



POLICY 3.10

5-B I recommend that the Board approve development of the proposed **revised** Policy 3.10, entitled “Conditions of Employment with the District.”

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

Development

CONSENT ITEM

- 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.

POLICY 3.10

CONDITIONS OF EMPLOYMENT WITH THE DISTRICT

- 1
2
3 1. Purpose: This policy sets forth the procedures to be followed and the applicable
4 forms to be completed by persons as conditions of employment with the District.
- 5 2. All applicants who are recommended for employment shall be required to meet any
6 and all requirements of federal and state law, School Board policies, and the job
7 description for the position and to comply with the following procedures designated
8 by the Superintendent in order to be eligible to commence work for the District.
9 Such procedures shall include, but not be limited to:
 - 10 a. ~~Completion of forms required by federal and state agencies and the School~~
11 ~~Board; and submission of forms and documents as set forth in the list~~
12 ~~incorporated herein by reference and attached at the end of this policy as~~
13 ~~attachment "A", including forms required by federal or state agencies or the~~
14 ~~School Board.~~
 - 15 b. Meeting the requirements and completion of forms referenced within other
16 applicable School Board policies, including but not limited to School Board
17 Policies 3.02(Code of Ethics), 3.29 (Employee Use of Technology), 3.12
18 (Criminal Background Checks), and 3.21 (Safe Operation of District School
19 Buses).
 - 20 c. Completion of forms or online enrollment related to the employee benefits
21 package (FBMC/PB/0907) www.palmbeach.k12.fl.us/risk; ~~and~~
 - 22 d. Completion and passing of pre-employment drug test as required by School
23 Board Policies 3.96 and/or 3.961 within 30 days prior to commencement of
24 employment for new applicants including student teachers. With respect to
25 former employees, no new drug test will be required if rehired within 90 days
26 of last day worked. Execution of PBSB 1735 Drug and Alcohol Free
27 Workplace Acknowledgment, as required by Policy 3.96.
 - 28 Transportation (Bus Drivers) Applicants must pass a pre-employment
29 physical and drug screen (as required by 49 CFR Part 40; 49 CFR §§ 383.71;
30 390.5; and 391.45) as prescribed by the U.S. Department of Transportation
31 (DOT). The physician must complete ESE 479.
 - 32 e. Completion of a pre-employment ~~preemployment~~ medical examination to the
33 extent required by federal or state laws or as required by the School Board
34 and listed at the end of this policy on attachment "A". ~~by and receipt of a~~
35 ~~medical clearance from professionals selected by the School Board. The~~

36 and listed at the end of this policy on attachment "A" by and receipt of a
37 medical clearance from professionals selected by the School Board. The
38 medical examination may consist of a physical examination and/or testing for
39 potentially impairing, disabling, communicable and terminal diseases or
40 conditions including, but not limited to, tuberculosis and other pulmonary
41 diseases, carcinoma, acquired immune deficiency syndrome, diabetes,
42 hypertension, anemia, cardiovascular diseases, muscular skeletal diseases or
43 disorders, hearing and visual impairments, mental or nervous disorders,
44 alcoholism and drug abuse.

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

48 ii. As required by School Board Contract.

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

53 f. Attendance at the District's new employee orientation session by applicants
54 who are expected to be hired in the near future.

55 g. In addition, the procedures shall include, but not be limited to:

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

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

59 ii. Applicants must provide the names, addresses and phone numbers of all
60 employers from the past five years, including starting date and ending
61 date.

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

64 iv. Applicants shall provide a letter explaining any break in employment
65 history during the past five years.

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

69 vi. The name of the business and signature of the employer must be on the

- 70 work reference form.
- 71 vii. Applicant shall include and list on the form the number of years a
72 reference has been known to him/her. Paper references must match
73 what the applicant entered on his/her online application.
- 74 viii. If applicant was ever arrested, the person may be required to provide a
75 letter from the County Clerk stating the disposition of past arrests and the
76 outcome of the arrest.
- 77 ix. Before being accepted into the bus driver training class, the applicants
78 must provide an Applicant Security Check form and required references.

79 **School Police Officers**

- 80 i. Applicants are required to pass a pre-employment physical and drug
81 screen (Florida Statutes §943.13). Further, applicants must pass a
82 psychological and a Computer Voice Stress Analyzer (CVSA) as allowed
83 by the Florida Department of Law Enforcement.
- 84 ii. The physician must complete a Criminal Justice Standards and Training
85 Commission (CJSTC) 75 Physician's Assessment and the Department of
86 School Police will complete CJSTC 77.
- 87 3. Persons who will be or are employed at the District will be required, when
88 requested by the Superintendent/designee, to identify themselves through a
89 biometric record, for such reasons as reporting their time and attendance and other
90 District purposes.
- 91 a. A biometric record means a record of one or more measurable biological or
92 behavioral characteristics that can be used for automated recognition of an
93 individual.
- 94 b. Examples include (unless prohibited by federal or Florida law): fingerprints;
95 retina and iris patterns; voiceprints; DNA sequence; facial characteristics; and
96 handwriting.
- 97 c. Biometrics may involve a technology that utilizes an automated touchpad to
98 recognize a person based on finger image or template. In that event,
99 biometrics will use a point on the finger for the image and will not utilize actual
100 fingerprints.
- 101 4. The District may require employees to complete and submit to the District
102 additional forms or information if State or federal law changes or if the District
103 determines that the forms are needed in its best interests.

