POLICY 3.10

I recommend that the Board adopt the proposed revised Policy 3.10, entitled “Conditions of Employment with the District.”

[Contact: Dianne Howard, PX 48414, Darron Davis, PX and Nancy Patrick, PX 47440.]

Adoption

CONSENT ITEM

• The Board approved development of this revised Policy at the development reading on October 7, 2009.

• This proposed revision is intended to align with District practices and legal requirements and sets forth the procedures to be followed, general requirements, and the applicable forms to be completed by persons as conditions of employment with the District.

• The applicant will also be required to meet the requirements of and complete any forms referenced in Policies 3.02, 3.29, 3.12 and 3.21.

• Applicants shall be required to complete and pass pre-employment drug testing prior to the commencement of employment.

• More specific requirements for Bus Driver, Bus Attendant and School Police Officer applicants are also set forth.

• The policy provides that when requested by the Superintendent/designee, certain employees will be required to identify themselves through a biometric record for such reasons as to record time, attendance and for other District purposes.

• The policy shall be construed consistently with federal and state law.

• Conflicting provisions within a collective bargaining agreement will prevail over provisions within this policy.

• All referenced District forms are attached for ease of reference.

• Lines 15 to 33 within paragraph 2 (a) had appeared in the prior draft within paragraph 2(g) under Transportation and reflect current practice. The revision also allows a department to ask for additional employment history.

• At the December 9, 2009 meeting, the Board requested that the types of biometric records be limited, and these changes appear, as highlighted, on lines 92 to 103.
At the December 9, 2009 meeting, the Board requested that the employment application and policy be modified to provide a preference for persons who do not use tobacco or tobacco products. These changes appear on the attached applications and, along with the veteran’s preference, are highlighted and appear on lines 86-91.
POLICY 3.10

CONDITIONS OF EMPLOYMENT WITH THE DISTRICT

1. **Purpose:** This policy sets forth the procedures to be followed and the applicable forms to be completed by persons as conditions of employment with the District.

2. All applicants who are recommended for employment shall be required to meet any and all requirements of federal and state law, School Board policies, and the job description for the position and to comply with the following procedures designated by the Superintendent in order to be eligible to commence work for the District. Such procedures shall include, but not be limited to:

   a. Completion of forms required by federal and state agencies and the School Board; and submission of forms and documents as set forth in the list incorporated herein by reference and attached at the end of this policy as attachment “A”, including forms required by federal or state agencies or the School Board, and:

      i. Applicants must provide the names, addresses and phone numbers of all employers from the past five years, including starting date and ending date, although a department may request the applicant to supplement the employment history for additional years.

      ii. Applicants shall provide a notarized letter explaining self-employment, including the name of the business.

      iii. Applicants may be required to provide a letter explaining any break in employment history during the past five years.

      iv. Applicants with five years of work history under one employer, but no other employment history, will need two of the three references to be personal.

      v. The name of the business, date and signature of the employer must be on the work reference form.

      vi. Applicant shall include and list on the form the number of years a reference has been known to him/her. Paper references must match what the applicant entered on his/her online application.

      vii. If applicant was ever arrested, the person may be required to provide a letter from the County Clerk stating the disposition of past arrests and the outcome of the arrest.
b. Meeting the requirements and completion of forms referenced within other applicable School Board policies, including but not limited to School Board Policies 3.02 (Code of Ethics), 3.29 (Employee Use of Technology), 3.12 (Criminal Background Checks), and 3.21 (Safe Operation of District School Buses).

c. Completion of forms or online enrollment related to the employee benefits package (FBMC/PB/0907) www.palmbeach.k12.fl.us/risk; and

d. Completion and passing of pre-employment drug test as required by School Board Policies 3.96 and/or 3.961 within 30 days prior to commencement of employment for new applicants including student teachers. With respect to former employees, no new drug test will be required if rehired within 90 days of last day worked. Execution of PBSD 1735 Drug and Alcohol Free Workplace Acknowledgment, as required by Policy 3.96.

Transportation (Bus Drivers) Applicants must pass a pre-employment physical and drug screen (as required by 49 CFR Part 40; 49 CFR §§ 383.71; 390.5; and 391.45) as prescribed by the U.S. Department of Transportation (DOT). The physician must complete ESE 479.

e. Completion of a pre-employment preemployment medical examination to the extent required by federal or state laws or as required by the School Board and listed at the end of this policy on attachment "A", by and receipt of a medical clearance from professionals selected by the School Board. The medical examination may consist of a physical examination and/or testing for potentially impairing, disabling, communicable and terminal diseases or conditions including, but not limited to, tuberculosis and other pulmonary diseases, carcinoma, acquired immune deficiency syndrome, diabetes, hypertension, anemia, cardiovascular diseases, muscular skeletal diseases or disorders, hearing and visual impairments, mental or nervous disorders, alcoholism and drug abuse.

i. This section requires a physical exam as specified for certain positions with Environmental Control, Facilities Services, Transportation, or School Police, or

ii. As required by School Board Contract.

iii. For those employees that may be required to wear a respirator while performing their duties, PBSD Form 1594 Respirator Medical Evaluation Questionnaire shall be completed by the employee prior to the physical exam and submitted to the physician.

f. Attendance at the District’s new employee orientation session by applicants who are expected to be hired in the near future.
g. In addition, the procedures shall include, but not be limited to:

**Transportation (Bus Driver and Attendant Applicants)**

i. Applicants must have been a licensed driver for five (5) years. (Bus Drivers Only).

ii. Before being accepted into the bus driver training class, the applicants must provide an Applicant Security Check form and required references.

**School Police Officers**

iii. Applicants are required to pass a pre-employment physical and drug screen (Florida Statutes §943.13). Further, applicants must pass a psychological and a Computer Voice Stress Analyzer (CVSA) as allowed by the Florida Department of Law Enforcement.

iv. The physician must complete a Criminal Justice Standards and Training Commission (CJSTC) 75 Physician’s Assessment and the Department of School Police will complete CJSTC 77.

3. **Preferences:**

   a. As provided on the employment application, the District will provide a hiring preference for prospective employees who do not use tobacco or tobacco products.

   b. As provided on the employment application, the District will provide an employment preference for veterans.

4. **Persons who will be or are employed at the District will be required, when requested by the Superintendent/designee, to identify themselves through a biometric record, for such reasons as reporting their time and attendance and other District purposes.**

   a. A biometric record means a record of one or more measurable biological or behavioral characteristics that can be used for automated recognition of an individual.

   b. For purposes of this policy, biometrics (unless prohibited by federal or Florida law) is limited to only fingerprints or a technology that utilizes an automated touchpad to recognize a person based on finger image or template. With the latter technology, biometrics will use a point on the finger for the image and will not utilize actual fingerprints.

5. **The District may require employees to complete and submit to the District***
additional forms or information if State or federal law changes or if the District
determines that the forms are needed in its best interests.

6. The District requires its employees to carry out their responsibilities in accordance
to School Board Policy 1.013 (as may be amended), their job descriptions and
reasonable directives from their supervisors that do not pose an immediate serious
hazard to health and safety or clearly violate established law or policy.

7. All District forms referenced within this Policy are hereby incorporated herein by
reference as part of the Policy, unless they are incorporated within another District
policy. These forms are available on the District Forms website.

8. This policy shall be construed consistently with federal and state law, including the
requirements of the Americans with Disabilities Act.

9. Collective Bargaining Agreement. If the provisions of a collective bargaining
agreement conflict with this Policy, the provisions of the collective bargaining
agreement will prevail.

STATUTORY AUTHORITY: Fla. Stat. §§ 1001.32(2); 1001.41(1) & (2); 1001.42 (5) &
(26); 1001.43 (11); 1012.23 (1) 120.53, 230.22(1), 231.001, F.S.

LAWS IMPLEMENTED: Fla. Stat. §§ 1001.32(2); 1001.42 (5); 1012.23 (1); 1012.32
230.23(5), F.S.

HISTORY: 6/02/76; 6/16/87; 7/22/87; / /10
Legal Signoff:

The Legal Department has reviewed proposed Policy 3.10 and finds it legally sufficient for development by the Board.

__________________________________         ______________________
Attorney            Date
Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others***

The School District of Palm Beach County is authorized to collect, use or release social security numbers (SSN) of employees and other individuals*** for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District’s duties and responsibilities as prescribed by law [Fla. Stat. § 119.071(5) (a) 2 & 3].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI, including for W-4’s and I-9’s** [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. § 119.071(5) (a) 6]

2. **Receipts to employees for wages and Statements required in case of sick pay paid by third parties** [Required by federal statute 26 U.S.C. 6051 and Fla. Stat. § 119.071(5) (a) 6]

3. **Verification of an alien’s eligibility for employment, including I-9** [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]


5. **Teacher retirement system benefits and contributions** [Authorized by Fla. Stat. § 238.01 et seq., including 238.07, and Fla. Stat. § 119.071(5) (a) 6]


7. **Reports pertaining to deferred vested retirement programs** [Required by 26 C.F.R. 301.6057-1 and Fla. Stat. §119.071(5) (a) 6]

8. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. § 423.34 and 42 C.F.R. § 423.886** [Authorized by 42 C.F.R. 423.884 and Fla. Stat. § 119.071(5) (a) 6]

9. **Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay** [Required by Fla. Stat. §§ 1012.56, and 119.071(5) (a) 6, and/or authorized by Fla. Stat. §§ 1012.21 and 119.071(5) (a) 6]

10. **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement/, if SSN is available** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]


12. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. § 423.34 and 42 C.F.R. § 423.886** [Authorized by 42 C.F.R. 423.884 and Fla. Stat. § 119.071(5) (a) 6]

13. **State directory of new hires (including for determining support obligations and eligibility for several federal and state programs)** [Required by federal law 42 U.S.C. 653a and Fla. Stat. § 409.2576 and Fla. Stat. § 119.071(5) (a)]

14. **Notice to Payor and Income Deduction notices for child support, or for alimony and child support** [Required by Fla. Stat. § 61.1301 (2)(e) and Fla. Stat. § 119.071(5) (a)]

15. **Garnishment payment pursuant to a Notice of Levy** [Required by Fla. Admin. Code 12E-1.028m and Fla. Stat. § 119.071(5) (a)]


*** Note, this form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer (VIPS) application.

21. **Unemployment reports from District** [Required by Fla. Admin. Code 60BB-2.023 and Fla. Stat. § 119.071(5) (a) 6]

22. **Income information disclosure to HUD** [Required by federal regulation 24 C.F.R. 5.214 et seq. and Fla. Stat. § 119.071(5)(a)6]

23. **Vendors/Consultants that District reasonably believes would receive a 1099 form if a tax identification number is not provided Including for IRS form W-9.** [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. § 119.071(5) (a) 2 & 6]

24. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a) 6]

25. **Reporting to and reports of worker's compensation injury or death, including for DWC-1** [Required by Fla. Stat. §440.185 and Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]

26. **Worker's compensation petitions for benefits and responses thereto** [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]

27. **The disclosure of the social security number is for the purpose of the administration of health benefits for a District employee or his or her dependents** [Required by Fla. Stat. § 119.071(5)(a)6]

28. **The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the District employee's retirement fund, deferred compensation plan, or defined contribution plan** [Required by Fla. Stat. § 119.071(5)(a)6]

29. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license** [Authorized allowed by federal law 18 U.S.C. 2721 et seq. and Fla. Stat. § 119.071(5) (a) 6]

30. **Authorization for direct deposit of funds by electronic or other medium to a payee's account** [Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. § 119.071(5) (a) 6]

31. **Identification of blood donors** [Authorized by 42 U.S.C. 405 (c)(2)(D)(i)]

32. **Employee's and former employee's request for report of exposure to radiation** [Authorized by 41 C.F.R. 50-204.33 and .3]

33. **Collection and / or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network** [Authorized by Fla. Stat. § 119.071(5)(a)6 and required by Fla. Stat. § 119.071(5) (a) 2]

34. **The disclosure of the social security number is expressly required by federal or state law or a court order** [Required by Fla. Stat. §§ 1012.56 and 119.071(5) (a) 6]

35. **The individual expressly consents in writing to the disclosure of his or her social security number** [Allowed by Fla. Stat. § 119.071(5)(a)6]

36. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224** [Required by Fla. Stat. § 119.071(5) (a) 6]  

37. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071** [Allowed by Fla. Stat. § 119.071(5)(a)6]

38. **The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State** [Required by Fla. Stat. § 119.071(5)(a)6]

I hereby acknowledge receipt of this "Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others" (PBSD 2272).

____________________  _____________________  
Signature  Date

---

Employee ID #

Print Name
# Employment Reference

The applicant has applied for a position with the School District of Palm Beach County and has listed you as a reference. This reference form will be included in the applicant’s file for review by appropriate supervisors. Your prompt reply will be appreciated. Return the completed form to the applicant.

