

The School Board of Sarasota County, Florida
Human Resources Department
Security Background Check

THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION FOR EMPLOYMENT

Name: _____ SS#: _____

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 School Board of Sarasota County pursuant to F.S. 943.0585 and 943.059. See attached confidential section. Your employment with the Sarasota County School Board is temporary and probationary pending successful processing of your fingerprints. The following questions must be answered truthfully. Your omission of any criminal history information will result in your immediate termination.

- Yes No 1. Have you ever been convicted of an offense other than a minor traffic violation?
(DUI and DWI convictions are not minor and must be reported.)
- Yes No 2. Have you ever been found guilty of a criminal offense?
- Yes No 3. Have you ever entered a nolo contendere or no contest plea?
- Yes No 4. Have you ever had adjudication withheld in a criminal offense?
- Yes No 5. Are there criminal charges currently pending against you?
- Yes No 6. Have you ever been imprisoned or jailed in a criminal proceeding?
- Yes No 7. Have you ever been placed on probation in a criminal proceeding?
(includes participation in a Pre-Trial intervention program)
- Yes No 8. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
- Yes No 9. Have you ever had a teaching certificate revoked?
- Yes No 10. Have you ever had a teaching certificate suspended?
- Yes No 11. Have you ever been reported to the Professional Practice Commission or
comparable oversight agency in any state?
- Yes No 12. Have you ever had sanctions placed on your teaching certificate for any reason?
- Yes No 13. Have you ever been denied a teaching certificate anywhere?
- Yes No 14. Have you ever been convicted as a child abuser by HRS or a similar agency?
- Yes No 15. Is disciplinary action currently pending anywhere against your certificate?

If you answered yes to any of the above, please explain on the reverse side.

ARREST

Where Arrested: _____

Arresting Agency: _____

Date Of Arrest: _____

Offense: _____

Final Disposition: _____

ARREST

Where Arrested: _____

Arresting Agency: _____

Date Of Arrest: _____

Offense: _____

Final Disposition: _____

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 requested or any misrepresentation of 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 authorize the Sarasota County School Board 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 Human Resources Office.

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: _____

CONFIDENTIAL

Section 943.0585 F.S.

...it is unlawful for any employee of an entity...to disclose information relating to the existence of an expunged criminal history record of a person seeking employment or licensure with such entity or contractor, except to the person to whom the criminal history record relates or to persons having direct responsibility for employment or licensure decisions. Any person who violates this paragraph commits a misdemeanor of the first degree, punishable as provided in 5.775.082 or 5.775.083, F.S...

By my signature, I authorize The Sarasota County School Board 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 persons acquainted with me or in possession of information concerning me to supply such information to the Human Resources Office of the School Board of Sarasota County.

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.

Applicant Signature: _____ Date: _____

Social Security Number: _____

**DO NOT REVEAL ANY OF THIS INFORMATION
ON THE ACTUAL APPLICATION**

COMPLETE REVERSE SIDE