104 5. The District requires its employees to carry out their responsibilities in accordance
105 to School Board Policy 1.013, their job descriptions and reasonable directives from
106 their supervisors that do not pose an immediate serious hazard to health and
107 safety or clearly violate established law or policy.

108 6. All District forms referenced within this Policy are hereby incorporated herein by
109 reference as part of the Policy, unless they are incorporated within another District
110 policy. These forms are available on the [District Forms website](#).

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

113 8. Collective Bargaining Agreements—If the provisions of a collective bargaining
114 agreement conflict with this Policy, the provisions of the collective bargaining
115 agreement will prevail.

116 STATUTORY AUTHORITY: Fla. Stat. §§ 1001.32(2); 1001.41(1) & (2); 1001.42 (5) &
117 (26); 1001.43 (11); 1012.23 (1) ~~120.53, 230.22(1), 231.001~~, F.S.

118 LAWS IMPLEMENTED: Fla. Stat. §§ 1001.32(2); 1001.42 (5); 1012.23 (1); 1012.32
119 230.23(5), F.S.

120 HISTORY: 6/02/76; 6/16/87; 7/22/87; / /09

Legal Signoff:

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

Attorney

Date

ATTACHMENT "A"

CONDITIONS OF EMPLOYMENT FORMS AND DOCUMENTS

District Applicant Forms – All Applicants

1. On-line Employment Application [PeopleSoft] (PBSD 0010, web process)
2. Employee Reference (PBSD 0606)
3. Background Information Check (PBSD 1456)
4. Applicant Security Check (PBSD 1665)
5. Employee Information Exemption from Public Records (PBSD 2130)
6. Drug and Alcohol Free Workplace Acknowledgement (PBSD 1735)
7. Social Security Collection Notice (PBSD 2272)
8. Oath of Loyalty (PBSD 0018)
9. Self Reporting of New Arrests and Convictions Affidavit (PBSD 1722)
10. Verification of Receipt of Employee Evaluation and Agreement (for certain bargaining unit employees only) (PBSD 1876)

Transportation Applicants Only

1. Applicant Medical/Health (PBSD 1218)
2. Drug and Alcohol Testing Notification (Transportation Applicants Only) (PBSD 1541) (School Board Policy 3.961)

School Police Officers Applicants Only

1. CJSTC-75 Physician's Assessment (School Police Officers Only) (F.S. 943.13)
2. Applicant Medical/Health (PBSD 1218)

Facilities Services

1. Applicant Medical/Health (PBSD 1218)
2. Respirator forms (PBSD 1980, 1981, 1985 & 1594)

State of Florida Forms and Documents—All Applicants

1. Florida Retirement System (FRS) New Employee Certification
2. Drivers License (if applicant has one)

Federal Forms and Documents—All Applicants

1. Form I-9 Employee Eligibility Verification
2. Section 1 (e) for IRS Form W-4
3. Original Social Security card

Fingerprints

Fingerprints, pursuant to Fla. Stat. §1012.39

Other Documents

1. Official Transcripts showing degree & copies of certificates

Other District Employee Forms (optional or as needed) based on job duties)

1. Address Change Employee/Applicant/Substitute (PBSD 0108)
2. Employee Violation Notice (PBSD 0477)
3. Employee Information Update (PBSD 0862)
4. Payroll Direct Deposit (PBSD 1636)
5. Substitute Teacher Fingerprint and Drug Test Release (PBSD 2021)
6. Access Card Identification Badge Application (PBSD 2023)
7. Authorization for Release of Employee Medical Records (PBSD 2161)
8. Fingerprint Payroll Deduction Authorization (PBSD 2265)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 DIVISION OF HUMAN RESOURCES, DOCUMENT CENTER
 3300 Forest Hill Boulevard, A-132, West Palm Beach, FL 33406-5870

Applicant ID #

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 Administrative Non-instructional Instructional Print or Type.
Use black or blue ink

Last Name	First Name	MI	Prior Name
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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 Print or Type.
Use black or blue ink

Evaluator Last Name	First Name	MI	I have known the applicant <input type="checkbox"/> Personally <input type="checkbox"/> Co-worker <input type="checkbox"/> As an employee <input type="checkbox"/> As a student <input type="checkbox"/> Volunteer
Present Address street and Number			
City	State	Zip Code	

Company/School Name *(if applicable)*

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

Employment dates or length of time you have known the applicant

From: (month) ____ (year) ____ To: (month) ____ (year) ____

Position or job title of the applicant when employed

Your title at the time you supervised the applicant:

Would you consider hiring (re-hiring) the applicant? Yes No

Does company policy prohibit re-hiring? 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

This reference will not be accepted without a signature.

