjects taught _____ Date Completed _____

Grade received for student teaching _____

WORK EXPERIENCE (INCLUDE ADMINISTRATIVE):

Name of Organization	City, State	Occupation Supervisor/Phone #	(Month/Day/Year) Date of Employment		# of Years
			From	To	

MILITARY EXPERIENCE:

Branch of military service _____ Rank _____ Specialty _____

Date of separation _____ Type of separation _____

APPLICANT CERTIFICATION

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, the immediate dismissal of employment.

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with School of Success Academy is on an at-will basis. This means the Institution is free to terminate my employment relationship at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the Institution at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by School of Success Academy and me.

Pre-employment Inquiry Release: I authorize the Institution or its agents to investigate, to the extent permitted by federal, state and local law, all statements contained in this application and/or resume. I further understand, to the extent permitted by federal, state and local law, a credit and background check may be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character, general reputation and mode of living.

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Social Security Number

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Institution or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organization for furnishing such information.

I understand that, as a condition of employment and to the extent permitted by federal, state and local laws, I may be required to sign a confidentiality, non-compete and/or conflict of interest statement.

I understand that the employer may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If the employer has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the employer's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the employer's policies and applicable federal, state and local law.

I understand this Institution hires only individuals who are legally eligible to work in the United States.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, I will be necessary for you to complete a new application.

Applicant Signature _____ Date _____