



# 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.odysseycharterschool.com](http://www.odysseycharterschool.com)  
 employment@odysseycharterschool.com  
 Fax: 321-733-1178 or 321-327-7261

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

## 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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Principal               | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Teacher                       |
| <input type="checkbox"/> Assistant Principal     | <input type="checkbox"/> ESE Specialist     | <input type="checkbox"/> Paraprofessional              |
| <input type="checkbox"/> Registrar               | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Cafeteria                     |
| <input type="checkbox"/> Office Staff/Attendance | <input type="checkbox"/> Custodial          | <input type="checkbox"/> Before/Aftercare              |
| <input type="checkbox"/> Preschool               | <input type="checkbox"/> Bus Driver         | <input type="checkbox"/> Other (please describe) _____ |

### Grade Level Preference (Teacher Applicants):

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary Education (PK-3) | <input type="checkbox"/> Elementary (K-6)              | <input type="checkbox"/> Middle (7-8) |
| <input type="checkbox"/> High (9-12)              | <input type="checkbox"/> Exceptional Student Education | <input type="checkbox"/> 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.

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

- Temporary       Professional       FLDOE Eligibility Letter       Other (Please Specify) \_\_\_\_\_

Subjects shown on certificate: \_\_\_\_\_

(Please attach a copy of 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.

(List status of eligibility) \_\_\_\_\_

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
- 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 contendere?  Yes  No

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

### 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

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 supervising teacher, college professor(s), and last employer. Experienced teachers should list the names of their last two (2) 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. 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:**

Interview Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Last Employer Contacted by: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Reference Check on File:  Yes  No