

*For Office Use Only*

- \_\_\_ References
- \_\_\_ Social Security Card (Copy)
- \_\_\_ Proof of Florida Teaching Certificate
- \_\_\_ Transcript(s)
- \_\_\_ Veteran's Statement
- \_\_\_ Last Evaluation
- \_\_\_ Security Check

*For Office Use Only*

Issue Date \_\_\_\_\_  
 Type of Applicant \_\_\_\_\_  
 Cert. Field (1) \_\_\_\_\_  
                   (2) \_\_\_\_\_  
                   (3) \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

**New Dimensions High School**  
**4900 Old Pleasant Hill Road**  
**Kissimmee, FL 34759**

407-870-9949 Fax: 407-870-8976

*"A School of Excellence"*

## Application for Employment

Position Applying for:	<input type="checkbox"/> Instructional	<input type="checkbox"/> Substitute	<input type="checkbox"/> Professional Support Staff	<input type="checkbox"/> Other
Title of Position				

Individual Data: \_\_\_\_\_  
Application Date Date Available

Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_ Until: \_\_\_\_\_

\_\_\_\_\_  
 No. & Street City State Zip

Permanent Address:

\_\_\_\_\_  
 No. & Street City State Zip

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you currently or were you formerly an employee of Osceola County Public Schools?  Yes  No

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Subject Area Certified to Teach:

\_\_\_\_\_

Grade Preference (9-12)

\_\_\_\_\_  
 1<sup>st</sup> Preference 2<sup>nd</sup> Preference 3<sup>rd</sup> Preference

Coaching/Extracurricular Activities:

Activity: _____	Years of Participation: _____	competent to coach/sponsor?
_____	_____	competent to coach/sponsor?
_____	_____	competent to coach/sponsor?

Foreign Languages(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Read  
 Read  
 Read

Speak  
 Speak  
 Speak

Write  
 Write  
 Write

**Education**

List all colleges/universities from which degrees were granted:

College/University	Address Street/City/State/Zip	Date of Graduation	To / From		Degree	Major	GPA

**Teaching Experience**

A. Student Teaching (Supervised Internship)

Date	School Name & Address Street, City, State, Zip	Phone Number	Name of Cooperating Teacher	Name of College Supervisor	Grade/ Subject Taught	GPA

**Have you ever been requested to resign from a position, not been reappointed or not offered another contract?**

Yes       No

If yes, submit details in a separate letter.

**Teaching Experience**

B. Teaching Experience: Begin with most recent and list all experiences in chronological order. If more space is needed, attach additional sheet.

Years From/To	School Name	Address Street, City, State, Zip	Phone Number	Name of Principal Supervisor	Grade/Subject Taught	Full Time Part Time Substitute

\_\_\_\_\_ Total Years of Contractual Teaching Experience.

**NON-Teaching Work Experience**

Begin with your most recent and include past ten (10) years of employment history in chronological order. If more space is needed, attach additional sheet.

Years From/To	Name of Firm or Business	Address Street/City/State/Zip	Phone Number	Name of Supervisor	Years in Position

**Professional References:**

Name	Title	Mailing Address / Phone

**Certification**

A candidate must apply and be eligible for a valid Florida Educator’s Certificate for the subject and level in which hired to teach. Inquiries about certification requirements in Florida should be directed to the Certification Section, Department of Education, Tallahassee, Florida 32399. To receive an application, log on to: <http://www.fldoe.org/edcert/>.

Describe any Florida Educator’s Certificate(s) you have been issued (include type, date issued, date expired, subject and level(s):

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Include a copy of your statement of eligibility from the Florida Department of Education. (If you have not received it, send a copy when received.) Include copies of scores for any Florida Certification test(s) you have taken.

If you hold, or have held, teaching certificated in any other state, provide the name of the state, the type of certificate, dates issued and expired, and subject(s).

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If you have applied for a Florida Educator’s Certificate, provide the following:

Date Applied \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subject(s) Requested:

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Have you ever had a teaching certificate from any state suspended, placed on probation or revoked; or is there any action pending against your certificate or application?

Yes       No      State \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Orientation Program**

Persons applying for an initial full time Florida Educator’s Certificate are required to participate in the Florida Professional Orientation Program. The program provides 196 days of supervised support service during the first year of teaching in a Florida School.

If you have participated in a Florida Professional Orientation Program, Name the District:

\_\_\_\_\_ Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for not completing the Program:

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With verification/documentation of elementary or secondary teaching experience in a United States or U.S. Dependents School, you may be eligible for the experienced or fast track program. You must have begun on the day teachers reported to work and continued until the last day teachers worked at the end of a school year.

School \_\_\_\_\_ Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

**Experience must be officially verified and documented at time of employment.**

**Criminal Record Information**  
**All Applicants Please Read Very Carefully**

In the event you fail to list charges either as an adult or juvenile or have had a criminal record sealed and/or expunged which you fail to disclose and your fingerprint check evidences any charges, you WILL be terminated. You are cautioned to assure the accuracy of the information you are providing to us on your application. The list below is not all inclusive. You must list all charges, even if they are not listed below.

