



Pemayetv Emahaky Charter School
 100 East Harney Pond Rd
 Okeechobee, FL 34974

www.ourwayschool.org
 Phone: (863) 467-2501



General Information

- Answer all questions completely in your handwriting in ink.
- Resumes are encouraged as a supplement to this application but are not accepted in lieu of this application.
- This application was designed for use with various types of job positions. Therefore, some questions may not be completely applicable to the position that you are seeking. However, please answer all questions.
- Please specify the position you are seeking.
- This application will be kept on file for a period of twelve months from the date it is received.

How can we contact you?

(PLEASE PRINT)

Name (Last)	(First)	(Middle)	Social Security Number (SSN)	
Address (Street)	City		State	Zip
Home Phone	Cell Phone		E-Mail Address	

I. Position Preferences

- Indicate those areas for which you are qualified and would accept employment:

<input type="checkbox"/> Principal	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Paraprofessional
<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> ESE Specialist	<input type="checkbox"/> Teacher
<input type="checkbox"/> Registrar/Admin. Assistant	<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Cafeteria/After Care Staff
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Custodial/Security Guard	<input type="checkbox"/> Coach/Volunteer <i>(Please circle one)</i>
- Grade Level Preference (Teacher Applicants):

<input type="checkbox"/> Primary Education (PK-3)	<input type="checkbox"/> Elementary (K-6)	<input type="checkbox"/> High (9-12)
<input type="checkbox"/> Exceptional Student Education	<input type="checkbox"/> Middle (6-8)	<input type="checkbox"/> Other: _____

II. Certification Status

Official Transcripts of all college course work reflecting degree attained and major will be requested prior to a confirmed offer of employment.

- I now hold a valid Florida certificate: DOE # _____ Validity Period: _____ to _____

<input type="checkbox"/> Temporary	<input type="checkbox"/> Regular	<input type="checkbox"/> Other	<i>(Please Specify)</i> _____
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 Subjects shown on certificate _____
 _____ (Please attach a copy of certificate)
- I do not hold a Florida certificate but I have been certificated in another State and am eligible to make application for a Florida certificate. (List status of eligibility) _____

III. Personal & Background Information (Required)

- Are you at least 21 years of age? Yes No
- If hired, can you provide verification of your legal right to work in the United States? Yes No
- Have you been employed here before? Yes No
- List date you would be available for work. _____
- Are you related to anyone currently employed here? Yes No
- If yes, how are you related? _____

Note: A "Yes" answer to the following questions will not automatically bar you from employment. The nature, job-relatedness, severity, frequency and date of offense in relation to the position for which you are applying are considered.

- **Have you ever had a teaching certificate revoked or suspended?** Yes No
If yes, please explain _____
- **Have you ever been convicted of a felony or misdemeanor, had adjudication of guilt withheld, or pled nolo contendere?** Yes No
If "Yes" list offense, date and disposition of the case.

IV. Professional & Other Work Experience (Required)

Please Print Clearly.

- **Please list the most recent experience first.**
- Indicate all work experience and include military service, self-employment or unemployment.
- Attach additional sheet (s) if necessary.

1. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
2. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
3. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
4. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No

IV. Professional & Other Work Experience (Continued)

5. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employee Yes No
6. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
7. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
8. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
9. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
10. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
11. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No
12. Name and Address of School or Business _____
Position Title _____ Dates of Employment: Month ___ Yr. ___ to Month ___ Yr ___
Supervisor's Name _____ Reason for Leaving _____
Duties _____ Starting Salary \$ _____ Ending Salary \$ _____
Telephone Number _____ May we contact Employer? Yes No

V. Educational Background (Required)

High School _____ Graduated Yes No Course of Study _____
College _____ Major _____ Degree _____
College _____ Major _____ Degree _____
Other _____ Years Completed _____ Course of Study _____

VI. Personal and Professional References

Provide names and complete addresses (including zip codes) of at least three (3) references. Beginning teachers should list their supervising teacher and college professor(s). Experienced teachers should list the names of their last two employers.

Name _____
Title/Position _____
Address _____
Phone _____

Name _____
Title/Position _____
Address _____
Phone _____

Name _____
Title/Position _____
Address _____
Phone _____

VII. Supplemental Information

Please provide any additional information which may support your application: e.g., Team Teaching, Awards, Endorsements, Curriculum Writing, etc.

VIII. Applicant Statement

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered.

I understand that if hired to work in a school or other position requiring direct contact with students, I shall upon offer of employment be responsible for a complete background check including, but not limited to, background checks by the Federal Bureau of Investigation and the Florida Department of Law Enforcement. In addition, I understand that a condition of the application and/or employment process will require a drug test.

I understand that by submitting this application I authorize the employer to conduct verification of my education, previous employment, work history, now or at any time.

I have read and understand this consent for release of information and I authorize a background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the information requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

Applicant's Signature

Date

Printed Name: _____