### SECTION I  APPLICANT

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<th>Applicant ID #</th>
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I authorize you to provide the School District of Palm Beach County with information regarding my suitability for employment.

**Signature of Applicant**

**Date**

### SECTION II  EVALUATOR

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<th>Evaluator Last Name</th>
<th>First Name</th>
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**Company/School Name (if applicable)**

**Present Address street and Number**

**City**

**State**

**Zip Code**

**Position or job title of the applicant when employed**

**From: (month) _____ (year) _____ To: (month) _____ (year) _____**

**Your title at the time you supervised the applicant:**

**Would you consider hiring (re-hiring) the applicant?**

- [ ] Yes
- [ ] No

**Does company policy prohibit rehiring?**

- [ ] Yes
- [ ] No

**If former employee, why did the applicant leave your employ?**

**Provide any additional information on the applicant we may need to know as a prospective employer (use reverse side if necessary).**

**Your position or title**

**Do you prefer that we call you?**

- [ ] Yes
- [ ] No

**Telephone and extension**

**Signature of Evaluator**

**Date**

Evaluate the applicant by bubbling as many items as your knowledge will justify.

**EXCELLENT**

**GOOD**

**AVERAGE**

**MINOR HURDLE**

**MAJOR OBJECTION**

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<tr>
<th>PERSONAL / PROFESSIONAL TRAITS</th>
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<tr>
<td>General Appearance</td>
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<td>Attendance/Punctuality</td>
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<td>Language and Communication Skills</td>
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<td>Adaptability/Flexibility</td>
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<td>Dependability/Reliability</td>
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<td>Self-Control</td>
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<td>Ability to Work with Others</td>
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<td>Ability to Accept Criticism</td>
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<td>Accuracy and Punctuality of Work</td>
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<td>Overall Job Performance</td>
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<td>Judgment/Common Sense</td>
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<th>ADMINISTRATIVE TRAITS</th>
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<tr>
<td>Decision Making Skills</td>
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<td>Commitment to Vision and Mission</td>
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<td>Organizational Ability</td>
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<td>Leadership</td>
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<th>TEACHING TRAITS</th>
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<td>Enthusiasm for Teaching</td>
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<td>Knowledge of Subject Matter</td>
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<td>Lesson Planning and Preparation</td>
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<tr>
<td>Use of Effective Methods and Techniques</td>
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<td>Student Response to Teaching</td>
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<td>Sensitivity to Individual Student Needs</td>
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<td>Classroom Management (Discipline)</td>
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<td>Interest in Total School</td>
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<td>Ability to Work with Parents/Community</td>
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PBSO 0506 (Rev. 05/06/2009)
READ ALL INFORMATION carefully before signing below. Print clearly in all areas. The information contained in this form will be used, along with your fingerprints, for a comprehensive background check through local, state and national law enforcement agencies. No entry on the form may be left blank. If you have never had any legal names, other than the ones you are currently using, please indicate "Not Applicable" (N/A) in the blank areas provided. False information or information not disclosed may be grounds for termination.

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<thead>
<tr>
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<th>First Name</th>
<th>Middle Name</th>
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<tbody>
<tr>
<td>Any Other Legal Last Name(s) used (i.e., maiden name)</td>
<td>Any Other Legal First Name(s) Used</td>
<td></td>
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<tr>
<td>Social Security #</td>
<td>Applicant ID #</td>
<td>Employee ID #</td>
</tr>
<tr>
<td>Address (street, apartment number, city, state, zip code)</td>
<td>Telephone</td>
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<table>
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<tr>
<th>Birth Date / / Place of Birth (state or province - country if other than USA)</th>
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<td>year</td>
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<th>RACE/Ethnic Origin</th>
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<th>Company (if not applicable leave blank)</th>
<th>Job Title (if applicable)</th>
<th>Work Telephone #</th>
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By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information, or misrepresentation of any information requested. I also understand that my fingerprints will be submitted to the Federal Bureau of Investigation for a complete criminal history background check.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested may result in my immediate termination.

SIGNATURE OF APPLICANT ___________________________ DATE ______________

FOR OFFICE USE ONLY

Position ___________________________ PE-39 ___________________________

School ___________________________ Logged ___________________________

PBSD 1456 (Rev. 5/21/2009) ORIGINAL - School Police
STOP - If you need help completing this form call (561) 434-8372
If you need assistance in completing this form, stop now and come into the personnel office immediately. Someone will assist you in completing this form.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Applicant Security Check

Pages 1 and 2 of this form must be completed and signed before you may be considered for employment. Read the next two (2) paragraphs very carefully.

At the time of employment, your fingerprints will be researched by local, state, and federal law enforcement agencies. The Social Security number will serve as a unique identifier for verification of criminal background. Sealed or expunged records must be revealed to the School District of Palm Beach County pursuant to F.S. § 943.0585. Pursuant to FS § 1012.32 and School Board Policy 3.12 your employment with the Palm Beach County School District is temporary and probationary pending successful processing of your fingerprints. The following questions must be answered truthfully. Your failure to list below any criminal history information, no matter how long ago, may be grounds for termination. "CRIMINAL" means, but is not limited to felonies, misdemeanors, DUI/DWI, violation of probation, failure to appear and military charges.

Pursuant to Florida Statutes § 943.0585, Criminal History Records Expunction or Sealing, persons to be employed in a position with any district school board must answer question 9. To omit a response or to be untruthful in your response, regardless of any previous information received from your attorney or the Court, will be considered falsification of your application and may result in your being terminated. If you wish to seek counsel prior to completing this section, you may take this form with you.

☐ Check if you are a Field Experience/Practicum/Student Intern/Graduate Intern. Indicate College/University below:

<table>
<thead>
<tr>
<th>College/University Name and Contact</th>
<th>Telephone #</th>
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<table>
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<tr>
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<th>Date Expires</th>
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Answer the following questions by checking the YES or NO box to the left of the question.

YES NO
1. ☐ ☐ Has your driver's license EVER been revoked or suspended? (Includes penalties as a result of DUI/DWI charges.)

2. ☐ ☐ Have you had ANY traffic violations during the past three (3) years?

If you answered YES to any of the above questions, please give details below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Where arrested (City, State)</th>
<th>Nature of charge</th>
<th>Penalty/Disposition</th>
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</thead>
</table>

YES NO
3. ☐ ☐ Are criminal charges other than minor traffic violations currently pending against you? (Includes pending DUI/DWI charges.)

4. ☐ ☐ Have you EVER pled guilty to a criminal offense?

5. ☐ ☐ Have you EVER been convicted/fined in a criminal proceeding?

6. ☐ ☐ Have you EVER been placed on probation in a criminal proceeding? (Includes participation in a pretrial intervention program.)

6a. ☐ ☐ Are you currently on probation? If yes, give details below:

Date placed on probation | Term of probation | Termination date of probation |
--------------------------|-------------------|------------------------------|

PBS1685 (Rev. 5/27/2009) F.S. § 943.0585; FS § 1012.32; SBP 3.12 ORIGINAL - Division of Personnel Services Page 1 of 2
Applicant Security Check

<table>
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<th>YES</th>
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</table>

If you responded YES to any question 3 through 10, please give details below. Include any information relative to sealed records. If more space is needed, continue at the bottom of this page.

<table>
<thead>
<tr>
<th>Date</th>
<th>Where arrested (City, State)</th>
<th>Nature of charge</th>
<th>Penalty/Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions 11-15 to be completed by Instructional Applicants only: (check yes or no)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>12.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>13.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>14.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>15.</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If you answered YES to question(s) 11, 12, 13, 14, or 15, you must give the name of the state where your teaching certificate was revoked, sanctioned, denied and/or where action is currently pending against you.

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information, or misrepresentation of any information requested. I also understand that my fingerprints will be submitted to the Federal Bureau of Investigations for a complete criminal history background check.

By my signature, I authorize the School District of Palm Beach County to conduct any investigation necessary to verify all information identified on this form. My signature on this document provides for the release of any sealed or expunged records in my name by any court. Included in this grant of authority is my permission to contact any and all former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Department of School Police.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my immediate termination.

Signature of Applicant          Date

Additional information for questions (please indicate the number of the question to which you are responding):
THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Self-Reporting of New Arrests and Convictions Affidavit

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (last, first, middle)</th>
<th>EMPLOYEE ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION / TITLE</td>
<td>SCHOOL / DEPARTMENT</td>
</tr>
</tbody>
</table>

School Board Policy 3.13 requires that all employees report any new arrests and convictions in writing with the appropriate documentation to their supervisor within forty-eight (48) hours of the arrest and within forty-eight (48) hours of the conviction. Your signature acknowledges that you have read the following statements and that you have been notified that compliance with the requirements below is mandatory.

A. All District employees shall self-report in writing with the appropriate documentation any arrests and/or criminal charges, including criminal traffic violations, to the employee's immediate supervisor/designee within forty-eight (48) hours of said arrest and/or criminal charge.

B. All District employees shall self-report in writing with the appropriate documentation any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty, guilty in your best interest, or nolo contendere for any criminal offense other than a minor traffic violation within forty-eight (48) hours after the final judgment has been entered.

C. District employees who drive District-owned/operated or controlled vehicles, or who are required to have a driver's license or commercial driver's license (CDL) for employment purposes, are required to report in writing with the appropriate documentation minor traffic violations when they occur with any vehicle.

I attest by my signature below that I have read the foregoing affidavit and have complied, and will continue to comply, in a timely manner, with all the requirements outlined above in items A, B and C. I also understand that failure to self-report may result in disciplinary action, up to and including termination from employment. This acknowledgement is binding throughout my term of employment with the School District of Palm Beach County.

Signature of Employee

Date

PBSD 1722 (Rev. 12/8/2006)
DISTRI LEKOL REJYON PALM BEACH
Deklarasyon alekri pou anplwaye
lapolis fêk arete ak kondânè

<table>
<thead>
<tr>
<th>NON ANPLWAYE A</th>
<th>NANSO ANPLWAYE A</th>
</tr>
</thead>
<tbody>
<tr>
<td>POZSYON PITI O</td>
<td>NANS POZSYON AN</td>
</tr>
<tr>
<td>LËKOL/DEPAFAMAN</td>
<td></td>
</tr>
</tbody>
</table>

Alik 3.13 nan regleman komite dirijan distri a mande pou tout anplwaye rapòte alekri ak dokiman apwopriye kôm prèv tout nouvo arestasyon ak kondanasyon bay sipèvize yo nan yon entëval 48 èdtan aprè arestasyon an oswa kondanasyon an. Lè w siyen papye sa a sa vle dò ou te li epi dakò ak deklarasyon ki pi ba yo epi yo te fè w konnen li obligatwa pou respekte egzijans sa yo.

A. Tout anplwaye distri a dwe rapòte pèsonèlman alekri ansanm ak dokiman apwopriye kôm tout arestasyon ak/oswa chaj kriminèl, tankou vyolasyon trafik, bay sipèvize imedya/ reprezantant li nan yon entëval 48 èdtan aprè arestasyon ak/oswa chaj kriminèl sa a.

B. Tout anplwaye distri a sipoze rapòte pèsonèlman alekri ak dokiman apwopriye kôm prèv nenpòt jijman final ki fin pwononse kont yo, nan yon entëval 48 èdtan aprè, swa kôm yon kondanasyon, détèminasyon kilipabilite, desizyon jidisyè. manda pou pwogram anvan pwosè, aranjman pou plede koupab, plede koupab pou pi bon avantaj, pa plede ni koupab ni inosan pou nenpòt ofans kriminèl ki pa nan menm kategori ak kontravansyon minin pou vyolasyon lwa sikilasyon.

C. Tout anplwaye k ap kondui machin distri a oswa machin ki sou kontwòl distri a, oswa ki gen obligasyon pou gen yon lisans regilye oswa yon lisans komésyal (CDL) pou yo kab travay, sipoze rapòte alekri ak dokiman apwopriye kôm prèv tout kontravansyon minè lè sa rive nan nenpòt machin.

Siyati mwen ki anba dokiman sa a konfime mwen te li deklarasyon sa a epi mwen dakò pou m respekte ak kontinye respekte, nan yon tan rezonab, tout egzijans ki detaye pi wo a nan paragraf A, B ak C. Mwen byen konprann tou si mwen pa rapòte tèt mwen bay sipèvize m pèsonèlman, sa kab lako yo pran mezi disiplinè kont mwen ki kab menm lakoz revokasyon m. Rekonesans sa a se yon angajman pou tan w ap pase kòm anplwaye distri lekòl rejyon Palm Beach.

