APPLICATION FOR EMPLOYMENT

Odyssey Charter School, Inc. Schools
1755 Eldron Boulevard SE – 321-733-0442
1350 Wyoming Drive SE – 321-345-4117
Palm Bay, FL 32909
www.odysseyschools.com
employment@odysseycharterschool.com
Fax: 321-733-1178 or 321-327-7261

General Information

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

Contact Information

Name (Last) (First) (Middle) (Maiden) Last 4 digits of SS#

Address (Street) City State Zip

Home Phone Other Phone (Cell) Email Address

I. Position Preferences

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

☐ Principal ☐ Guidance Counselor ☐ Teacher
☐ Assistant Principal ☐ ESE Specialist ☐ Paraprofessional
☐ Registrar ☐ Substitute Teacher ☐ Cafeteria
☐ Office Staff/Attendance ☐ Custodial ☐ Before/Aftercare
☐ Preschool/VPK ☐ Bus Driver ☐ Other (please describe) _____

Grade Level Preference (Teacher Applicants):

☐ Primary Education (PK-3) ☐ Elementary (K-6) ☐ Middle (7-8)
☐ High (9-12) ☐ Exceptional Student Education ☐ Other: _____

II. Certification Status

Official sealed transcripts of all college coursework reflecting degree attained and major (Master's degree or higher) will be requested prior to a confirmed offer of employment. (Please attach a copy of certificate)

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

☐ *Temporary* ☐ *Professional* ☐ *FLDOE Eligibility Letter* (List status of eligibility) _____

Subjects shown on certificate: _____

☐ I do not hold a Florida certificate but I have been certificated in another State and am eligible to apply for a Florida certificate.

Applicant Name: ____

III. Personal & Background Information

- Are you at least 18 years of age? ☐ Yes ☐ No
- If hired, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No
- Have you been employed here before? ☐ Yes ☐ No Approximate Dates: ________________________
- Is there any reason why you would not be able to perform job-related duties? ☐ Yes ☐ No
  If "Yes", please explain ____
- List date you would be available for work: _______________________

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

Have you ever had a teaching certificate revoked, suspended, placed on probation, or any other disciplinary action taken by the FL Department of Education or out-of-state? ☐ Yes ☐ No

If "Yes", please explain ____

Have you ever been convicted of a felony, misdemeanor, had adjudication of guilt withheld, or pled nolo contender? ☐ Yes ☐ No

If "Yes", please list offense, date and disposition of the case: ____

____

Have you ever held a childcare license with the Department of Children and Families, or have you ever been registered to provide childcare in your home? ☐ Yes ☐ No

While employed in a childcare program, have you ever been the subject of disciplinary action, or been the part responsible for a childcare facility receiving an administrative fine or other disciplinary action? ☐ Yes ☐ No

If "Yes", please explain ____

____

IV. Professional & Other Work Experience

Please list the most recent experience first. Indicate all work experience and include military service, self-employment or unemployment. *Previous employer will be contacted for employment history check according to F.S. 1002.33(12)(g)(4)*. Use additional sheet(s) if necessary.

Name and Address of School or Business ____
Position Title ________________________________ Dates of Employment _______________ to_________________
Supervisor's Name ____________________________ Reason for Leaving __________________________________
Telephone Number ____________________________ Starting Salary _____________ Ending Salary ______________

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Name and Address of School or Business ____
Position Title ________________________________ Dates of Employment _______________ to_________________
Supervisor's Name ____________________________ Reason for Leaving __________________________________
Telephone Number ____________________________ Starting Salary _____________ Ending Salary ______________

Applicant Name: _____

V. Educational Background

High School _____ Graduated ☐ Yes ☐ No Year Graduated _____

College _____ Major _____ Degree _____ Year _____

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Other _____ Years Completed _____ Course of Study _____

VI. Personal and Professional References

Provide names and complete addresses (including zip codes) of at least three (3) references. Beginning teachers should list their last employer, supervising teacher, college professor(s). Experienced teachers, the first reference provided must be their last employer (supervisor), and then the second and third reference must be employment supervisors.

Name _____

Title/Position _____

Address _____

Phone _____

Name _____

Title/Position _____

Address _____

Phone _____

Name _____

Title/Position _____

Address _____

Phone _____

VII. Supplemental Information

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

Applicant Name: _____

VIII. Applicant Statement

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I understand that if hired to work in a school or other position requiring direct contact with students I shall, upon offer of employment, be responsible for a complete background check including, but not limited to, background checks by the Federal Bureau of Investigation and the Florida Department of Law Enforcement. Florida law requires screening through the Florida Care Provider Background Screening Clearinghouse. For more information on the Clearinghouse, please visit their website at https://info.flclearinghouse.com. Upon hiring, employees will be provided with information and instructions to complete their background screening through the Clearinghouse. In addition, I understand that a condition of the application and/or employment process may require a drug test.

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

I have read and understand this consent for release of information, and I authorize the employer to conduct a background verification screening in accordance with *F.S. 1002.33*. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the information requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

_____

Applicant's Signature Date

Human Resource Use Only:

Date Application Received: _____

Interview Date: _____ Interviewed by: _____

Last Employer Contacted by: _____ Date Contacted: _____ Reference Check on File: ☐ Yes ☐ No