PBSD 0606 (Rev. 05/06/2009)

EXCELLENT
 GOOD
 AVERAGE
 BELOW AVERAGE
 UNACCEPTABLE
 NOT OBSERVED

PERSONAL / PROFESSIONAL TRAITS

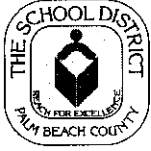
General Appearance
 Attendance/Punctuality
 Language and Communication Skills
 Adaptability/Flexibility
 Dependability/Reliability
 Self-Control
 Ability to Work with Others
 Ability to Accept Criticism
 Accuracy and Punctuality of Work
 Overall Job Performance
 Judgment/Common Sense

ADMINISTRATIVE TRAITS

Decision Making Skills
 Commitment to Vision and Mission
 Organizational Ability
 Leadership

TEACHING TRAITS

Enthusiasm for Teaching
 Knowledge of Subject Matter
 Lesson Planning and Preparation
 Use of Effective Methods and Techniques
 Student Response to Teaching
 Sensitivity to Individual Student Needs
 Classroom Management (Discipline)
 Interest in Total School
 Ability to Work with Parents/Community



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE

Background Information Check

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.

Last Name		First Name		Middle Name
Any Other Legal Last Name(s) used (i.e., maiden name)			Any Other Legal First Name(s) Used	
Social Security #	Applicant ID #	Employee ID #	E-mail Address (required for consultant)	
Address (street, apartment number, city, state, zip code)				Telephone () -
Birth Date / / year month day	Place of Birth (state or providence - country if other than USA)			
RACE/ETHNIC ORIGIN				
<input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Unknown				
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HAIR COLOR	EYE COLOR	HEIGHT ft. in.	WEIGHT lbs.
Company (if not applicable leave blank)		Job Title (if applicable)		Work Telephone # () -

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 _____

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.

Fòm sa a disponib an kreyòl tou si w ta bezwen.
Este formulario está disponible en español, si usted lo solicita.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Applicant ID #	Social Security #
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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:

College/University Name and Contact		Telephone #	
Last Name	First Name	MI	Date of Birth
Sex	Telephone #	Race/Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Unknown	
Driver's License #	State	Date Expires	
Commercial Driver's (CD) License #	State	Date Expires	

Answer the following questions by checking the YES or NO box to the left of the question.

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

Date	Where arrested (City, State)	Nature of charge	Penalty/Disposition

3. YES NO Are criminal charges other than minor traffic violations currently pending against you? (Includes pending DUI/DWI charges.)
4. YES NO Have you EVER pled guilty to a criminal offense?
5. YES NO Have you EVER been convicted/fined in a criminal proceeding?
6. YES NO Have you EVER been placed on probation in a criminal proceeding? (Includes participation in a pretrial intervention program.)
- 6a. YES NO Are you currently on probation? If yes, give details below:

Date placed on probation	Term of probation	Termination date of probation

Applicant Security Check

Last Name	Applicant ID #	Social Security #
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- YES NO
7. Have you **EVER** pled "no contest" or "nolo contendere" in a criminal proceeding?
8. Have you **EVER** had adjudication withheld (*withholding of guilt or innocence by a judge*) in a criminal proceeding?
9. Have you **EVER** received an expungement (*charges erased*) or a pardon of conviction? (*Under Florida Statutes § 943.0585, expunged or sealed records are available to district school boards*)
10. Have you **EVER** failed to appear in court or forfeited bond in a criminal proceeding?

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.

Date	Where arrested (City, State)	Nature of charge	Penalty/Disposition

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

- YES NO
11. Have you ever had a teaching certificate revoked?
12. Have you ever had a teaching certificate suspended?
13. Have you ever had sanctions placed on your teaching certificate for any reason?
14. Have you ever been denied a teaching certificate anywhere?
15. Is disciplinary action currently pending anywhere against your certificate?