Siyati anplwaye a

Dat
DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH
Informe Personal bajo Declaración Jurada sobre
Nuevos Arrestos y Condenas

NOMBRE DEL EMPLEADO (EN LETRA DE MOLDE)  NÚMERO DE IDENTIFICACIÓN DE EMPLEADO
POSICIÓN O CARGO  ESCUELA O DEPARTAMENTO

La norma 3.13 de la Junta Escolar exige que todos los empleados informen a su supervisor, por escrito y con la documentación debida, sobre cualquier nuevo arresto o condena en el término de cuarenta y ocho (48) horas a partir del momento en que uno de éstos haya ocurrido. Su firma hará constar que usted ha leído el texto que aparece a continuación y que se le notificó que es obligatorio el cumplimiento de los siguientes requisitos.

A. Todos los empleados del Distrito Escolar deberán informar personalmente, por escrito y con la documentación debida, en el término de cuarenta y ocho (48) horas a partir de dicho arresto o cargo criminal a su supervisor inmediato o a la persona designada en su lugar sobre cualquier arresto o cargo criminal, incluyendo infracciones de trááfico criminales.

B. Todos los empleados del Distrito Escolar deberán informar personalmente, por escrito y con la documentación debida, en el término de cuarenta y ocho (48) horas a partir de la fecha en que se dicte una sentencia definitiva sobre cualquier condena, decisión de culpabilidad, retención de declaración judicial, compromiso a participar en un programa alternativo para determinar su situación legal (pretrial diversion program), o cualquier declaración de culpabilidad, admisión de culpabilidad por conveniencia o admisión tácita de culpa penal (nolo contendere) por cualquier delito, excepto en el caso de una infracción menor de tránsito.

C. Los empleados del Distrito Escolar que conducen vehículos que son propiedad del Distrito, operados o controlados por el mismo, o a quienes se les requiera por motivos de trabajo tener licencia para conducir vehículos comerciales o no (Commercial Driver’s License, CDL), deben reportar por escrito y con la documentación debida infracciones menores de tránsito cuando ocurran.

Testifico con mi firma que he leído la declaración jurada anterior y que he cumplido y seguiré cumpliendo oportunamente con todos los requisitos descritos previamente en los puntos A, B y C. Entiendo, además, que no presentar el informe personal según lo establecido, podría conllevar a que se tomen medidas disciplinarias que pueden incluir hasta el despido del trabajo. Este reconocimiento lo vincula durante el tiempo que permanezca trabajando para el Distrito Escolar del Condado de Palm Beach.

Firma del empleado
Fecha

PBSD 1722 SP (Rev. 12/6/2006)
The Department of Bilingual Education Translator Team certifies that this is a faithful and literal translation of the original document: (561) 434-9120 - August 2004 - SY04-2022
THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Employment Evaluation and Agreement
Verification Receipt

DIRECTIONS: Check the box that applies to you. Read carefully and sign below to verify that you have received all the applicable information referenced below.

☐ ADMINISTRATIVE EMPLOYEE

Your signature verifies that you have received information regarding the evaluation form applicable to your position, and that you understand it is your responsibility to obtain a copy of the evaluation form, evaluation guide and to view the video that explains the evaluation process.

Administrative employees are evaluated on form PBSD 1132 or PBSD 2165. The evaluation guide and assessment forms are located at www.palmbeach.k12.fl.us/staffdev/performance_standards/index.htm. Click on the Guide for LPAS (Leadership Performance Appraisal System) that applies to your position. The forms may also be found at www.palmbeach.k12.fl.us/records/forms, then search by the form number. The evaluation forms, evaluation guide and video are also located at your work site.

Administrative employees do not have union representation.

☐ NONINSTRUCTIONAL EMPLOYEE

Your signature verifies that you have received information regarding the evaluation form applicable to your position, and that you understand it is your responsibility to obtain a copy of the evaluation form, the evaluation guide, and to request to view the video that explains the evaluation process.

Noninstructional employees are represented by various bargaining units (AESOP, FPSU, PBA) according to their position title. Miscellaneous and Confidential employees are not represented by a union, but are evaluated on the noninstructional form. All noninstructional employees are evaluated on PBSD 0088, but each union has a separate evaluation guide explaining the appropriate evaluation process for the bargaining unit.

I understand that it is my responsibility to obtain a copy of the appropriate assessment guide located on the internet at www.palmbeach.k12.fl.us/staffdev/performance_standards/index.htm. The assessment forms may also be found by going to www.palmbeach.k12.fl.us/records/forms, then search by the form number. A copy of the evaluation form, the evaluation guide and the video that explains the evaluation process are also located at your place of employment.

This is also to verify that I understand a copy of the agreement applicable to my position may be located at www.palmbeach.k12.fl.us/labrelations/contractspage.htm

☐ INSTRUCTIONAL EMPLOYEE

Your signature verifies that you have received information regarding an evaluation form, evaluation guide, agreement and code of ethics brochure and may request to review the video at my work site.

The Classroom Teachers Association (CTA) represents the teacher bargaining unit in Palm Beach County, which includes teachers, guidance counselors, school psychologists and media specialists.

This is to verify that I understand that a copy of the applicable evaluation form (Classroom Teacher Assessment System Evaluation, Media Specialist Evaluation, School Psychologist Evaluation, or Guidance Counselor Evaluation) which shall be used to assess my performance as a member of the Instructional staff of The School District of Palm Beach County may be located at www.palmbeach.k12.fl.us/records/forms. Search by form number PBSD 0010.

The evaluation guide which explains the criteria and procedures for evaluation may be found at www.palmbeach.k12.fl.us/staffdev/performance_standards/index.htm. Click on the Guide that applies to your position. The guide and video may also be located at my school site. I understand that it is my responsibility to obtain a copy of the guide and to view the video that explains the evaluation process.

This is also to verify that I understand that a copy of the agreement between The Palm Beach County Classroom Teachers Association and the School Board of Palm Beach County, Florida is located at www.palmbeach.k12.fl.us/labrelations/contractspage.htm.

The Education Standards Commission has drafted a brochure called The Code of Ethics and Principles of Professional Conduct of the Education Profession in Florida. These code of ethics were adopted by the State Board of Education as rules on June 15, 1982. As a part of the Florida Administrative Code these rules are enforced the Education Practices Commission. Violation of the Principles of Professional Conduct can result in the revocation or suspension of the teaching certificate, probation, fine or restriction of the scope of practice. The Code of Ethics is located on the web at www.palmbeach.k12.fl.us/staffdev/performance_standards/index.htm.

_________________________  ___________________________  ________________
School or Department  Signature of Employee  Date

PBSD 1876 (Rev. 07/09/2009) ORI|G|N|AL - Personnel file
The School District of Palm Beach County
Employee Benefits and Risk Management
Applicant Medical/Health History

NOTICE TO APPLICANT: You have received a conditional offer of employment from the School District of Palm Beach County. To comply with the American with Disabilities Act (ADA) of 1990, this medical/health history is required of all applicants who receive job offers in certain categories. Your answers to the medical/health history as well as the results of the medical examination will be kept confidential and separate from your personnel file.

Name (last/first/middle) __________________________ Birth Date, __/__/____
School/Department ___________________________ Position __________________________
Address __________________________________________________ Telephone (______) _______
In case of emergency notify __________________________________ Telephone (______) _______
Name of personal physician __________________________ Telephone (______) _______
Reason for last visit __________________________________________ Date of last visit __/__/____

1. Have any of your blood relatives ever had any diseases or problems related to the following:

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>YES</th>
<th>NO</th>
<th>ILLNESS</th>
<th>YES</th>
<th>NO</th>
<th>ILLNESS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Kidney</td>
<td></td>
<td></td>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td>Respiratory</td>
<td></td>
<td></td>
<td>Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td>Mental Illness</td>
<td></td>
<td></td>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Blood Disease</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High Blood Pressure</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Do you regularly exercise? □ Yes □ No If yes, specify __________________________

3. Are you on a special diet? □ Yes □ No If yes, specify □ Low Calorie □ Low Fat □ Low Salt □ Diabetic □ Other __________________________

4. Do you smoke or use any tobacco products? □ Yes □ No If yes, how often? __________________________ Number of years ______

5. Are you a current user of alcohol? □ Yes □ No If yes, how often? __________________________

6. Are you allergic to any foods/medications? □ Yes □ No If yes, specify __________________________

7. Dates of most recent immunizations: Measles __/__/____ BCG/TP __/__/____ Rubella __/__/____ Polio __/__/____ Tetanus __/__/____ D/T __/__/____ Flu __/__/____

6. Have you ever:
   - Been refused work due to your health? □ Yes □ No
   - Had to quit work due to your health? □ Yes □ No
   - Had a worker's compensation injury? □ Yes □ No

If you have responded Yes to any of the above give details:

* Florida law prohibits discrimination based upon filing of a worker's compensation claim.

DO NOT WRITE BELOW THIS LINE
**Applicant Medical/Health History**

Do you have, have you ever had, or have you been treated for any of the following:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hospitalizations</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2.</td>
<td>Surgical operations</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3.</td>
<td>Accident or injury</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>4.</td>
<td>Malaria or other tropical disease</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>5.</td>
<td>Rheumatic fever / rheumatism</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>6.</td>
<td>Tumor or growth / cancer</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>7.</td>
<td>Jaundice / liver disease / infectious hepatitis</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>8.</td>
<td>Swollen glands or lymph nodes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>9.</td>
<td>Disease of stomach / intestines / gall bladder / ulcers</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>10.</td>
<td>Recent weight change ± 15 lbs.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>11.</td>
<td>Diarrhea / colitis / bowel problems</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>12.</td>
<td>Change in bowel habits / bloody or black stool</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>13.</td>
<td>Hemorrhoids (piles) / rectal problems</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>14.</td>
<td>Goiter or thyroid disease</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>15.</td>
<td>Excessive perspiration / thirst</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>16.</td>
<td>Blood disease / anemia / sickle cell / leukemia</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>17.</td>
<td>Blood transfusion</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>18.</td>
<td>Frequent and easy bruising</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>19.</td>
<td>Asthma / bronchitis / wheezing</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>20.</td>
<td>Chronic or productive cough</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>21.</td>
<td>TB / pleurisy / pneumonia / lung disease</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>22.</td>
<td>Spitting or coughing blood</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>23.</td>
<td>Chest pains/pains around the heart</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>24.</td>
<td>Shortness of breath (day-night)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>25.</td>
<td>Fast heart rate or irregular beats</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>26.</td>
<td>Swelling of feet or ankles</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>27.</td>
<td>High blood pressure</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>28.</td>
<td>Varicose veins or phlebitis</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>29.</td>
<td>Kidney stones/bladder disease</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>30.</td>
<td>Passing of blood / frequent urination</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>31.</td>
<td>Diabetes / sugar in the urine</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>32.</td>
<td>Hernias / ruptures</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>33.</td>
<td>Disease of testicles / prostrate</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>34.</td>
<td>Disease of female organs</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>35.</td>
<td>Pregnant at this time</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>36.</td>
<td>Breast lumps or cysts</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>37.</td>
<td>Venereal disease / GC / herpes / syphilis</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>38.</td>
<td>Emotional problems / nervousness / depression</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>39.</td>
<td>Dizziness / fainting / blackouts / unconsciousness</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>40.</td>
<td>Numbness / tingling sensation</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>41.</td>
<td>Seizures / convulsions / epilepsy</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>42.</td>
<td>Headaches, frequent or chronic</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>43.</td>
<td>Unusual loss of strength, weakness, tiredness</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>44.</td>
<td>Muscle pain / cramps</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>45.</td>
<td>Arthritis / swelling or pain of joints</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>46.</td>
<td>Muscle / bone disorder</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>47.</td>
<td>Sprains / strains</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>48.</td>
<td>Neck / back / knee problems</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>49.</td>
<td>Fractures / breaks / dislocations</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>50.</td>
<td>Amputation of any body parts</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>51.</td>
<td>Skin disease (rash, boils, sores)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>52.</td>
<td>Sinus / hayfever / allergies</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>53.</td>
<td>Blurred / double vision</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>54.</td>
<td>Eye problems / glasses / contacts</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>55.</td>
<td>Impaired hearing / hearing aid</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>56.</td>
<td>Ringing in ears / loss of balance</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>57.</td>
<td>Ear problems / disease</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>58.</td>
<td>Nose / mouth / throat problems</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>59.</td>
<td>Excessive use of alcohol or drugs</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>60.</td>
<td>Other</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
**Applicant Medical/Health History**

**Name**

(.last/first/middle)

**DISABILITIES**

Do you have any physical or mental disability which could interfere with the performance of your duties?  ☐ Yes  ☐ No

If "Yes", describe:

________________________________________________________________________

________________________________________________________________________

If "Yes", what accommodation(s) to your disability do you suggest?

________________________________________________________________________

**MEDICATIONS**

List ALL medications you are now taking or have taken in the past thirty (30) days. (include prescription drugs, over-the-counter drugs, vitamins, etc.)

