

DADE COUNTY SCHOOL SYSTEM

SUPPORT STAFF EMPLOYMENT APPLICATION

INDICATE THE POSITION YOU ARE APPLYING FOR
CHECK ONLY ONE

<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Technology	<input type="checkbox"/> Bus Monitor
<input type="checkbox"/> Custodial	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Paraprofessional *	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other: _____

*IF YOU ARE APPLYING TO BE A PARAPROFESSIONAL YOU MUST BE ELIGIBLE FOR A LICENSE. TO VERIFY THIS, PLEASE ATTACH YOUR GACE SCORES, PRAXIS SCORES, OR A COLLEGE TRANSCRIPT SHOWING 60 SEMESTER HOURS CREDIT. FOR MORE INFORMATION GO TO www.gapsc.com/ParaPro/Assessment.asp

PERSONAL INFORMATION

Date _____ Social Security # _____

Full Name _____
Last
First
Middle

Mailing Address _____
Street
City
State
Zip Code

Phone number _____ Cell Phone _____

Have you previously held a position with the Dade County School System? Yes No

If yes, please give dates and the name of your supervisor: _____

If yes, please give your name at time of employment, if different than now: _____

EDUCATION AND TRAINING

Level of Education Degree?	Name of School	From	To	Diploma or

High School/GED	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you need written materials in Spanish or an interpreter? Yes No

WORK EXPERIENCE

LIST YOUR PRESENT AND PAST EMPLOYERS, BEGINNING WITH THE MOST RECENT

Firm/Organization	Phone # & Ext.	Supervisor	Date From	Date To	Type of Work

PERSONAL REFERENCES

Please list three names, with addresses and phone numbers, of people **not related to you** who are willing to provide reference information.

Name _____ Mailing Address _____ Telephone _____

PERSONAL AFFIRMATIONS

To your knowledge, have you ever applied for a position with our school system and been denied employment or dismissed from employment due to a disqualifying criminal history or misrepresentation of facts on an application?

YES _____ **NO** _____

Have you ever been "dismissed for cause" (or "fired") by this or any other school system?

YES _____ **NO** _____

Have you **ever been arrested, plead guilty, or been convicted** of a misdemeanor or felony, including pleading nolo contendere (no contest), or are you now under investigation for any such offense, other than a minor traffic offense? Please note: Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and similar charges are **NOT** considered minor traffic offenses.

YES _____ **NO** _____

Have you ever made any claim for any work related injury? If your answer is "yes", list each and every claim, including the date made, the employer against whom made and the outcome of the claim. **YES** _____ **NO** _____

If you answered "**YES**" to any of the above questions, please give detailed information below. Attach a separate page if necessary.

By signing below, I verify that I am legally authorized to work in the State of Georgia and the United States of America on a full-time basis. My signature below also verifies that the information provided in this application is true to the best of my knowledge; and that I understand that the misrepresentation or omission of any information shall be reason for non-employment or immediate dismissal from employment.

SIGNATURE: _____

DATE: _____