

**THE READING EDGE ACADEMY**  
**APPLICATION FOR EMPLOYMENT**

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Read the directions and complete all steps listed. Type or print in black ink. Before signing, review the application for completeness and accuracy. Only completed applications will be processed, incomplete applications will be made inactive.

All applications, resumes, transcripts, reference forms, and placement papers are a permanent part of the applicant's personnel file and will not be returned to the applicant or designee. Instructional interviews are scheduled on the basis of anticipated vacancies in your area(s) of certification. We will contact you if you are selected for an interview.

You must update your application every twelve (12) months to remain on active status for employment. Your name will be removed from the active applicant list if an update is not received. Inactive applications will be destroyed after two (2) years if not updated. Include your social security number for all correspondence.

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**PRINT PLEASE**

For what position are you applying? \_\_\_\_\_

**SECTION 1 – PERSONAL INFORMATION**

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

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Apt. City State Zip

Street Address (If different) \_\_\_\_\_  
Street Apt. City State Zip

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of above person \_\_\_\_\_ Relationship \_\_\_\_\_

Race/Ethnic category (check one)

Sex:

\_\_\_ White, Non-Hispanic

\_\_\_ Black, Non-Hispanic

\_\_\_ Male

\_\_\_ Hispanic

\_\_\_ Asian, Pacific Islander

\_\_\_ Female

\_\_\_ American Indian,  
Alaskan Native

\_\_\_ Other: \_\_\_\_\_

Note: Race and gender information is used for state and federal report requirements only.

**SECTION 2 – SECURITY CHECK**

At the time of employment, your fingerprints will be researched by local, state and federal law enforcement agencies. Sealed or expunged records must be revealed to The Reading Edge Academy pursuant to 943.0585 Fla. Stat. Pursuant to 231.02(2)(a) Fla. Stat., your employment with The Reading Edge Academy 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 not limited to felonies, misdemeanors, DUI/DWI, violation of probation, failure to appear and military charges.** Your fingerprint check and drug check must be completed and documentation given to the Reading Edge Academy before being hired. These must be done through the Volusia County School System.

Pursuant to 943.0585 Fla. Stat., persons to be employed in a position having direct contact with children **must answer** question 10. 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.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Telephone number (\_\_\_) \_\_\_-\_\_\_  
Male = M Female = F

Driver’s License Number \_\_\_\_\_ State \_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

Commercial Driver’s License (CDL) Number \_\_\_\_\_ State \_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

**Answer the following question by placing a “Y” (YES) or “N” (NO) in the box to the left of the question.**

1.  Has your driver’s license EVER been revoked or suspended? *(includes penalties as a result of DUI/DWI charges.)*
2.  Have you ever 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      Location (City, State)      Nature of charge      Penalty/Disposition**



Additional Information: (Please indicate the number of the question to which you are responding)

3.  Have you **EVER** had a professional license revoked or suspended? (Example: medical license, license to practice law, etc.)

| Date | License Type | Name of Licensing Body | Reason for revocation/suspension | Penalty/Disposition |
|------|--------------|------------------------|----------------------------------|---------------------|
|      |              |                        |                                  |                     |
|      |              |                        |                                  |                     |
|      |              |                        |                                  |                     |

4.  Are criminal charges other than minor traffic violations currently pending against you? (*Includes pending DUI/DWI charges.*)

5.  Have you **EVER** pled guilty to a criminal offense?

6.  Have you **EVER** been convicted/fined in a criminal proceeding?

7.  Have you **EVER** been placed on probation in a criminal proceeding? (*Includes participation in a pretrial intervention program.*)

8.  Have you **EVER** pled “no contest” or “nolo contendere” in a criminal proceeding?

9.  Have you **EVER** had adjudication withheld (*withholding of guilt or innocence by judge*) in a criminal proceeding?

10.  Have you **EVER** received an expungement (charges erased) or a pardon of conviction? (*Under 943.0585 Fla. Stat., expunged or sealed records are available to schools*)

11.  Have you **EVER** failed to appear in court or forfeited bond in a criminal proceeding?

If you responded **YES** to any question **4 through 11**, please give details below. Include any information relative to sealed records. If more space is needed, please continue below.

| Date | When arrested (City, State) | Nature of charge | Penalty/Disposition |
|------|-----------------------------|------------------|---------------------|
|      |                             |                  |                     |
|      |                             |                  |                     |
|      |                             |                  |                     |

Additional Information: (Please indicate the number of the question to which you are responding)

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Questions 12-15 to be completed by Instructional Applicants only:

- 12.  Have you ever had a teaching certificate revoked?
- 13.  Have you ever had a teaching certificate suspended?
- 14.  Have you ever had sanctions placed on your teaching certificate for any reason?
- 15.  Have you ever been denied a teaching certificate anywhere?
- 16.  Is disciplinary action currently pending anywhere against your certificate?