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>FREQUENCY OR DATE OF LAST DOSE</th>
<th>PHYSICIAN WHO PRESCRIBED (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I certify that the above information is true and complete to the best of my knowledge and that any false statement, misrepresentation, or omission may be grounds for refusal of employment or dismissal from employment.

I understand that medical release is contingent upon satisfactory completion of the history and medical examination which includes screening of body fluids for drugs and controlled substances.

I understand that the purpose of this examination is solely for the School District of Palm Beach County to determine my eligibility to perform job duties and the examination is not intended to be a substitute for regular medical treatment, care, or check-up. I also understand that if I suspect that I have any health problem, I should visit with my personal physician for treatment.

I understand that part of the examination may include a test for tuberculosis (TB) and a diphtheria/tetanus immunization. I agree that should I undergo either of these test and suffer a reaction, the School District of Palm Beach County will not be responsible for costs of treatment for the reaction.

I give permission for the appropriate School District of Palm Beach County officials to receive/review the results of my medical examination in the exercise of their respective duties.

__________________________
SIGNATURE OF APPLICANT

__________________________
DATE
THE SCHOOL DISTRICT OF PALM BEACH COUNTY
TRANSPORTATION DEPARTMENT

Drug and Alcohol Testing Program
Notification

SECTION I (completed by supervisor or personnel representative)

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (last, first, middle initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTIFICATION DATE</td>
<td></td>
</tr>
<tr>
<td>NOTIFICATION TIME</td>
<td></td>
</tr>
<tr>
<td>AM/PM</td>
<td></td>
</tr>
<tr>
<td>SCHOOL/DEPARTMENT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
<th>SCREENING TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered (DOT)</td>
<td>Urine Drug Screen</td>
</tr>
<tr>
<td>Not Covered (Non-DOT)</td>
<td>Breath Alcohol Test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TESTING CATEGORY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-employment</td>
<td>Random</td>
</tr>
<tr>
<td>Return-to-Duty</td>
<td>Post-Accident</td>
</tr>
<tr>
<td></td>
<td>Reasonable Suspicion</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
</tr>
</tbody>
</table>

I have notified you that you must report for a drug and/or alcohol test:

☐ Immediately or ☐ No later than ________________________

The testing site is ________________________

SIGNATURE OF SUPERVISOR/PERSONNEL REPRESENTATIVE ________________________

DATE ________________________

PRINT NAME AND TITLE ________________________

SECTION II (completed by employee)

I understand that I must submit to a drug and/or alcohol test as described above. If I do not report to the testing site as indicated, I understand that I cannot perform or continue to perform my safety-sensitive duties and that I will be subjected to disciplinary action up to and including termination. I also understand that I must present a photo ID, this notification form, and if appropriate, a Federal Drug Testing Custody and Control Form (# ________________________) to the testing site personnel upon my arrival.

SIGNATURE OF DONOR/EMPLOYEE ________________________

DATE ________________________

BREATH ALCOHOL TESTING COLLECTION SITE INFORMATION

LapCorp Breath Alcohol client identification number is 197513. DO NOT use any default numbers.

1. If test result is NEGATIVE mail employer copy marked “CONFIDENTIAL” to 2775 Homewood Road, West Palm Beach, FL 33406

2. If test result is POSITIVE contact Drug Manager IMMEDIATELY at 561-242-8312. If Drug Manager is unavailable and/or cannot be reached by the Breath Alcohol Testing site, contact FIRSTLAB immediately at 215-540-1651.

PBSD 1541 (Rev. 2/24/2005) ORIGINAL - Personnel Administration COPY - Testing Site COPY - Employee
1. Applicant's Name: ____________________________ Last First Mi

2. Applicant's Home Address: ____________________________

3. Last Four Digits of the Applicant's Social Security Number: ____________________________

4. Hiring Agency: ____________________________

5. The applicant is requesting employment in one of the following disciplines:
   Law Enforcement [ ] Correctional [ ] Correctional Probation [ ]
   Note: A position description was provided that describes the job duties the applicant will perform.

6a. To the Examining Physician:
   The examination of this applicant is for employment as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment as an officer for the discipline indicated in number 5 above. Disabilities, impairments, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

6b. Physician’s Attestation:
   [ ] I hereby attest that I have examined the above named applicant and find him/her CAPABLE of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.
   [ ] I hereby attest that I have examined the above named applicant and find him/her NOT CAPABLE of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

7. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.
   Please respond to the following “in my professional opinion, this examination”:

   7a. Did [ ] or did not [ ] reveal evidence of tuberculosis.
   7b. Did [ ] or did not [ ] reveal evidence of heart disease.
   7c. Did [ ] or did not [ ] reveal evidence of hypertension.

8. ____________________________________________ Printed Name ____________ Examination Date ____________
   Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Signature

9. ____________________________________________
   Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s License Number ________ Licensing State ____________

10. ____________________________________________
   Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant’s compliance with the employment requirements of Section 943.13, F.S.

GENERAL INSTRUCTIONS

- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, is required and shall be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant.

- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. This position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.

- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer’s employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. Applicant’s Name: Enter the applicant’s full legal name.

2. Applicant’s Address: Enter the applicant’s home address.

3. Last Four Digits of the Social Security Number: Enter the last four digits of the applicant’s social security number as in this example: 0000-1234.

4. Hiring Agency: Enter the hiring agency’s name.

5. Request for Employment as an officer: Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.

6a. Examining Physician: The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.

6b. Physician’s Attestation: The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.

7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.

   a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.

   b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.

   c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

8. Signature: The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.

9. License Number: Enter the physician, certified advanced registered nurse practitioner, or physician assistant’s license number.

   Licensing State: Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.

10. Professional Address: Enter the physician, certified advanced registered nurse, or physician assistant’s professional address.
Respirator Evaluation

To maintain compliance with 29 CFR 1910.134, Respiratory Protection Standard, and ensure your safety and health, answer the following questions.

1. Has there been a change in either your job title or job responsibilities that no longer require the use of a respirator since the environmental physical you had last year?

   □ YES  □ NO

2. Since your last physical examination for respirator use, have you had any changes in your personal medical condition which would affect your ability to continue the use of a respirator?

   □ YES  □ NO

_____________________________  __________________________
SIGNATURE OF EMPLOYEE        DATE

Medical Evaluation for Respirator Use

SECTION I

EMPLOYEE NAME: (last, first, middle initials)  SOCIAL SECURITY NUMBER  DATE OF BIRTH  AGE  GENDER

EMPLOYEE JOB TITLE  TYPE OF WORK PERFORMED

SUPERVISOR NAME: (last, first, middle initials)  SCHOOL / DEPARTMENT

Substance(s) necessitating respirator use

Type(s) of respirator(s) used (complete for each type to be used, showing name / model)

<table>
<thead>
<tr>
<th>AIR-PURIFYING</th>
<th>ATMOSPHERE-SUPPLYING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-POWERED</td>
<td>SCBA OPEN CIRCUIT</td>
</tr>
<tr>
<td>POWERED</td>
<td>SCBA CLOSED CIRCUIT</td>
</tr>
<tr>
<td>AIRLINE</td>
<td></td>
</tr>
</tbody>
</table>

Respirator face piece type (check one)  □ full  □ ½  □ ¼  □ other

Type of work performed

Level of work effort while wearing respirator  □ light  □ moderate  □ heavy

Extent of respirator use  □ daily  □ at least weekly  □ less than once a week  □ rarely or emergency only

Estimated length of time of respirator use per session

average ______ hours  maximum ______ hours  emergency ______ hours

Special work considerations

□ Special need for visual or auditory acuity  □ High temperature
□ High places  □ Additional protective equipment / clothing (est. wgt. ______)
□ Confined space  □ Exposure to other airborne concentrations
□ Exposure to highly toxic material  □ Other

Has employee received training in use and limitations of respirator?  □ Yes  □ No

SECTION II

Medical assessment for respirator use under work conditions described above

□ Medically released  □ No restrictions  □ Specific restrictions (see below)  □ No use permitted

Comments / Restrictions

Employee data provided by

SIGNATURE:  DATE:

Medical evaluation by

SIGNATURE OF PHYSICIAN:  DATE:

PRINT NAME:  PRINT NAME AND TITLE:

Respirator Qualitative Fit Test Record

Physician's written approval for respiratory use

History of asthma, bronchitis, latex allergy (explain)

Does the employee wear contacts?  ☐ Yes  ☐ No

Sensitivity test performed using ____________________________

Date of respirator fit test  /  /  Authorized person performing test ____________________________

Fit test protocol ____________________________

Unusual conditions affecting fit test

Results of fit testing  ☐ PASS  ☐ FAIL

Respirator selection (indicate make, model and size)

First choice ____________________________

Second choice ____________________________

Third choice ____________________________

Final Selection ____________________________

Comments

SIGNATURE OF PERSON PERFORMING TEST ____________________________  DATE

SIGNATURE OF EMPLOYEE ____________________________  DATE

Respirator Medical Evaluation Questionnaire

It is mandatory that you complete this form. Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. Type or print this form.

Part A. Section 1.
The following information must be provided by every employee who has been selected to use any type of respirator.

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (last, first, middle initial)</th>
<th>AGE</th>
<th>SEX</th>
<th>HEIGHT ft. in.</th>
<th>WEIGHT lbs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB TITLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide a telephone number where you can be reached by the health care professional who reviews this questionnaire (including area code). Also, provide the best time to telephone you at this number.

Telephone number ( ) ________ - ________ extension (if applicable) ________ time ________

1. Has your employer told you how to contact the health care professional who will review this questionnaire?  
   ☐ Yes  ☐ No

2. Check the type of respirator you will use (check all that apply)
   ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
   ☐ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

3. Have you worn a respirator?  ☐ Yes  ☐ No
   If yes, what type(s) __________________________________________

Part A. Section 2.
Questions 1 through 9 in this section must be answered by every employee who has been selected to use any type of respirator.

1. Do you currently smoke tobacco or have you smoked tobacco in the last month?  ☐ Yes  ☐ No

2. Have you ever had any of the following conditions? (check all that apply)
   ☐ a. Seizures  ☐ c. Allergic reactions that interfere with your breathing
   ☐ b. Diabetes  ☐ d. Claustrophobia (fear of closed-in places)
   ☐                            ☐ e. Trouble smelling odors (except when you had a cold)

3. Have you ever had any of the following pulmonary or lung problems? (check all that apply)
   ☐ a. Asbestosis  ☐ g. Silicosis
   ☐ b. Asthma  ☐ h. Pneumothorax (collapsed lung)
   ☐ c. Chronic bronchitis  ☐ i. Lung cancer
   ☐ d. Emphysema  ☐ j. Broken ribs
   ☐ e. Pneumonia  ☐ k. Any chest injuries or surgeries
   ☐ f. Tuberculosis  ☐ l. Any other lung problem that you've been told about
Respirator Medical Evaluation Questionnaire (continued)

4. Do you currently have any of the following symptoms of pulmonary or lung illness? (check all that apply)
   a. Shortness of breath
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   c. Shortness of breath when walking with other people at an ordinary pace on level ground
   d. Have to stop for breath when walking at your own pace on level ground
   e. Shortness of breath when washing or dressing yourself
   f. Shortness of breath that interferes with your job
   g. Coughing that produces phlegm (thick sputum)
   h. Coughing that wakes you early in the morning
   i. Coughing that occurs mostly when you are lying down
   j. Coughing up blood in the last month
   k. Wheezing
   l. Wheezing that interferes with your job
   m. Chest pain when you breathe deeply
   n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems? (check all that apply)
   a. Heart attack
   b. Stroke
   c. Angina
   d. Heart failure
   e. Swelling in your legs or feet (not caused by walking)
   f. Heart arrhythmia (heart beating irregularly)
   g. High blood pressure
   h. Any other heart problem that you’ve been told about

6. Have you ever had any of the following cardiovascular or heart symptoms? (check all that apply)
   a. Frequent pain or tightness in your chest
   b. Pain or tightness in your chest during physical activity
   c. Pain or tightness in your chest that interferes with your job
   d. In the past two years, have you noticed your heart skipping or missing a beat
   e. Heartburn or indigestion that is not related to eating
   f. Any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take medication for any of the following problems? (check all that apply)
   a. Breathing or lung problems
   b. Heart trouble
   c. Blood pressure
   d. Seizures

8. Has wearing a respirator caused any of the following problems? (check all that apply)
   If you have never used a respirator check this box □ □ and move on to the next question.
   a. Eye irritation
   b. Skin allergies or rashes
   c. Anxiety that occurs only when you use the respirator
   d. Unusual weakness or fatigue
   e. Any other problem that interferes with your use of a respirator

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? □ Yes □ No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)? □ Yes □ No
Respirator Medical Evaluation Questionnaire (continued)

11. Do you currently have any of the following vision problems?
   - a. Wear contact lenses  
   - b. Wear glasses  
   - c. Color blindness  
   - d. Any other eye or vision problem