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**

EMPLOYEE NAME (<i>last, first, middle</i>)	EMPLOYEE ID NUMBER
POSITION / TITLE	SCHOOL / DEPARTMENT

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



DISTRI LEKÒL REJYON PALM BEACH
**Deklarasyon alekri pou anplwaye
lapolis fèk arete ak kondànè**

NON ANPLWAYE A. (siyati, prèmye non, dezyèm non)	NIMEWO ANPLWAYE A
POZISYON/TIT OU NAN POZISYON AN	LEKÒL/DEPATMAN

Atik 3.13 nan regleman komite dirijan distri a mande pou tout anplwaye rapòte alekri ak dokiman apwopriye kòm prèv tout nouvo arestasyon ak kondanasyon bay sipèvizè yo nan yon entèval 48 èdtan apre arestasyon an oswa kondanasyon an. Lè w siyen papye sa a sa vle di 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 pèsònèlman alekri ansanm ak dokiman apwopriye kòm tout arestasyon ak/oswa chaj kriminel, tankou vyolasyon trafik, bay sipèvizè imedyal/ reprezantan li nan yon entèval 48 èdtan apre arestasyon ak/oswa chaj kriminel sa a.
- B. Tout anplwaye distri a sipoze rapòte pèsònèlman alekri ak dokiman apwopriye kom prèv nenpòt jijman final ki fin pwononse kont yo, nan yon entèval 48 èdtan apre, swa kòm yon kondanasyon, detèminasyon kilpabilite, 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 kriminel ki pa nan menm kategori ak kontravansyon minim 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 komèsyal (CDL) pou yo kab travay, sipoze rapòte alekri ak dokiman apwopriye kòm 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 sipèvizè m pèsònèlman, sa kab lakoz 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 tráfico 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



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 PBSB 1132 or PBSB 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 unions (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 PBSB 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/laborrelations/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 PBSB 0019.

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 to 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/laborrelations/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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
EMPLOYEE BENEFITS AND RISK MANAGEMENT

Applicant Medical/Health History

Social Security [REDACTED] - [REDACTED] - _____

Current Date ____ / ____ / ____

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:

ILLNESS	YES	NO	ILLNESS	YES	NO	ILLNESS	YES	NO	ILLNESS	YES	NO
Diabetes			Kidney			Heart Disease			Blood Disease		
Cancer			Respiratory			Epilepsy			High Blood Pressure		
Tuberculosis			Mental Illness			Stroke			Other		

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 ____ / ____ / ____ Rubella ____ / ____ / ____ Polio ____ / ____ / ____
TB ____ / ____ / ____ BCG/TP ____ / ____ / ____ Tetanus ____ / ____ / ____ D/T ____ / ____ / ____ Flu ____ / ____ / ____

8. Have you ever:

Been refused work due to your health? Yes No Been refused health/life insurance due to your health? Yes No

Had to quit work due to your health? Yes No Been discharged/rejected from military due to 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

Name _____
(last/first/middle)

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

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

DO NOT WRITE BELOW THIS LINE

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.)

DRUG NAME	FREQUENCY OR DATE OF LAST DOSE	PHYSICIAN WHO PRESCRIBED (IF APPLICABLE)

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)

EMPLOYEE NAME (last, first, middle initial)		SOCIAL SECURITY NUMBER	
NOTIFICATION DATE	NOTIFICATION TIME AM PM	SCHOOL / DEPARTMENT	
EMPLOYEE TYPE <input type="checkbox"/> Covered (DOT) <input type="checkbox"/> Not Covered (Non-DOT)		SCREENING TYPE <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Test	
TESTING CATEGORY <input type="checkbox"/> Pre-employment <input type="checkbox"/> Return-to-Duty		<input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Follow-up	

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.



Florida Department of Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d), F.A.C.



CJSTC 75

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.

6b. Physician's Attestment:

- 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. _____ Licensing State
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number

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. The 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: 000-00-1234.
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 Attestment:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not 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.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
RESPIRATORY PROTECTION PROGRAM

APPENDIX D-2

Respirator Evaluation

EMPLOYEE NAME <i>(last, first, middle initial)</i>	SOCIAL SECURITY NUMBER 
--	---

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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF EMPLOYEE BENEFITS & RISK MANAGEMENT

APPENDIX D-1

Medical Evaluation for Respirator Use

Section I to be completed by the employees supervisor and Section II by the appointed physician.

SECTION I

EMPLOYEE NAME (last, first, middle initial)	SOCIAL SECURITY NUMBER - -	DATE OF BIRTH / /	AGE	GENDER
EMPLOYEE JOB TITLE	TYPE OF WORK PERFORMED			
SUPERVISOR NAME (last, first, middle initial)	SCHOOL / DEPARTMENT			

Substance(s) necessitating respirator use

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

AIR-PURIFYING			ATMOSPHERE-SUPPLYING	
NON-POWERED	POWERED	AIRLINE	SCBA OPEN CIRCUIT	SCBA CLOSED CIRCUIT

Respirator face piece type (check one) full 1/2 1/4 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 places
- Confined space
- Exposure to highly toxic material
- High temperature
- Additional protective equipment / clothing (est. wgt. _____)
- Exposure to other airborne concentrations
- 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 _____

PRINT NAME AND TITLE

PBSD 1981 (Rev. 1/9/2005)

Medical evaluation by

SIGNATURE OF PHYSICIAN _____ DATE _____

PRINT NAME

ORIGINAL - Employee Benefits and Risk Management



Respirator Qualitative Fit Test Record

DATE	PAGE NUMBER
/ /	of

EMPLOYEE NAME (last, first, middle initial)	SOCIAL SECURITY NUMBER	SCHOOL / DEPARTMENT
---	------------------------	---------------------

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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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.

