Application for Employment

NOTICE OF NONDISCRIMINATION

COAST Charter School does not discriminate on the basis of race, color, national origin, gender, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. The Wakulla County School District also does not discriminate in its hiring or employment practices.

This notice is provided as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, the Boys Scout of America Equal Access Act and the Florida Educational Equity Act. Questions, complaints, or requests for additional information regarding these laws may be forwarded to Alyssa Higgins, Principal
PO Box 338, St. Marks, FL 32355 • 850.925.6344 • alyssa.higgins@coastcharter.us

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and will not be considered for any position. **PLEASE DO NOT** complete any part of this form with the notation "See Resume".

DEMOGRAPHICS

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:		
Social Security Number: _____ - _____ - _____	Home Phone: ( ) -	Work Phone: ( ) -	Other Phone: ( ) -
Are you eligible to work in the United States?	☐ Yes ☐ No		
Date of Birth (MM/DD/YYYY): ____/____/_____			
Sex:	☐ Male ☐ Female		
Race/Ethnic Category:	Please check one:	☐ White, Non Hispanic ☐ Black, Non Hispanic ☐ American Indian, Alaska Native ☐ Hispanic ☐ Asian, Pacific	
Do you know any reason that would prevent you from performing the job responsibilities and duties of the position for which you are applying?	☐ Yes ☐ No	If YES, please explain.	
If required for position, do you have a valid CDL driver's license?	☐ Yes ☐ No	If YES, State of issuance, license #, and expiration date:	
Have you ever worked for Wakulla County School District? ☐ No ☐ Yes If yes, please give your time of employment: _____ What year did you terminate? _____ If you are currently drawing retirement, please list state: _____			

EDUCATION

Name of School	City/State	Did you graduate?	If No, time left until graduation	If Yes, date of graduation	Degree Received	Major
High School:		☐ Yes ☐ No	Months: ***or*** Years:			
GED:		☐ Yes ☐ No	Months: ***or*** Years:			
Other School:		☐ Yes ☐ No	Months: ***or*** Years:			
College:		☐ Yes ☐ No	Months: ***or*** Years:			
College:		☐ Yes ☐ No	Months: ***or*** Years:			
College:		☐ Yes ☐ No	Months: ***or*** Years:			
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying:						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history for the past ten years, beginning with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. (Attach additional sheets if necessary.) Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. *[**PLEASE NOTE**: C.O.A.S.T. reserves the right to contact all current and former employers for reference information.]*

Dates Employed (most recent position) From: To:	☐ Full time ☐ Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	☐ Full time ☐ Part-time If part-time, # hrs./wk:	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:
Dates Employed (most recent position) From: To:	☐ Full time ☐ Part-time If part-time, # hrs./wk: ☐	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

EMERGENCY CONTACT: In case of an emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: (____)_____

CRIMINAL HISTORY:

Have you ever been convicted, pled nolo contendre (no contest), had a record sealed or expunged, been placed on probation, enrolled in a pretrial diversion program, or had adjudication withheld in a criminal offense, felony, misdemeanor, or otherwise? _____No _____Yes **If yes, please give details on a separate page**

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize C.O.A.S.T. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that C.O.A.S.T. is a drug-free workplace. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of C.O.A.S.T. serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I agree, if employed, to abide by all school rules, regulations and policies, either published or in effect by usage, and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes, Florida State Board of Education and the Board of Directors of C.O.A.S.T. I understand that maintaining the appropriate certification(s) is a condition of employment. I understand that C.O.A.S.T. policy indicates certification for instructional personnel is an individual responsibility and each individual must secure and keep his/her certificate valid and up-to-date.

Printed Name: _____

Applicant Signature: _____ Date: _____