12. Have you ever had an injury to your ears including a broken ear drum? □ Yes □ No

13. Do you currently have any of the following hearing problems? (check all that apply)
   - a. Difficulty hearing  
   - b. Wear a hearing aid  
   - c. Any other hearing or ear problem

14. Have you ever had a back injury? □ Yes □ No

15. Do you currently have any of the following musculoskeletal problems? (check all that apply)
   - a. Weakness in any of your arms, hands, legs, or feet  
   - b. Back pain  
   - c. Difficulty fully moving your arms and legs  
   - d. Pain or stiffness when you lean forward or backward at the waist  
   - e. Difficulty fully moving your head up or down  
   - f. Difficulty fully moving your head side to side  
   - g. Difficulty bending at your knees  
   - h. Difficulty squatting to the ground  
   - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs  
   - j. Any other muscle or skeletal problem that interferes with using a respirator

Part B

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? □ Yes □ No

   If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions? □ Yes □ No (If "yes" explain)

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? □ Yes □ No  If "yes" name the chemicals

3. Have you ever worked with any of the materials, or under any of the conditions, listed below: (check all that apply)
   - a. Asbestos  
   - b. Silica (e.g., in sandblasting)  
   - c. Tungsten/cobalt (e.g., grinding or welding this material)  
   - d. Beryllium  
   - e. Aluminum  
   - f. Coal (for example, mining)  
   - g. Iron  
   - h. Tin  
   - i. Dusty environments  
   - j. Any other hazardous exposures

   Describe these exposures
4. List any second jobs or side businesses you have

5. List your previous occupations

6. List your current and previous hobbies

7. Have you been in the military services?  □ Yes  □ No
   If "yes," were you exposed to biological or chemical agents (either in training or combat):

8. Have you ever worked on a HAZMAT (Hazardous Materials) team?  □ Yes  □ No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?  □ Yes  □ No
   If "yes," name the medications

10. Will you be using any of the following items with your respirator(s)? (check all that apply)
    □ a. HEPA Filters  □ b. Canisters (for example, gas masks)  □ c. Cartridges

11. How often are you expected to use the respirator(s)? (check all that apply)
    □ a. Escape only (no rescue)  □ c. Less than 5 hours per week  □ e. 2 to 4 hours per day
    □ b. Emergency rescue only  □ d. Less than 2 hours per day  □ f. Over 4 hours per day

12. During the period you are using the respirator(s), what is your work effort? (check one only)
    □ a. Light
    How long does this period last during the average shift?  _________ hrs.  _________ mins.
    Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

    □ b. Moderate
    How long does this period last during the average shift?  _________ hrs.  _________ mins.
    Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at bunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

    □ c. Heavy
    How long does this period last during the average shift?  _________ hrs.  _________ mins.
    Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder, working on a loading dock; shoveling; standing while bricklaying or chipping casings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).
Respirator Medical Evaluation Questionnaire
(continued)

13. Will you be wearing protective clothing and or equipment (other than the respirator) when you are using your respirator? ☐ Yes ☐ No
   If "yes," describe this protective clothing and or equipment

14. Will you be working under hot conditions (temperature exceeding 77° degrees F)? ☐ Yes ☐ No

15. Will you be working under humid conditions? ☐ Yes ☐ No

16. Describe the work you will be doing while you are using your respirator(s).

17. Describe any special or hazardous conditions you might encounter when you are using your respirator(s) (for example, confined spaces, life-threatening gases).

18. Provide the following information for each toxic substance that you'll be exposed to when you're using your respirator(s):
   a. Name of the first toxic substance
   b. Estimated maximum exposure level per shift
   c. Duration of exposure per shift
   d. Name of the second toxic substance
   e. Estimated maximum exposure level per shift
   f. Duration of exposure per shift
   g. Name of the third toxic substance
   h. Estimated maximum exposure level per shift
   i. Duration of exposure per shift
   j. The name of any other toxic substances that you'll be exposed to while using your respirator

19. Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security).
THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Address Change
☐ Employee ☐ Applicant ☐ Substitute (Check One)

Today's Date / / 

Employee ID Number

Name (last, first, middle initial)

Name of School or Department

OLD ADDRESS

Old Street Address ___________________________________________

City __________________________ State _____ Zip Code __________

Telephone Number ( ) -

NEW ADDRESS

New Street Address __________________________________________

City __________________________ State _____ Zip Code __________

Telephone Number ( ) -

Date New Address takes Effect / / 

SIGNATURE __________________________ DATE __________

Mail to: The School District of Palm Beach County
Human Resources Customer Relations
3300 Forest Hill Blvd, Suite A-152
West Palm Beach, FL 33406-5870

OR

Pony to: Human Resources Customer Relations
Suite A-152

OR

Fax to: Human Resources Customer Relations
(561) 434-8383 or PX 48383

PBSO 0108 (Rev. 09/26/2006)
THE SCHOOL DISTRICT OF PALM BEACH COUNTY
HUMAN RESOURCES CUSTOMER RELATIONS
Employee Information Update

Print name as it appears on Social Security Card
First _____________________________________________
Middle ___________________________________________
Last ______________________________________________

Date of Birth __/__/____

Gender
☐ Male
☐ Female

Highest Education Level
☐ High School
☐ BS/BA (Bachelor of Science/Arts)
☐ SP (Specialist)
☐ AS/AA (Associate of Science/Arts)
☐ MS/MA (Master of Science/Arts)
☐ PhD (Doctorate)

Home Address (MUST have a Florida address to be paid)
Street ________________________________________________
Apt _________________________________________________
City ________________________________________________
State _______________________________________________
Zip Code _______ - _______

Home Telephone (_____) _____ - _____
Cellular Number (_____) _____ - _____

Ethnicity
Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
(Must check one box)
☐ Yes
☐ No

Race Categories
(Check all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Note: Future changes or updates of your personal information can be made by using the Employee Self Service - Personal Information feature of PeopleSoft.

_________________________________________   _____________
SIGNATURE OF EMPLOYEE                        DATE

PBSD 0882 (Rev. 7/14/2009) ORIGINAL - Human Resources Customer Relations
THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Payroll Direct Deposit Authorization

<table>
<thead>
<tr>
<th>Employee Name (last, first, middle initial)</th>
<th>Social Security # (last 4 digits only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Location</td>
<td>Employee ID #</td>
</tr>
</tbody>
</table>

**OPTIONS [SELECT ONE OPTION ONLY]**

- **OPTIONS 1**
  - ALL checks issued by Payroll will be split. **MUST total 100%**
  - % to Primary Account
  - % to Secondary Account

- **OPTIONS 2**
  - Flat amount will go to Secondary Account on semi-pay only
  - Dollar amount to Secondary account (balance to Primary account)

**PRIMARY ACCOUNT INFORMATION**

- **Bank Name**
- **Routing/Transit No.**
- **Account Number**
- **Account Type:** [ ] Checking [ ] Savings

**SECONDARY ACCOUNT INFORMATION**

- **Bank Name**
- **Routing/Transit No.**
- **Account Number**
- **Account Type:** [ ] Checking [ ] Savings

**ROUTING/TRANSIT NUMBER EXAMPLE**

The Bank’s Routing/Transit Number is located on the bottom of the check, is enclosed at both ends by the " 9" symbol and is always 9 digits long. Account number can be up to 17 digits long.

Routing/Transit Number: 023456789123456789

Account Number:

I hereby authorize the School District of Palm Beach County and the financial institution named above to automatically deposit my net pay to the routing/transit number(s) written above.

I agree by execution of this document that the School District shall not be in any way responsible for the timeliness or accuracy of the deposit to the institution referenced above, nor shall the School District be responsible for late charges, overdraft, or any other fees as a result of this agreement provided accurate information is transmitted in a timely manner to the Automated Clearing House system. If funds I am not entitled to are deposited to my account in error, I authorize the reversal of these funds and shall be notified as soon as possible.

This authority is to remain in effect until the School District has received written notification from me of its termination in such time and in such manner as to afford the School District and the financial institution named above a reasonable opportunity to act on it.

**Staple voided check(s) here**

Signature of Employee: ____________________________  Date: ___________
## Otorizasyon pou fé depozit dirèk sou kont an bank

**CHWA (FÊ YON SÈL CHWA)**

<table>
<thead>
<tr>
<th>CHWA 1</th>
<th>CHWA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tout chèk ki soti nan biwo pewòl la ap pataje. DWE totalize 100 pou 100</td>
<td>Total lajan an ap depoze nan dezyèm kont la chak paryòd pèyman</td>
</tr>
</tbody>
</table>

- Pousantaj nan premye kont la
- Pousantaj nan dezyèm kont la
- Rès lajan an prai sou dezyèm kont la (balans ki rete sou premye kont la)

### ENFÔMASYON SOU PREMYE KONT LA

<table>
<thead>
<tr>
<th>Non bank la</th>
<th>Nimewo itinerè</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrèș bank la</td>
<td>(gade akarsip anba a)</td>
</tr>
<tr>
<td>Nimewo kont la</td>
<td>Tip kont la: [ ] Kont kouran [ ] Kont depay</td>
</tr>
</tbody>
</table>

### ENFÔMASYON SOU DEZYÈM KONT LA

<table>
<thead>
<tr>
<th>Non bank la</th>
<th>Nimewo itinerè</th>
</tr>
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<tr>
<td>Adrèș bank la</td>
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</tr>
<tr>
<td>Nimewo kont la</td>
<td>Tip kont la: [ ] Kont kouran [ ] Kont depay</td>
</tr>
</tbody>
</table>

### EKZANP NIMÉWO IITINÉRÈ

Nimewo itinerè a lokalize anba chèk la, li nan mitan siy " pòt" sa yo epi li toujou ganyon 9 chf. Nimewo kont lan li manm kapab rive nan 17 chf.

```
2 3 4 5 6 7 8 9
```

### Atache yon chèk vid la epi ekri mo "void" sou li.

Mwen otonize Distri lekòl reijon Palm Beach la ak bank mwen site anle a pou depoze otonalikan total lajan travay mwen nan nimewo itinerè ki ekri anle a.

Aprè m fin siyen dokiman sa mwen dakò Distri lekòl la pa responsab nan okenn fason pou chèk mwen ki pa ta depoze alè nan bank ki mansonye a, Distri lekòl la pa ta dwe responsab non plis pou frè reta, depaismen limit, oswa nmoñi lòt frè ki vini apat de akò sa a ki fourni bonjan enfòmasyon nan yon delè rezonab pou yo kab transmét li nan sistem biwo santral otonalize a. Si genyen lajan mwen pa merité ki depozo nan kont mwen an pa èré, mwen otorize pou yo rotiro lajan sa a men yo ta dwe avize mwen plit posib.

Otorizasyon sa a dwe rete efektif jiskaske Distri lekòl la resevwa yon nòt ekri nan men mwen sou fen li nan yon dat ak yon fason pou bay Distri lekòl la ak bank la yon opòslite rezonab pou aji sou sa.
DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

Autorización para el Depósito Directo del Pago de la Nómina

Payroll Direct Deposit Authorization - Spanish version

☐ Nuevo ☐ Incluir ☐ Modificar ☐ Cancelar

NOMBRE DEL EMPLEADO (en letra de mano)

LUGAR DE TRABAJO

N° DE SEGURO SOCIAL (solo los últimos 4 dígitos)

NÚMERO DE IDENTIFICACIÓN DE EMPLEADO

OPCIONES [ESCOJA SOLO UNA]

☐ OPCIÓN 1
TODOOS los cheques emitidos por la Sección de Nóminas se dividirán de la siguiente forma y deberán tener un total del 100%

% en la cuenta primaria

% en la cuenta secundaria

☐ OPCIÓN 2
La cantidad exacta de una quincena será depositada en la cuenta secundaria

Cantidad a depositar en la cuenta secundaria (el saldo irá a la cuenta primaria)

INFORMACIÓN DE LA CUENTA PRIMARIA

Nombre del banco

Dirección del banco

Número de la cuenta

Tipo de cuenta: ☐ Cheques ☐ Ahorros

INFORMACIÓN DE LA CUENTA SECUNDARIA

Nombre del banco

Dirección del banco

Número de la cuenta

Tipo de cuenta: ☐ Cheques ☐ Ahorros

EJEMPLO DEL NÚMERO DE IDENTIFICACIÓN EN UN CHEQUE

El número de identificación del banco aparece en el parte inferior del cheque, entre dos símbolos como este $ y siempre con 9 dígitos. El número de la cuenta puede tener hasta 17 dígitos.

Número de identificación del cheque

Número de la cuenta

Por medio de la presente autorizo al Distrito Escolar del Condado de Palm Beach y a la institución financiera previamente mencionada a depositar automáticamente mi sueldo neto en la cuenta con el número de identificación mencionado anteriormente.