*Conviction is defined as the finding of guilt, a plea of nolo contendere, or entering a pre-trial intervention program, whether or not there is a formal adjudication of guilt or if the case has been expunged.*

1. Have you ever (as a juvenile or an adult) at any time been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions are not minor and must be reported.)  
 YES            NO
2. Have you ever (as a juvenile or an adult) at any time been found guilty of a criminal offense?  
 YES            NO
3. Have you ever (as a juvenile or an adult) at any time entered a nolo contendere (no contest) plea?  
 YES            NO
4. Have you ever (as a juvenile or an adult) at any time had a criminal record sealed?  
 YES            NO
5. Have you ever (as a juvenile or an adult) at any time had a criminal record expunged?  
 YES            NO
6. Have you ever (as a juvenile or an adult) at any time had adjudication withheld in a criminal offense?  
 YES            NO
7. Have you ever (as a juvenile or an adult) at any time been imprisoned or jailed in a criminal proceeding?  
 YES            NO
8. Have you ever (as a juvenile or an adult) at any time been placed on probation in a criminal proceeding?  
 YES            NO
9. Have you ever (as a juvenile or an adult) at any time been confirmed as a child abuser by any agency (Please explain on separate piece of paper.)  
 YES            NO
10. Have you ever (as a juvenile or an adult) at any time enrolled in a pretrial diversion program?  
 YES            NO
11. Are there criminal charges currently pending against you other than a noncriminal traffic violation?  
 YES            NO

*If you answered yes to any question above, please complete the information below. Additionally, you must list all charges even if they are not referenced above.*

Location:	Date:	Nature of Violation	Disposition(s)

**APPLICANT'S STATEMENT AND RELEASE OF INFORMATION AUTHORIZATION – Read the following carefully before you sign.**

I certify that the above entries are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in immediate dismissal. In the event that I am hired by New Dimensions High School, Kissimmee, FL, I agree to comply with all of its orders, rules, and regulations. I authorize my past and present employers and schools to release any information regarding my employment and education records, and in addition, to furnish any other information they may have concerning me. I understand that I will be finger printed and screened for illegal drugs as a matter of protection and identification and hereby authorize the release of all information from any and all law enforcement agencies where protected under the privacy act. I understand my fingerprints will be screened through the Florida Department of Law Enforcement and the Federal Bureau of Investigation. I fully understand that this application and any information obtained through the employment may be subjected to public inspection in accordance with the Florida Public Records Act.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## **Philosophy Description and Writing Sample**

*Answer the following questions on another sheet of paper and in your own handwriting.*

- What is your philosophy on education and how students learn best?
- How have your past accomplishments prepared you to be a successful employee at New Dimensions High School?
- Describe your best classroom teaching experience. What did you learn from that experience?
- Describe your worst classroom teaching experience. What did you learn from that experience?

## **THIS LETTER APPLIES ONLY TO APPLICANTS FOR SUBSTITUTE TEACHING POSITIONS.**

Dear Substitute Teacher Applicant:

Thank you for your interest in substitute teaching with New Dimensions High School. This letter explains how to apply for a substitute teaching position and also provides you with some general information about substitute teaching.

### **THE PROCESS FOR BECOMING A SUBSTITUTE TEACHER**

#### **STEP ONE:**

- Complete and return the application packet  
Documentation of a negative TB test or chest x-ray within the last 12 months
- Three (3) work related references, either on the attached reference forms or on a letterhead and dated within the last 12 months
- Copy of your driver license or valid government issued picture ID (We must see the original and make the copy.)
- Copy of your original Social Security Card and Alien Registration Card Work Permit (if applicable)
- Copy of your original high school diploma OR transcripts from a college or university sent directly to us from the institution

#### **STEP TWO:**

Submit a letter of Interest with your application packet; include a letter expressing your desire to be considered for a substitute teaching position

#### **STEP THREE:**

- Application Review and Interview
- Upon receipt of your completed application packet and letter, your materials will be reviewed
- Applications will not be reviewed until all items have been received
- Based upon that review, you may be contacted to schedule an interview

### **GENERAL INFORMATION**

- Substitute teaching is a non-benefited position
- Substitute employment is considered "at will" employment
- Substitutes are paid twice a month and are paid for hours worked
- Your employment as a substitute teacher could be for less than 7.5 hours per day
- The following rates are paid for substitute teachers only

Substitutes with a High School Diploma - \$9.00/hourly

Substitutes with an Associate's Degree - \$9.50/hourly

Substitutes with a Bachelor's Degree or higher - \$10.70/hourly

Substitutes who are retired teachers (with proof of retirement) - \$11.00/hourly

- Any experience gained as a substitute teacher will not count towards experience for pay purposes if hired as a full-time employee
- If hired, you will be required to pay a total of \$65.00 for fingerprinting. These services must be performed by a representative of the School District of Osceola County.