Form with fields for EMPLOYEE NAME (last, first, middle initial), AGE, SEX, HEIGHT (ft., in.), WEIGHT (lbs.), JOB TITLE, and TODAYS DATE (/ /).

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?
2. Check the type of respirator you will use (check all that apply)
3. Have you worn a respirator? 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?
2. Have you ever had any of the following conditions?
3. Have you ever had any of the following pulmonary or lung problems?

Respirator Medical Evaluation Questionnaire
(continued)

EMPLOYEE NAME *(last, first, middle initial)*

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)

EMPLOYEE NAME <i>(last, first, middle initial)</i>
--

- 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

Respirator Medical Evaluation Questionnaire
(continued)

EMPLOYEE NAME *(last, first, middle initial)*

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 castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load *(about 50 lbs.)*.

Respirator Medical Evaluation Questionnaire
(continued)

EMPLOYEE NAME <i>(last, first, middle initial)</i>
--

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



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



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]

<input type="checkbox"/> OPTIONS 1 ALL checks issued by Payroll will be split. MUST total 100% <input type="text"/> % to Primary Account <input type="text"/> % to Secondary Account	<input type="checkbox"/> OPTIONS 2 Flat amount will go to Secondary Account on semi-pay only <input type="text"/> 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

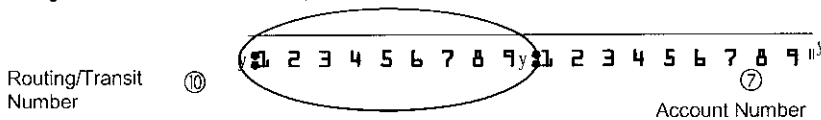
Bank Name Routing/Transit No.
(see example below)

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.



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



DISTRI LEKÒL REJYON PALM BEACH

Payroll Direct Deposit Authorization - Creole version

Otorizasyon pou fè depozit dirèk sou kont an bank

Nouvo Ajoute Chanje Elimine

NON ANPLWAYÉ A (ekri an lèt detache)	NIMEWO SEKIRITE SOSYAL (sèlman kat dènye nimewo yo)
KOTE W TRAVAY	NIMEWO ANPLWAYÉ A

CHWA (FÈ YON SÈL CHWA)

<input type="checkbox"/> CHWA 1 Tout chèk ki soti nan biwo pewòl la ap pataje. DWE totalize 100 pou 100 <input type="text"/> Pousantaj nan premye kont la <input type="text"/> Pousantaj nan dezyèm kont la	<input type="checkbox"/> CHWA 2 Total lajan an ap depoze nan dezyèm kont la chak peryòd pèyman <input type="text"/> Rès lajan an pral sou dezyèm kont la (balans ki rete sou premye kont la)
--	---

ENFÒMASYON SOU PREMYE KONT LA

Non bank la Nimewo itinerè (gade ekzanp anba a)

Adrès bank la

Nimewo kont la Tip kont la: Kont kouran Kont depay

ENFÒMASYON SOU DEZYÈM KONT LA

Non bank la Nimewo itinerè (gade ekzanp anba a)

Adrès bank la

Nimewo kont la Tip kont la: Kont kouran Kont depay

EKZANP NIMEWO ITINERÈ

Nimewo itinerè a lokalize anba chèk la, li nan mitan siy " ⑩ " sa yo epi li toujou genyen 9 chif. Nimewo kont lan li menm kapab rive nan 17 chif.



Mwen otorize Distri lekòl rejon Palm Beach la ak bank mwen site anlè a pou depoze otomatikman total lajan travay mwen nan nimewo itinerè ki ekri anlè 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 mansyone a, Distri lekòl la pa ta dwe responsab non plis pou frè reta, depasman limit, oswa nenpòt lòt frè ki vini apati de akò sa a ki founi bonjan enfòmasyon nan yon delè rezonab pou yo kab transmèt li nan sistèm biwo santral otomatize a. Si genyen lajan mwen pa merite ki depoze nan kont mwen an pa erè, mwen otorize pou yo retire lajan sa a men yo ta dwe avize mwen pivi 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 opòtinite rezonab pou ajì sou sa.