Estoy de acuerdo en que al darle cumplimiento a esta autorización el Distrito Escolar no se hará responsable de ninguna manera del tiempo o exactitud del depósito en la institución mencionada anteriormente ni tampoco de cargos por pagos atrasados, sobregiros o cualquier otra multa relacionada con esta autorización siempre y cuando se transmita puntualmente la información precisa al Sistema Automático de la Cámara de Compensación (Automated Clearing House System). Si por algún error se depositan fondos en mi cuenta a los cuales yo no tengo derecho, autorizo la reversión de los mismos y se me notificará tan pronto sea posible.

Esta autorización deberá permanecer vigente hasta que el Distrito Escolar haya recibido mi notificación escrita cancelándola en determinada fecha, de manera que tanto éste como la institución mencionada previamente tengan el tiempo suficiente para ejecutarla.

Adjunte un cheque(s) anulado aquí

Última del Empleado

Fecha

PBSD 1636 (REV. 12/12/2006)  ORIGINALES - Devolver a la Sección de Nómina de Empleados, Centro de Servicios Educativos Fallton-Holland, Oficina A-323

The Department of Multicultural Education Translator confirms that this is a true and faithful transcription of the original document (561) 434-9920 - OCA 2013 - 2Y05-2576
THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Payroll Direct Deposit Authorization  □ New  □ Add  □ Change  □ Cancel

EMPLOYEE NAME (last, first, middle initial)

SOCIAL SECURITY # (last 4 digits only)

WORK LOCATION

EMPLOYEE ID #

OPTIONS [SELECT ONE OPTION ONLY]

□ OPTIONS 1
   ALL checks issued by Payroll will be split. MUST total 100%
   
   % to Primary Account
   
   % to Secondary Account

□ OPTIONS 2
   Flat amount will go to Secondary Account on semi-pay only

   Dollar amount to Secondary account (balance to Primary account)

PRIMARY ACCOUNT INFORMATION

Bank Name

Routing/Transit No. (see example below)

Bank Address

Account Number

Account Type: □ Checking  □ Savings

SECONDARY ACCOUNT INFORMATION

Bank Name

Routing/Transit No. (see example below)

Bank Address

Account Number

Account Type: □ Checking  □ Savings

ROUTING/TRANSIT NUMBER EXAMPLE

The Bank’s Routing/Transit Number is located on the bottom of the check, is enclosed at both ends by the “*” symbol and is always 9 digits long. Account number can be up to 17 digits long.

Routing/Transit Number

Account Number

I hereby authorize the School District of Palm Beach County and the financial institution named above to automatically deposit my net pay to the routing/transit number(s) written above.

I agree by execution of this document that the School District shall not be in any way responsible for the timeliness or accuracy of the deposit to the institution referenced above, nor shall the School District be responsible for late charges, overdraft, or any other fees as a result of this agreement provided accurate information is transmitted in a timely manner to the Automated Clearing House system. If funds I am not entitled to are deposited to my account in error, I authorize the reversal of these funds and shall be notified as soon as possible.

This authority is to remain in effect until the School District has received written notification from me of its termination in such time and in such manner as to afford the School District and the financial institution named above a reasonable opportunity to act on it.

Staple voided check(s) here

SIGNATURE OF EMPLOYEE

DATE

PBSD 1536 (REV. 12/12/2006)  ORIGINAL - Return to Payroll, Faslon-Holland Educational Services Center, Suite A-323
Otorizasyon pou fè depozit dirèk sou kont an bank

CHWA (Fè Yon Sèl CHWA)

☐ CHWA 1
Tout chèk ki soti nan biwo pèwòl la ap pataje. DWE totalize 100 pou 100

☐ CHWA 2
Total lajan an ap depoze nan dezyèm kont la chak peryòd pèyman

Pousantaj nan premye kont la
Rèz lajan an pral sou dezyèm kont la (balans ki rete sou premye kont la)

ENFÔMASYON SOU PREMYE KONT LA

Non bank la
Adrès bank la
Nimewo kont la

Nimewo itinerè
(gade ekzamp anba a)

Tip kont la: □ Kont kouran □ Kont depay

ENFÔMASYON SOU DEZYÈM KONT LA

Non bank la
Adrès bank la
Nimewo kont la

Nimewo itinerè
(gade ekzamp anba a)

Tip kont la: □ Kont kouran □ Kont depay

EKZANP NIMEWU ITINERÈ

Nimewo itinerè a lokalize anba chèk la, li nan mitan siy " " sa yo epi li toujou genyen 9 chif. Nimewo kont lan li menm kapab rive nan 17 chif.

Nimewo kont la.

Mwen otorize Distri lekòl rejyon Palm Beach la ak bank mwen site anli a pou depoze otomatikman total lajan travay mwen nan nimewo itinerè ki ekri anli a.

Aprè m fin siy en dokiman sa mwen daki Distri lekòl la pa responsab nan okenn fason pou chèk mwen ki pa ta depoze alè nan bank ki mansyone a, Distri lekòl la pa ta dwe responsab non plis pou fré rete, depasman limit, oswa nepcòt lòt frè ki vini apatit de akò sa a ki founi bonjan enfômasyon nan yon delè rezonab pou yo kab transmët li nan sistem biwo santral otomatize a. Si genyen lajan mwen pa merite ki depoze nan kont mwen an pa eré, mwen otorize pou yo retire lajan sa a men yo ta dwe avize mwen pivit posib.

Otorizasyon sa a dwe rete efeklik jiskaske Distri lekòl la resewwa yon nòt ekri nan men mwen sou fen li nan yon dat ak yon fason pou bay Distri lekòl la ak bank la yon opòlitite rezonab pou aji sou sa.

Atache yon chèk vid la epi ekri mo "void" sou li.
DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

Autorización para el Depósito Directo del Pago de la Nómina

□ Nuevo □ Incluir □ Modificar □ Cancelar

NOMBRE DEL EMPLEADO (en letra de moda)

Nº DE SEGURO SOCIAL (sólo los últimos 4 dígitos)

LUGAR DE TRABAJO

NÚMERO DE IDENTIFICACIÓN DE EMPLEADO

OPCIONES [ESCOJA SÓLO UNA]

□ OPCIÓN 1
TODOS los cheques emitidos por la Sección de Nóminas se dividirán de la siguiente forma y deberán tener un total del 100%

% en la cuenta primaria

% en la cuenta secundaria

□ OPCIÓN 2
La cantidad exacta de una quincena será depositada en la cuenta secundaria

Cantidad a depositar en la cuenta secundaria (el saldo irá a la cuenta primaria)

INFORMACIÓN DE LA CUENTA PRIMARIA

Nombre del banco

Dirección del banco

Número de la cuenta

Tipo de cuenta: □ Cheques □ Ahorros

Nº de identificación del banco (vea el ejemplo a continuación)

INFORMACIÓN DE LA CUENTA SECUNDARIA

Nombre del banco

Dirección del banco

Número de la cuenta

Tipo de cuenta: □ Cheques □ Ahorros

Nº de identificación del banco (vea el ejemplo a continuación)

EJEMPLO DEL NÚMERO DE IDENTIFICACIÓN EN UN CHEQUE

El número de identificación del banco aparece en la parte inferior del cheque, entre dos símbolos como este y siempre con 9 dígitos. El número de la cuenta puede tener hasta 17 dígitos.

Nº de identificación del cheque

Nº de la cuenta

Por medio de la presente autorizo al Distrito Escolar del Condado de Palm Beach y a la institución financiera previamente mencionada a depositar automáticamente mi sueldo neto en la cuenta con el número de identificación mencionado anteriormente.

Estoy de acuerdo en que al darle cumplimiento a esta autorización el Distrito Escolar no se hará responsable de ninguna manera del tiempo o exactitud del depósito en la institución mencionada anteriormente ni tampoco de cargos por pagos atrasados, sobregiros o cualquier otra multa relacionada con esta autorización siempre y cuando se transmita puntualmente la información precisa al Sistema Automático de la Cámara de Compensación (Automated Clearing House System). Si por algún error se depositan fondos en mi cuenta a los cuales yo no tengo derecho, autorizo la reversión de los mismos y se me notificará tan pronto sea posible.

Esta autorización deberá permanecer vigente hasta que el Distrito Escolar haya recibido mi notificación escrita cancelándola en determinada fecha, de manera que tanto éste como la institución financiera mencionada previamente tengan el tiempo suficiente para ejecutarla.

Adjunte un cheque(s) anulado aquí

FIRMA DEL EMPLEADO

FECHA

P80D 1636 (REV. 12/12/2006) ORIGINAL - Devolver a la Sección de Nómina de Empleados, Centro de Servicios Educativos Fulton Holland, Oficina A-323
The Department of Multicultural Education Translation Team certifies that this is a true and faithful translation of the original document (501) 434-8620 - Oct. 2003 - SY03-257/6
THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DIVISION OF HUMAN RESOURCES
DEPARTMENT OF RECRUITMENT AND RETENTION

Substitute Teacher Fingerprint and Drug Test Release

A drug test from one of the medical providers listed below and fingerprint clearance from The Palm Beach County School District Police Department must be obtained before teacher orientation can be scheduled. The School Police and the medical provider will indicate you have met requirements for pre-orientation by stamping this form in the appropriate areas. Once this form is complete, call (561) 963-3803 to schedule your substitute teacher orientation. Bring this completed form and other required documents (see "Documents Required" below) to your scheduled orientation.

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Applicant ID</th>
<th>Employee ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Authorization Signature of Applicant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security # (last four digits only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIAN ONLY</th>
<th>SCHOOL POLICE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician's Stamp (date and time required)</td>
<td></td>
</tr>
<tr>
<td>Fingerprint Stamp (date and time required)</td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL PROVIDER LOCATIONS

Appointments are recommended but not required.

MD Now Urgent Care - 4570 Lantana Road, Lake Worth, FL 33463 Phone: (561) 963-9881 Hours: Monday - Sunday 8:00 A.M. to 8:00 P.M. Directions: Located at Military Road and Lantana Road (Southwest corner - next to Walgreens)

NMS Management Services, Inc., 2901 South Congress Ave., Palm Springs, FL 33461 Phone: (561) 967-8884 FAX: (561) 967-9729 Hours: Monday - Friday 8:30 A.M. to 4:30 P.M. Directions: NMS is located on Congress Avenue just North of 10th Avenue and South of Greenbrier Drive and Forest Hill Blvd. NMS is on the West side of the street across from St. Luke's Church. Overflow parking is located (south of NMS) at Ristorante Antonio's, 3001 S. Congress Ave.

Coach Comp America - 400 North Congress Avenue, First Floor - Suite #110, West Palm Beach, FL 33401 Phone: 561-640-7505 Hours: Monday - Friday 7:30 A.M. to 6:00 P.M. Directions: From I-95 and Palm Beach Lakes Blvd., go east to Congress Ave. turn south (right). COACH is located between Okeechobee Blvd. and Palm Beach Lakes Blvd - opposite BrandsMart on the corner of Congress and Executive Center Drive.

Urgent Care Medical Center/COACH Comp America/West - 11327 Okeechobee Blvd. Royal Palm Beach, FL 33411 Phone: 561-795-4565 Hours: Monday - Friday 9:00 A.M. - 7:00 P.M. Directions: located on Okeechobee Blvd./FL-704 west

MD Now Urgent Care - 11551 Southern Blvd., Royal Palm Beach, FL 33411 Phone: (561) 798-9411 Hours: Monday - Sunday 9:00 A.M. to 8:00 P.M. Directions: Located at Royal Palm Beach Blvd. and Southern Blvd. - one mile west of State Road 7/441 (Northeast corner next to Fidelity Federal)

DOCUMENTS REQUIRED FOR SUBSTITUTE TEACHER ORIENTATION

1. Photo ID (Driver's License, Passport, etc.)
2. Original Social Security Card for payroll purposes,
3. Completed Substitute Teacher Fingerprint and Drug Test Release form, PBSD 2021 including fingerprint and physician's stamp. A fee of $85.00 for fingerprinting may be paid by check or money order. Unless application is denied, the fingerprint fee may be reimbursed (see Day-to-Day Substitute Fingerprint Reimbursement, PBSD 2252).

PBSD 2021 (Rev. 3/11/2009) ORIGINAL - Recruitment and Retention COPY - Employee/Applicant
THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Access Card/Identification Badge Application

☐ District Employee  ☐ Non-district Employee
☐ Fulton- Holland Educational Services Center (FHESC)

All non-employees must enter through the front door and sign in at the front desk. The operating hours of the FHESC front desk are from 7:30 A.M. to 5:00 P.M. Monday through Friday. Interior access ends at 5:30 P.M.