**THIS LETTER PERTAINS ONLY TO APPLICANTS WHO MARKED 'YES'  
ON THE LAW VIOLATION INFORMATION BOX**

Dear Applicant:

Thank you for expressing an interest in employment with New Dimensions High School.

You have checked on the Application for Employment, the law violation information with a "YES" response. In order for New Dimensions High School to fully understand the circumstances surrounding this arrest record, and to meet the requirements of the Florida Statutes 231.02(2)(b) and 231.17 (5) the following CERTIFIED COPIES of the documents must be provided:

1. Your statement explaining the circumstances of each arrest MUST BE SIGNED, and any other mitigating documents.
2. Information Sheet (formal charges by the court)
3. Incident Report (initial police investigative report) and Police Arrest Report (criminal report affidavit).
4. Adjudication Sheet (The court's disposition of your case, including your plea and sentencing).
5. If the records have been destroyed, please provide a CERTIFIED letter from the Clerk of the Court so stating.

Even if your case was sealed or expunged, according to Section 943.0585 and 943.059, Florida Statutes, you must report its contents.

If you have a multiple arrest record, the required documents must be presented for each arrest record.

You may contact the Circuit Court in the county where the arrest was conducted to acquire a certified copy of the required documents. These documents must be obtained from the Clerk of the Court where the incident took place. If there is more than one disclosure, then certified copies for each disclosure must be obtained.

You may hand deliver the documents or send by certified mail so that you have a signed receipt showing when your documents were received by New Dimensions High School. Your complete application packet and the certified documents you provide will be reviewed by our Board for final clearance or rejection.

Sincerely,

Jacqueline Grimm, PhD  
Director of Operations



**ATTENTION ALL APPLICANTS  
READ THESE PAGES CAREFULLY!**

Pursuant to Florida Statute 231.02 and as part of your employment record, you will be fingerprinted and a criminal history check will be done. A prior criminal record may or may not result in your disqualification for employment with the New Dimensions High School Board.

Be aware that falsification of records also includes omission of information and constitutes grounds for dismissal!

Under provisions in Florida Statutes 943.0585 and 943.059, the entire criminal charge/arrest record is revealed to school districts by the Florida Department of Law Enforcement and the FBI when fingerprints are supplied. You must list on the application all adult and/or juvenile misdemeanors, felonies, "military court proceeding" or criminal offenses other than non-criminal traffic violations. Dill and reckless driving are criminal offenses. You should not rely on an attorney, judge, or other third part telling you your record does not exist or that you do not have to disclose the information.

If you have prior criminal record that has been sealed and/or expunged, you are required to disclose the record. Factors such as age, type of offense and remoteness of the offense in time will be taken into account in determining employment. You will remain on a probationary status pending fingerprint processing.

In addition, the school district will provide supervisory training to assist in identifying and addressing illegal drug and/or alcohol use by employees.

Any employee convicted of violating a criminal drug statute in the workplace must inform New Dimensions High School of such conviction (including pleas of guilty and nolo contendere within five (5) days of the conviction occurring. Failure to so inform the school district subjects the employee to disciplinary action, up to and including termination for the first offense. By law, the school district will notify the federal contracting officer within ten (10) days of receiving such notice from an employee or otherwise receiving notice of such a conviction.

All employees are asked to acknowledge that they have read the above policy and agree by it in all respects. By law, this acknowledgment and agreement are required of each employee as a condition of continued employment.

**SCHOOL BOARD RULE 1.18  
DRUG-FREE WORKPLACE**

No employee of the NDHS School Board shall manufacture, distribute, dispense, possess, use, or be under the influence in the workplace of any alcoholic substance, and intoxicating or auditory, visual, or mental altering chemical or substance or narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance as defined by federal or state law or rule, or any counterfeit of such drugs or substances all being collectively referred to as drugs.

It is recognized that prescription drugs are necessary, but the abuse of such drugs is a violation of the policy.

"Workplace" is defined as the site for the performance of work done in connection with employment. That includes any school building, any school premises; any school vehicle, or any vehicle used to transport students to and from school and school activities off school property during any school-sponsored or school approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the School District.

Upon reasonable suspicion of drug and/or alcohol abuse; documented by the NDHS School Board adopted checklist; written notification shall be given to the employee and a professional evaluation, which may include drug and/or alcohol testing as recommended, shall be performed by qualified personnel.

Any employee testing positive will be considered in violation of the Drug-Free Workplace policy. Any employee violating the above policy is subject to discipline, up to and including termination, for the first offense.

Employees have the right to know the dangers of drug and/or alcohol abuse in the workplace, the school district's policy about them, and what help is available to combat drug and/or alcohol problems. This document spells out the school district's policy. The school district will institute an education program for all employees on the dangers of drug and/or alcohol abuse in the workplace. All employees are encouraged to self-identify and to participate in the following rehabilitative help:

- Medical benefits for substance abuse treatment
- Information about community resources for assessment and treatment
- Counseling program
- Employee Assistance Program

**COMPLIANCE WITH THE DRUG-FREE WORKPLACE POLICY IS MANDATORY.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_