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

SIYATI ANPLWAYÉ

DAT



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 molde)	N° DE SEGURO SOCIAL (sólo los últimos 4 dígitos)
LUGAR DE TRABAJO	NÚMERO DE IDENTIFICACIÓN DE EMPLEADO

OPCIONES [ESCOJA SÓLO UNA]

<input type="checkbox"/> OPCIÓN 1 TODOS los cheques emitidos por la Sección de Nóminas se dividirán de la siguiente forma y deberán tener un total del 100% <input type="text"/> % en la cuenta primaria <input type="text"/> % en la cuenta secundaria	<input type="checkbox"/> OPCIÓN 2 La cantidad exacta de una quincena será depositada en la cuenta secundaria <input type="text"/> Cantidad a depositar en la cuenta secundaria (el saldo irá a la cuenta primaria)
--	---

INFORMACIÓN DE LA CUENTA PRIMARIA

Nombre del banco Núm. de identificación del banco (vea el ejemplo a continuación)

Dirección del banco

Número de la cuenta Tipo de cuenta: Cheques Ahorros

INFORMACIÓN DE LA CUENTA SECUNDARIA

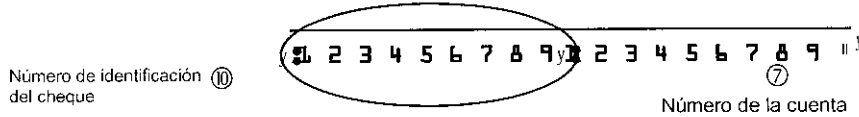
Nombre del banco Núm. de identificación del banco (vea el ejemplo a continuación)

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 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.



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



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]

<input type="checkbox"/> OPTIONS 1 ALL checks issued by Payroll will be split. MUST total 100% <input type="text"/> % to Primary Account <input type="text"/> % to Secondary Account	<input type="checkbox"/> OPTIONS 2 Flat amount will go to Secondary Account on semi-pay only <input type="text"/> 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

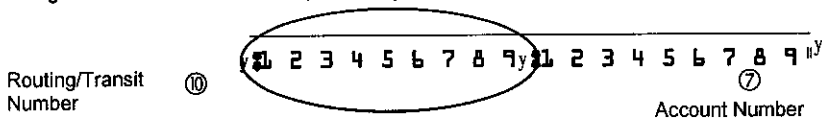
Bank Name Routing/Transit No.
(see example below)

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.



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



DISTRI LEKÒL REJYON PALM BEACH

Otorizasyon pou fè depozit dirèk sou kont an bank

Payroll Direct Deposit Authorization - Creole version

Nouvo Ajoute Chanje Elimine

NON ANPLWAYE A (ekri an lèt detache)	NIMEWO SEKIRITE SOSYAL (sèlman kat dènye nimewo yo)
KOTE W TRAVAY	NIMEWO ANPLWAYE A

CHWA (FÈ YON SÈL CHWA)

<input type="checkbox"/> CHWA 1 Tout chèk ki soti nan biwo pewòl la ap pataje. DWE totalize 100 pou 100 <input type="text"/> Pousantaj nan premye kont la <input type="text"/> Pousantaj nan dezyèm kont la	<input type="checkbox"/> CHWA 2 Total lajan an ap depoze nan dezyèm kont la chak peryòd pèyman <input type="text"/> Rès lajan an pral sou dezyèm kont la (balans ki rete sou premye kont la)
---	---

ENFÒMASYON SOU PREMYE KONT LA

Non bank la Nimewo itinerè (gade ekzanp anba a)

Adrès bank la

Nimewo kont la Tip kont la: Kont kouran Kont depay

ENFÒMASYON SOU DEZYÈM KONT LA

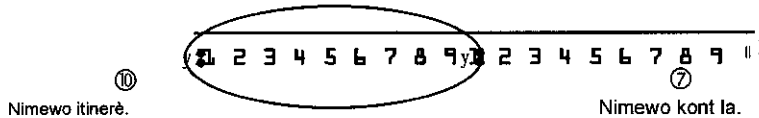
Non bank la Nimewo itinerè (gade ekzanp anba a)

Adrès bank la

Nimewo kont la Tip kont la: Kont kouran Kont depay

EKZANP NIMEWO ITINERÈ

Nimewo itinerè a lokalize anba chèk la, li nan mitan siy " ⑩ " sa yo epi li toujou genyen 9 chif. Nimewo kont lan li menm kapab rive nan 17 chif.



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

Après 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 mansyone a, Distri lekòl la pa ta dwe responsab non plis pou frè reta, depasman limit, oswa nenpòt lòt frè ki vini apati de akò sa a ki founi bonjan enfòmasyon nan yon delè rezonab pou yo kab transmèt li nan sistèm biwo santral otomatize a. Si genyen lajan mwen pa merite ki depoze nan kont mwen an pa erè, mwen otorize pou yo retire lajan sa a men yo ta dwe avize mwen pivi posib.