<table>
<thead>
<tr>
<th>NAME (last, first, middle initial)</th>
<th>DEPARTMENT HEAD / PRINCIPAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT / SCHOOL</td>
<td></td>
</tr>
<tr>
<td>EYE COLOR</td>
<td>HAIR COLOR</td>
</tr>
<tr>
<td>TELEPHONE ( )</td>
<td>PK</td>
</tr>
<tr>
<td>HEIGHT</td>
<td>BIRTH DATE /</td>
</tr>
</tbody>
</table>

What days do you work?

Specify hours that you work

Do you need after hours clearance? ☐ Yes  ☐ No

If "Yes", when is clearance needed? (evenings, weekends, or both)

Department Wing ___________________ Suite Number ______________  Department Floor ___________________

What door(s) will you enter? (District Employee only)

Valid Date for card are:  Beginning Date / / Ending Date / / ☐ Not applicable

Access Card Problem: Corrections requested:

I understand that there will be a fee if my access card must be replaced.

SIGNATURE OF EMPLOYEE / CONSULTANT / VENDOR   DATE

SIGNATURE OF DEPARTMENT HEAD OR PRINCIPAL   DATE

NON-DISTRICT EMPLOYEES ONLY (Mandatory)
The Department Head or Principal MUST justify why this card is being requested for the non-district employee named above.

Identify department(s) you need access to:

SIGNATURE OF DEPARTMENT HEAD OR PRINCIPAL   DATE

SCHOOL POLICE DEPARTMENT ONLY

☐ Approved  ☐ Not Approved

PBSD 2023 (Rev. 7/7/2005)
Authorization for Release of Employee Medical Information

Employee Name (first, middle initial, last) ____________________________________________

Employee ID # ________________________________________________________________

Date of Birth ___________________________________________________________________

School/Department __________________________________________________________________

As it relates to a request for an Americans with Disabilities Act (ADA) accommodation only, I, the above-named employee, hereby authorize my health care providers to submit to the School District EEO Coordinator accurate and complete information regarding my disability as requested on the Health Care Provider Report of Employee Disability.

Signature of Employee _____________________________ Date _____________________________

PBSO 2161 (Rev. 12/11/2008) ORIGINAL - EEO Coordinator
THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Fingerprinting Payroll Deduction Authorization

☐ Initial Fee  ☐ Maintenance Fee

Check the appropriate box(es) above. Complete and sign the appropriate section(s) below. Section I provides authorization for a one time fingerprint payroll deduction fee for new employee/applicants. Section II provides authorization for annual payroll deduction fingerprint maintenance fees. Submit completed form to the School Police in the Fulton Holland Educational Services Center B-101.

Section I - Initial Payroll Deduction Fee

Employee Name (print) ____________________________

School/Department ________________________________

Position Hired for ___________________________ Hire Date __________

Employee / Applicant ID # ________________ Job Opening ID # ________________

I, employee/applicant named above, have been hired for a regular full-time position with the School District of Palm Beach County. I hereby authorize two deductions of $42.50 from my paycheck to cover the fingerprinting fee of $85.00.

Signature of Employee/Applicant ____________________ Date __________

Section II - Maintenance Payroll Deduction Fee

Employee Name (print) ____________________________

Employee ID # __________________

I, employee named above, authorize the Palm Beach County School District to deduct from my payroll check the fees necessary to maintain a criminal background fingerprint clearance for me in accordance with Florida Statutes Chapter 1012 and in accordance with applicable provisions of any collective bargaining agreement between the School District and the Union/Association that represents the position I hold with the School District. Currently these maintenance fees are six ($6) per year and are paid to the Florida Department of Law Enforcement (FDLE) and twenty-three ($23) dollars every five (5) years paid to the Federal Bureau of Investigation (FBI). It is understood that these FDLE and FBI maintenance fees are subject to change* and in the event either or both fee amounts change, a new payroll authorization form will not be necessary.

Signature of Employee/Applicant ____________________ Date __________

* At least 30 days before any change in the amount of the deduction for the fingerprinting maintenance fee, the employee will receive a notice of the change as an announcement on their paycheck stub.
Example of Instructional Application

Job Description

Job Title: Example of Instructional Job [Teacher]
Job ID: 123456
Location:
Full/Part Time: Full-Time
Regular/Temporary: Regular
Fiscal Year (FY) Status: 2010
Salary: $36,822.00 to $71,245.00 per year

PB General All Postings Info

*Salary Information*
The salary range indicated on this posting is the FULL-TIME, base salary amount for the Job Code on this position. If this posting is for less than full-time, the amount will differ according to HOURS, FTE, or DUTY DAYS for the job. Full-time refers to an 8 hour, 12-month position for all employees except teachers.

*Applications*
Changes cannot be made once an application has been submitted. An application may be withdrawn, but not deleted.

*General Information*
All applicants who are recommended for employment shall be required to comply with procedures designated by the Superintendent and School Board Policy 3.10 (Policies can be located at: http://www.palmbeach.k12.fl.us/policies) in order to be eligible to work for the District. Such procedures shall include, but not be limited to:

1. Completion of forms required by federal and state agencies and the School Board;
2. Completion of forms related to the employee benefits package; and
3. All employment categories are subject to the completion of drug testing pursuant to School Board Policy 3.96 or 3.961. Any applicant who test positive for a drug as defined in the policies will not be hired. In addition, only certain employment categories are subject to the completion of a pre-employment medical examination by, and the receipt of, a medical clearance from professionals selected by the School Board. The medical examination may consist of a physical examination and/or testing for potentially impairing, disabling, communicable and terminal diseases or conditions including, but not limited to, tuberculosis and other pulmonary diseases, carcinoma, acquired immune deficiency syndrome, diabetes, hypertension, anemia, cardiovascular diseases, muscular skeletal diseases or disorders, hearing and visual impairments, mental or nervous disorders, alcoholism, and drug abuse.
4. All applicants must submit three (3) references on the School District Employment Reference form (PBSD 0606).
5. Non-Instructional Applicants applying for some clerical positions will be required to take a Keyboarding Test. The applicants for those positions will have to meet the Word per Minute (WPM) requirement for the given position.

*District Responsibilities*

Follows policies:
Follows adopted policies and procedures in accordance with School Board priorities.

Conduct:
Conducts oneself in the best interest of students, in accordance with the highest traditions of public education and in support of the District's Mission Statement.

Other Duties:
Performs other duties as assigned.

*Furnish Records*

Permission is hereby given to any agency of the government of the United States and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Department of School Police and/or the Division of Human Resources of the School District of Palm Beach County all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reasons for discharge from military services, criminal history, on-the-job performance, educational records, or any other personal information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers.

*EEO Statement*

The School District of Palm Beach County abides by the laws and regulations of the federal and state governments prohibiting discrimination; supports actively and fully equal opportunity policies, programs and plans for its employees. Also, the School District actively encourages qualified applicants of all ethnic groups and both sexes to seek available employment opportunities with the School District of Palm Beach County. The District does not discriminate against any employee or applicant because of such individual's race, ethnicity, color, religion, sex, national origin, age, disability, parental status, or marital status.

Handicapped applicants shall be considered for employment if they are qualified and meet the safety and performance requirements of the position.

*Tobacco Free Preference*

The use of tobacco products is a known and established hazard to the health and well-being of those who use them. The health problems created by the use of these products contribute to the increase in health care costs and the rise in insurance premiums. It is in recognition of these factors that the School Board of Palm Beach County, Florida, is taking measures to develop a tobacco free workforce. As provided on the employment application, the District will provide a hiring preference for prospective employees who do not use tobacco or tobacco products.

*Veteran's Preference*

In order to receive Veteran's Preference in employment, applicants must complete a claim form and provide documentation to demonstrate eligibility. A copy of the claim form and documentation of service should be taken to an interview and attached to your profile. Before attaching the form and documentation of service, scan and save the documents with the title of Veterans Preference. Attach the Veterans Preference document to your profile under the resume attachments.

Claim forms are available from our office upon request and at http://www.palmbeach.k12.fl.us/Records/PDF/1288.pdf.

Authority:
1001.41(i)&(2); 1001.42(25); 1012.23(1), F.S.
Implemented:
1001.42(5); 1001.43(11), F.S.
History:
PB Instructional Guidelines
As an applicant, you are required to submit the Conditions of Employment Form (PBSD 0605).

*References/Evaluations*
>Three (3) Employment References (PBSD 0606) are required from your most recent employers/ supervisors for the past 5 years of employment.
>Experienced Teachers - Employment Reference (PBSD 0606) from your most recent principal(s). The remaining reference forms should be sent to individuals who have firsthand knowledge of your teaching (i.e., assistant principal, department chair) or current non-teaching supervisor. Also, provide your most recent evaluation.
>Recent graduates - Obtain references on the Employment Reference (PBSD 0606) from your cooperating/directing teacher, college supervisor, and principal from your student teaching experience.

*Transcripts/Credentials*
You must submit official transcripts from all colleges/universities from which you earned credits and/or degrees; copy statement of eligibility or a valid Florida teaching certificate.

*Certification*
> You must hold a Florida Educator Certificate, or have applied for one with a current application, official transcript(s) and appropriate fee(s), prior to being cleared as a full-time classroom teacher.
> To apply on-line, go to the Florida Department of Education, Bureau of Educator Certification internet address: www.fldoe.org/edcert.
> If you currently hold a Florida Educator's Certificate, submit a copy to the District.
> If you hold any out of state teaching credential(s), submit a copy to the District.

*No Child Left Behind Federal Guidelines (NCLB)*
> All teachers of core academic subjects hired after July 2006 must satisfy the NCLB Highly Qualified Standards.
> Elementary teachers need to meet one of the following:
  - NCLB/Highly Qualified Standards: Subject Area Exam for PK-3, Elementary 1-6, or K-6
  - Graduation from a Florida college or university with NCATE
  - Eligibility from FLDOE for a Professional Teaching Certificate AND have No teaching experience
  - Verification from another State that NCLB/HQT standards have been met
> An ESE teacher who is the teacher of record for an academic course or an alternate achievement standards course must meet the highly qualified requirements for each academic area IN ADDITION to having appropriate ESE certification.
> An ESOL teacher who is the teacher of record for an academic Language Arts/English course must meet the highly qualified requirements for the core content IN ADDITION to having appropriate ESOL certification.
> Applicants should provide verification of having met the NCLB/HQT standards via mail to the Department of Recruitment and Retention attn: NCLB/HQT Administrator

*If you have placement files/papers at our College or University, you are responsible for requesting that the placement file be sent to the School District.
Example of Instructional Application

Apply Now

Complete Application

You are applying for:

Example of Instructional Job (Teacher)

Application Test
123 Any Street
Fun City, FL 33111

Work Experience, Education, & Questionnaire

If you have any Employment information, enter them on this Page.

Work Experience
You have not added any employment information to your new application.

Education History
Highest Education Level: A-Not Indicated

External Applicants: To add a degree, click the Add Post-Secondary Education History hyperlink below Post-Secondary. To change information for a degree, click the hyperlink under Degree field. Click on delete icon to remove corresponding degree. Changes to Education History cannot be made once an application has been submitted. To make changes, please add them in a new application. Degrees should also be listed in the applicant resume. Internal Applicants: Degrees not appearing may be added to the applicant resume for consideration.

Post-Secondary Education
You have not added any education information to your application.

If you have any licenses or certificates you wish to tell us about, enter them here.

Licenses and Certificates
You have not added any licenses or certificates to your application.

Use this page to list your languages.

Languages
You have not added any languages to your application.
### Application Questionnaire

**Are you receiving Florida Retirement System Benefits?**
- [ ] Yes
- [ ] No

**Have you ever been employed by the School District of Palm Beach County?**
- [ ] Yes
- [ ] No

**Are you authorized to work in the United States?**
- [ ] Yes
- [ ] No

**Did you graduate from High School?**
- [ ] Yes
- [ ] No

**Did you obtain your GED?**
- [ ] Yes
- [ ] No

**Did you graduate from college?**
- [ ] Yes
- [ ] No

**Have you ever applied for a Florida Educator’s Certificate?**
- [ ] Yes
- [ ] No

**Have you ever had your Educator’s certificate from any state placed on probation?**
- [ ] Yes
- [ ] No
Example of Instructional Application

Have you ever had an Educator’s certificate from any state suspended or revoked?
- Yes
- No

Have you ever been investigated by the Educational Practices Commission or any state equivalent?
- Yes
- No

Do you have certification(s) from another state? If so, please enter in the License/Certification section.
- Yes
- No

Do you have any endorsements? If so, please enter in the License/Certification section.
- Yes
- No

If you are applying for a substitute position, do you have a minimum of 30 semester hours of college credit?
- Yes
- No
- Not Applicable

Have you ever been non-reappointed by a School District?
- Yes
- No

Do you meet the NCLB Highly Qualified Teacher Standards? (See details on NCLB/HQT link from Human Resource main page)
- Yes
- No

Are you claiming Veteran’s Preference?
- Yes
- No
Example of Instructional Application

Have you used tobacco or tobacco products within the last six (6) months?
- Yes
- No

Referral Information

How did you find out about the job?