If you answered **YES** to question(s) **12, 13, 14, 15,** or **16** you must give the name, address of school, district and the state where your teaching certificate was revoked, sanctioned, denied and/or where action is currently pending against you.

Additional Information: (Please indicate the number of the question to which you are responding) \_\_\_\_\_

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**SECTION 3 – EDUCATION**

High School from which you graduated (Name) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street City State Zip

Post Secondary school(s) granting diploma(s)/degree(s):

| College or School | Name and address | Dates | Degree received | Major | Minor |
|-------------------|------------------|-------|-----------------|-------|-------|
|                   |                  |       |                 |       |       |
|                   |                  |       |                 |       |       |
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Additional Information:

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**SECTION 4 – CERTIFICATION**

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Have you taken the College Level Academic Skills Test?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of test report.                          |
| Have you taken the Florida Certification Examination?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of test report.                          |
| Have you applied for a Florida Teacher Certificate?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of receipt and/or official statement     |
| Do you have a valid Florida Educator’s Certificate?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of certificate.                          |
| Do you have a temporary Florida Educator’s Certificate?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of certificate and letter of completion. |
| Do you have certificates/teaching licenses from other states? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please include a copy of certificates.                         |

Additional Information:

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**SECTION 5 – STUDENT TEACHING**

| School (include address) | Phone | Grade/Subject | Dates (Mo & Yr.) | Supervising teacher |
|--------------------------|-------|---------------|------------------|---------------------|
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|                          |       |               |                  |                     |

**SECTION 6 – SALARIED TEACHING AND/OR SCHOOL ADMINISTRATOR EXPERIENCE**

*Begin with most recent employment, please note any periods of unemployment. Use additional paper if necessary.*

| Name of employer<br>(School and District) | Dates (Mo. & Yr.)   | Grade/Subject     | Name of supervisor |
|---|---------------------|-------------------|--------------------|
|   | /                   | /                 | /                  |
| Position:                                 | Reason for leaving: | Telephone number: |                    |
|   | /                   | /                 |                    |

| Name of employer<br>(School and District) | Dates (Mo. & Yr.)   | Grade/Subject     | Name of supervisor |
|---|---------------------|-------------------|--------------------|
|   | /                   | /                 | /                  |
| Position:                                 | Reason for leaving: | Telephone number: |                    |
|   | /                   | /                 |                    |

|   |                     |                   |                    |
|---|---------------------|-------------------|--------------------|
| Name of employer<br>(School and District) | Dates (Mo. & Yr.)   | Grade/Subject     | Name of supervisor |
|   | /                   | /                 | /                  |
| Position:                                 | Reason for leaving: | Telephone number: |                    |
|   | /                   | /                 |                    |

|   |                     |                   |                    |
|---|---------------------|-------------------|--------------------|
| Name of employer<br>(School and District) | Dates (Mo. & Yr.)   | Grade/Subject     | Name of supervisor |
|   | /                   | /                 | /                  |
| Position:                                 | Reason for leaving: | Telephone number: |                    |
|   | /                   | /                 |                    |

**SECTION 7 – EMPLOYMENT HISTORY**

*Begin with most recent employment, please note any periods of unemployment. Use additional paper if necessary.*

|                          |                    |                  |  |
|--------------------------|--------------------|------------------|--|
| Name of company/business | Positions/Dates    |                  |  |
|                          | /                  |                  |  |
| Mailing address:         | Reason for leaving | Telephone number |  |
|                          | /                  | /                |  |

|                          |                    |                  |  |
|--------------------------|--------------------|------------------|--|
| Name of company/business | Positions/Dates    |                  |  |
|                          | /                  |                  |  |
| Mailing address:         | Reason for leaving | Telephone number |  |
|                          | /                  | /                |  |

|                          |                    |                  |  |
|--------------------------|--------------------|------------------|--|
| Name of company/business | Positions/Dates    |                  |  |
|                          | /                  |                  |  |
| Mailing address:         | Reason for leaving | Telephone number |  |
|                          | /                  | /                |  |

**SECTION 8 – PERSONAL REFERENCES**

1. Name \_\_\_\_\_

Position/Relationship \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Position/Relationship \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

**SECTION 9 – PHILOSOPHY ON EDUCATION**

*Briefly state your philosophy on education.*

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*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 understand that prior to approval of employment, a security check, including fingerprinting, will be required. I understand that I must pass a drug test, that my prior employers will be contacted to verify my employment and that my educational credentials will be checked.*

*By my signature, I authorize The Reading Edge Academy and the School District of Volusia 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 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 Reading Edge Academy.*

*Having read the paragraph above, I certify that all information given on this application is true and complete to the best of my knowledge and certify that I know, understand, and agree that any false statement of omission of information requested will result in my immediate termination.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date