Otorizasyon sa a dwe rete efektiv 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 opòtinite rezonab pou aji sou sa.

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

SIYATI ANPLWAYE

DAT



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 molde)	N° DE SEGURO SOCIAL (sólo los últimos 4 dígitos)
LUGAR DE TRABAJO	NÚMERO DE IDENTIFICACIÓN DE EMPLEADO

OPCIONES [ESCOJA SÓLO UNA]

<input type="checkbox"/> OPCIÓN 1 TODOS los cheques emitidos por la Sección de Nóminas se dividirán de la siguiente forma y deberán tener un total del 100% <input type="text"/> % en la cuenta primaria <input type="text"/> % en la cuenta secundaria	<input type="checkbox"/> OPCIÓN 2 La cantidad exacta de una quincena será depositada en la cuenta secundaria <input type="text"/> Cantidad a depositar en la cuenta secundaria (el saldo irá a la cuenta primaria)
--	---

INFORMACIÓN DE LA CUENTA PRIMARIA

Nombre del banco Núm. de identificación del banco (vea el ejemplo a continuación)

Dirección del banco

Número de la cuenta Tipo de cuenta: Cheques Ahorros

INFORMACIÓN DE LA CUENTA SECUNDARIA

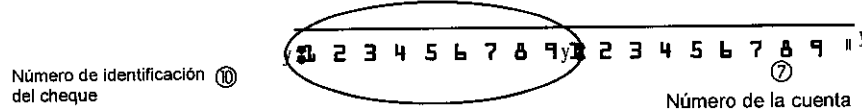
Nombre del banco Núm. de identificación del banco (vea el ejemplo a continuación)

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 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.



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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 DIVISION OF HUMAN RESOURCES
 DEPARTMENT OF RECRUITMENT AND RETENTION

Orientation Date	Orientation Time
	8:00 A.M.

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

First Name	MI	Last Name	Applicant ID	Employee ID
Release Authorization Signature of Applicant			Social Security # (last four digits only)	
PHYSICIAN ONLY			SCHOOL POLICE ONLY	
Physician's Stamp (date and time required)			Fingerprint Stamp (date and time required)	

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.

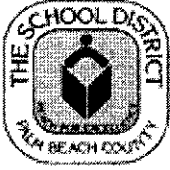
Coach Comp America - 400 North Congress Avenue, First Floor - Suite #110, West Palm Beach, FL 33401 **Phone:** 561-640-7505 **Hours:** Monday - Friday 7:30 A.M. to 6:00 P.M. **Directions:** From I-95 and Palm Beach Lakes Blvd., go east to Congress Ave. turn south (right). COACH is located between Okeechobee 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, PBSB 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, PBSB 2252).



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY

Authorization for Release of Employee Medical Information

Employee Name (first, middle initial, last) _____

Employee ID # _____

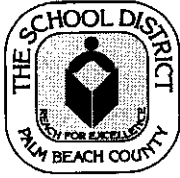
Date of Birth _____

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



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



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Job Description

Job Title: **Example of Instructional Job [Teacher]**

Job ID: 123456 [Full Job Description](#) [Salary Information](#)

Location: Site Name

Full/Part Time: Full-Time Fiscal Year (FY) Status: 2010

Regular/Temporary: Regular Salary: \$36,822.00 to \$71,245.00 per year

[Save Job](#)

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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).

Example of Instructional Application

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.

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

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

Example of Instructional Application

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.

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Example of Instructional Application

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Complete Application

You are applying for:

Example of Instructional Job {Teacher}

Application, Test
123 Any Street
Fun City, FL 33111
[Edit Profile](#)

[Previous](#)

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[Submit](#)

[Close Application](#)

[Careers Home](#)

[Next](#)

Work Experience and Education [Application 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:

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](#)

Example of Instructional 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.

[+ Add Licenses and Certificates](#)

Use this page to list your languages.

Languages

You have not added any languages to your application.

[+ Add Languages](#)

Referral Information

How did you find out about the job?

SubSource:

Additional Information:

Work Experience and Education [Application Questionnaire](#)

[◀ Previous](#) [Save](#) [Submit](#) [Close Application](#) [Careers Home](#) [Next ▶](#)

Example of Instructional Application

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Complete Application

You are applying for:

Example of Instructional Job [Teacher]

Application, Test
123 Any Street
Fun City, FL 33111
[Edit Profile](#)

[Previous](#) Save Submit Close Application [Careers Home](#) Next

[Work Experience and Education](#) **Application Questionnaire**

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

Example of Instructional Application

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

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

Example of Instructional Application

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

[Work Experience and Education](#) Application Questionnaire

[◀ Previous](#)

Save

Submit

Close Application

[Careers Home](#)

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Example of Instructional Application

PeopleSoft. Home Worklist MultiChannel Console Add to Favorites

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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 Primary Gender: Female

[Add Additional Race - Add one or more races as they apply](#)

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 I do not agree to these terms

Submit Cancel [Return to Previous Page](#) 217154 Application, Test

Example of Instructional Application

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My Applications

You have successfully submitted your job application.