SubSource:

Additional Information:

Work Experience, Education, & Questionnaire

Previous Submit Close Application Careers Home Next
Submit your online application

Self Identification Details

Qualified applicants are considered for and treated during employment without regard to race, ethnicity, color, religion, national origin, citizenship, age, marital status, parental status, ancestry, physical or mental disability, medical condition, veteran status or sexual orientation. Solely to help us comply with federal and state Equal Employment Opportunity record keeping, and other legal requirements, we invite you to complete the following information.

Please note that completion of this information is voluntary. Refusal to complete this information will not subject you to adverse treatment. This information will be used for data reporting requirements and will not be considered in making any employment decisions.

Ethnic Group

Are you Hispanic or Latino? Yes

Per the United States Department of Education (USDE), a Hispanic or Latino is classified as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term ‘Spanish origin’ can be used in addition to ‘Hispanic’ or ‘Latino’.

Race

Race: White

Add Additional Race - Add one or more races as they apply

Gender: Female

I decline to provide my self identification details.

Terms and Agreements

Applicants who are offered employment with The School District of Palm Beach County will be required to successfully complete a pre-employment drug test, an employment and education background check, and a criminal investigation. I certify that I have answered all sections of this application truthfully and completely to the best of my knowledge. I understand that any incomplete or false information on this application may be just cause for rejection of my application for employment. I have read the above information provided and agree to comply in the event of employment. I understand that any incomplete or false information on this application may be just cause for rejection of my application for employment or dismissal in the event this application results in my employment.

I agree to these terms

Submit  Cancel  Return to Previous Page
Example of Instructional Application

My Applications

You have successfully submitted your job application.

<table>
<thead>
<tr>
<th>Application</th>
<th>Status</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example of Instructional Job</td>
<td>Applied</td>
<td>08/23/2009 6:33PM</td>
</tr>
</tbody>
</table>
# Example of Noninstructional Application

## Job Description

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Example of Noninstructional Job</th>
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</thead>
<tbody>
<tr>
<td>Job ID:</td>
<td>987654</td>
</tr>
<tr>
<td>Location:</td>
<td>Site Name</td>
</tr>
<tr>
<td>Full/Part Time:</td>
<td>Full-Time</td>
</tr>
<tr>
<td>Regular/Temporary:</td>
<td>Regular</td>
</tr>
<tr>
<td>Fiscal Year (FY) Status:</td>
<td>2010</td>
</tr>
<tr>
<td>Salary:</td>
<td>$24,341.00 to $43,378.00 per year</td>
</tr>
</tbody>
</table>

## PB General All Postings Info

*Salary Information*

The salary range indicated on this posting is the FULL-TIME, base salary amount for the Job Code on this position. If this posting is for less than full-time, the amount will differ according to HOURS, FTE, or DUTY DAYS for the job. Full-time refers to an 8-hour, 12-month position for all employees except teachers.

*Applications*

Changes cannot be made once an application has been submitted. An application may be withdrawn, but not deleted.

*General Information*

All applicants who are recommended for employment shall be required to comply with procedures designated by the Superintendent and School Board Policy 3.10 (Policies can be located at: http://www.palmbeach.k12.fl.us/policies) in order to be eligible to work for the District. Such procedures shall include, but not be limited to:

1. Completion of forms required by federal and state agencies and the School Board;

2. Completion of forms related to the employee benefits package; and

3. All employment categories are subject to the completion of drug testing pursuant to School Board Policy 3.96 or 3.561. Any applicant who tests positive for a drug as defined in the policies will not be hired. In addition, only certain employment categories are subject to the completion of a pre-employment medical examination by, and the receipt of, a medical clearance from professionals selected by the School Board. The medical examination may consist of a physical examination and/or testing for potentially impairing, disabling, communicable and terminal diseases or conditions including, but not limited to, tuberculosis and other pulmonary diseases, carcinoma, acquired immune deficiency syndrome, diabetes, hypertension, anemia, cardiovascular diseases, muscular skeletal diseases or disorders, hearing and visual impairments, mental or nervous disorders, alcoholism, and drug abuse.
4. All applicants must submit three (3) references on the School District Employment Reference form (PBSD 0606).

5. Non-Instructional Applicants applying for some clerical positions will be required to take a Keyboarding Test. The applicants for those positions will have to meet the Word per Minute (WPM) requirement for the given position.

*District Responsibilities*
Follows policies:
Follows adopted policies and procedures in accordance with School Board priorities.

Conduct:
Conducts oneself in the best interest of students, in accordance with the highest traditions of public education and in support of the District's Mission Statement.

Other Duties:
Performs other duties as assigned.

*Furnish Records*
Permission is hereby given to any agency of the government of the United States and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Department of School Police and/or the Division of Human Resources of the School District of Palm Beach County all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reasons for discharge from military services, criminal history, on-the-job performance, educational records, or any other personal information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers.

*EEO Statement*
The School District of Palm Beach County abides by the laws and regulations of the federal and state governments prohibiting discrimination; supports actively and fully equal opportunity policies, programs and plans for its employees. Also, the School District actively encourages qualified applicants of all ethnic groups and both sexes to seek available employment opportunities with the School District of Palm Beach County. The District does not discriminate against any employee or applicant because of such individual's race, ethnicity, color, religion, sex, national origin, age, disability, parental status, or marital status.

Handicapped applicants shall be considered for employment if they are qualified and meet the safety and performance requirements of the position.
*Tobacco Free Preference*
The use of tobacco and tobacco products is a known and established hazard to the health and well-being of those who use them. The health problems created by the use of these products contribute to the increase in health care costs and the rise in insurance premiums. It is in recognition of these factors that the School Board of Palm Beach County, Florida, is taking measures to develop a tobacco free workforce. As provided on the employment application, the District will provide a hiring preference for prospective employees who do not use tobacco or tobacco products.

*Veteran's Preference*
In order to receive Veteran's Preference in employment, applicants must complete a claim form and provide documentation to demonstrate eligibility. A copy of the claim form and documentation of service should be taken to an interview and attached to your profile. Before attaching the form and documentation of service, scan and save the documents with the title of Veterans Preference. Attach the Veterans Preference document to your profile under the resume attachments.

Claim forms are available from our office upon request and at http://www.palmbeach.k12.fl.us/Records/PDF/1288.pdf.

Authority:
1001.41(i)&(2); 1001.42(25); 1012.23(1), F.S.

Implemented:
1001.42(5); 1001.43(11), F.S.

History:
New: 6/02/76; Revised: 6/16/87; 7/22/87; 6/16/06; 7/1/09
Example of Noninstructional Application

Apply Now

Complete Application

You are applying for:

Example of Noninstructional Job

Application, Test
123 Any Street
Fun City, FL 33111

Work Experience, Education, & Questionnaire

If you have any Employment information, enter them on this Page.

Work Experience
You have not added any employment information to your new application.

Add Work Experience

Education History

Highest Education Level: A - Not Indicated

To add a primary or secondary school, click the Add Primary or Secondary Education History hyperlink below Primary/Secondary School Education. To change information for a degree, click the hyperlink under Degree field. Click on delete icon to remove corresponding Primary/Secondary School information.

Primary/Secondary
You have not added any primary or secondary education information to your application.

Add Secondary Education History

External Applicants: To add a degree, click the Add Post-Secondary Education History hyperlink below Post-Secondary. To change information for a degree, click the hyperlink under Degree field. Click on delete icon to remove corresponding degree. Changes to Education History cannot be made once an application has been submitted. To make changes, please add them in a new application. Degrees should also be listed in the applicant resume. Internal Applicants: Degrees not appearing may be added to the applicant resume for consideration.

Post-Secondary Education
You have not added any education information to your application.

Add Post-Secondary Education History

Use this page to list your languages.

Languages
You have not added any languages to your application.

Add Languages
Example of Noninstructional Application

Application Questionnaire

Are you receiving Florida Retirement System Benefits?
- Yes
- No

Have you ever been employed by the School District of Palm Beach County?
- Yes
- No

Are you authorized to work in the United States?
- Yes
- No

Did you graduate from High School?
- Yes
- No

Did you obtain your GED?
- Yes
- No

 Did you graduate from college?
- Yes
- No

Have you ever been non-reappointed by a School District?
- Yes
- No

Are you claiming Veteran’s Preference?
- Yes
- No

Have you used tobacco or tobacco products within the last six (6) months?
- Yes
- No

Referral Information

How did you find out about the job?
Subsource:
Additional Information:

Work Experience, Education, & Questionnaire
Example of Noninstructional Application

Submit your online application

Self Identification Details
Qualified applicants are considered for and treated during employment without regard to race, ethnicity, color, religion, national origin, citizenship, age, marital status, parental status, ancestry, physical or mental disability, medical condition, veteran status or sexual orientation. Solely to help us comply with federal and state Equal Employment Opportunity record keeping, and other legal requirements, we invite you to complete the following information. Please note that completion of this information is voluntary. Refusal to complete this information will not subject you to adverse treatment. This information will be used for data reporting requirements and will not be considered in making any employment decisions.

Ethnic Group
Are you Hispanic or Latino? Yes
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Race
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Find First 1 of 1 Last
Add Additional Race - Add one or more races as they apply

*Gender: Female

I decline to provide my self identification details.

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I agree to these terms

Cancel Return to Previous Pace

Submit

217154 Application, Test
Example of Noninstructional Application
Example of Administrative Application

Job Description

Job Title: Example of Administrative Job

Job ID: 123987

Location: Site Name

Full/Part Time: Full-Time

Fiscal Year (FY) Status: 2010

Regular/Temporary: Regular

Salary: $95,951.00 to $122,022.00 per year

PE General All Postings Info

*Salary Information*
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Conducts oneself in the best interest of students, in accordance with the highest traditions of public education and in support of the District's Mission Statement.

Other Duties:
Performs other duties as assigned.

*Furnish Records*
Permission is hereby given to any agency of the government of the United States and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Department of School Police and/or the Division of Human Resources of the School District of Palm Beach County all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reasons for discharge from military services, criminal history, on-the-job performance, educational records, or any other personal information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers.

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Claim forms are available from our office upon request and at http://www.palmbeach.k12.fl.us/Records/PDF/1288.pdf.
Apply Now

Complete Application

You are applying for:

Example of Administrative Job

Application Test
123 Any Street
Fun City, FL 33111

Work Experience, Education, & Questionnaire

If you have any Employment Information, enter them on this page.

Work Experience

You have not added any employment information to your new application.

Add Work Experience

Education History

Highest Education Level: A-Not Indicated

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Post-Secondary Education

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Add Post-Secondary Education History

If you have any licenses or certificates you wish to tell us about, enter them here.

Licenses and Certificates

You have not added any licenses or certificates to your application.

Add Licenses and Certificates

Use this page to list your languages.

Languages

You have not added any languages to your application.
### Application Questionnaire

**Are you receiving Florida Retirement System Benefits?**
- ☐ Yes
- ☐ No

**Have you ever been employed by the School District of Palm Beach County?**
- ☐ Yes
- ☐ No

**Are you authorized to work in the United States?**
- ☐ Yes
- ☐ No

**Did you graduate from High School?**
- ☐ Yes
- ☐ No

**Did you obtain your GED?**
- ☐ Yes
- ☐ No

**Did you graduate from college?**
- ☐ Yes
- ☐ No

**Have you ever applied for a Florida Educator’s Certificate?**
- ☐ Yes
- ☐ No

**Have you ever had your Educator’s certificate from any state placed on probation?**
- ☐ Yes
- ☐ No
Example of Administrative Application

If you are an experienced educator, what is your status with your most recent school district?

- Employed
- On Leave
- Resigned
- Retired
- Suspended
- Terminated
- Other

Have you ever had an Educator’s certificate from any state suspended or revoked?

- Yes
- No

Have you ever been investigated by the Educational Practices Commission or any state equivalent?

- Yes
- No

Do you have certification(s) from another state? If so, please enter in the License/Certification section.

- Yes
- No

Do you have any endorsements? If so, please enter in the License/Certification section.

- Yes
- No

Have you ever been non-reapppointed by a School District?

- Yes
- No

Are you claiming Veteran's Preference?

- Yes
- No
Example of Administrative Application

Have you used tobacco or tobacco products within the last six (6) months?

- Yes
- No

Referral Information

How did you find out about the job?
SubSource:
Additional Information:

Work Experience, Education, & Questionnaire

Previous  Submit  Close Application  Careers Home  Next
Submit your online application

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Add Additional Race - Add one or more races as they apply

*Gender: Female ☑

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I agree to these terms ☑ I do not agree to these terms.
Example of Administrative Application

You have successfully submitted your job application.

<table>
<thead>
<tr>
<th>Application</th>
<th>Status</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example of Administrative Job</td>
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