My Applications		
Display applications from:	<input type="text" value="Within Last Week"/>	<input type="button" value="Refresh"/>
◀◀ First ◀ Previous Next ▶▶ Last ▶▶▶		
Application	Status	Application Date
Example of Instructional Job [Teacher]	Applied	08/28/2009 6:53PM

Example of Noninstructional Application

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Job Description

Job Title: Example of Noninstructional Job

Job ID: 987654 [Full Job Description](#) [Salary Information](#)

Location: Site Name

Full/Part Time: Full-Time **Fiscal Year (FY) Status:** 2010

Regular/Temporary: Regular **Salary:** \$24,341.00 to \$43,378.00 per year

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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.

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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.

Example of Noninstructional Application

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.

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>.

Example of Noninstructional Application

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

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Example of Noninstructional Application

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Complete Application

You are applying for:

Example of Noninstructional Job

Application, Test
123 Any Street
Fun City, FL 33111

[Edit Profile](#)

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[Close Application](#)

[Careers Home](#)

[Next](#)

Work Experience and Education [Application 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:

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 school, click the hyperlink under School 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.

Example of Noninstructional 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](#)

Referral Information

How did you find out about the job?

SubSource:

Additional Information:

Work Experience and Education [Application Questionnaire](#)

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Example of Noninstructional Application

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[MultiChannel Console](#)

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[Apply Now](#)

Complete Application

You are applying for:

Example of Noninstructional Job

Application, Test
123 Any Street
Fun City, FL 33111

[Edit Profile](#)

[Previous](#)

Save

Submit

Close Application

[Careers Home](#)

Next [Next](#)

[Work Experience and Education](#) Application Questionnaire

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

Example of Noninstructional Application

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

[Work Experience and Education](#) Application Questionnaire

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Close Application

[Careers Home](#)

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Example of Noninstructional Application

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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?

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Race

Primary First Last

[Add Additional Race - Add one or more races as they apply](#) *Gender:

I decline to provide my self identification details.

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I agree to these terms I do not agree to these terms

[Return to Previous Page](#)

217154 Application, Test


Example of Noninstructional Application


PeopleSoft.



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My Applications

 You have successfully submitted your job application.

My Applications		
Application	Status	Application Date
 Example of Noninstructional Job	Applied	08/28/2009 4:30PM

Example of Administrative Application

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Job Description

Job Title:	Example of Administrative Job		
Job ID:	123987	Full Job Description	Salary Information
Location:	Site Name		
Full/Part Time:	Full-Time	Fiscal Year (FY) Status:	2010
Regular/Temporary:	Regular	Salary:	\$95,951.00 to \$122,622.00 per year

[Save Job](#)

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PB General All Postings Info

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Example of Administrative Application

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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.

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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>.

Example of Administrative Application

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

PB Administrative Guidelines

To apply for an administrative position, you must attach a resume and cover letter. If offered the position, you will be required to supply the District with three completed District reference forms available on the website, in addition to official transcripts as required.

Save Job

Apply Now

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Example of Administrative Application

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Complete Application

You are applying for:

Example of Administrative Job

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[Next](#)

Work Experience and Education [Application 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:

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](#)

Example of Administrative 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.

[+ Add Licenses and Certificates](#)

Use this page to list your languages.

Languages

You have not added any languages to your application.

[+ Add Languages](#)

Referral Information

How did you find out about the
job?

SubSource:

Additional Information:

Work Experience and Education [Application Questionnaire](#)

[Careers Home](#)

Example of Administrative Application

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Complete Application

You are applying for:

Example of Administrative Job

Application, Test
123 Any Street
Fun City, FL 33111
[Edit Profile](#)

[Previous](#)

Save

Submit

Close Application

[Careers Home](#)

Next [Next](#)

[Work Experience and Education](#) Application Questionnaire

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

Example of Administrative Application

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

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

Example of Administrative Application

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

Yes

No

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

Yes

No

Are you claiming Veteran's Preference?

Yes

No

[Work Experience and Education](#) Application Questionnaire

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Submit

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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?

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:

Primary 

Find

First

1 of 1

Last

[Add Additional Race - Add one or more races as they apply](#)

*Gender:

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 I do not agree to these terms

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217154 Application, Test

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My Applications

You have successfully submitted your job application.

My Applications		
Application	Status	Application Date
Example of Administrative Job	Applied	08/28/2009 3:20PM