

FIRST COAST TECHNICAL COLLEGE
PROCEDURES FOR APPLYING FOR A POSITION

NOTE: DOCUMENTATION: Applications will be considered completed only if the paperwork is completed fully and accurately and all supporting documentation is received by the FCTC Office of Human Resources.

STEP 1: APPLICATION

Complete the following paperwork, and return the paperwork to the Office of Human Resource:

- * FCTC application, Security Check form.
- * Attach a current resume.
- * Attach a copy of State Licensure (Nursing, Fire Fighting, EMT, Paramedic, C.N.A., or Cosmetology).

Note: If employed at FCTC, an Employment Eligibility Verification (Form I9) will be required to be completed and two (2) forms of identification submitted for verification. You will also be required to complete a W-4 form as well.

STEP 2: TRANSCRIPTS (full-time or if applicable)

Request two (2) official transcripts from colleges and/or universities where you earned credits and/or degrees.

Important: Official transcripts must clearly identify on the outside of the envelope the name of the person on the enclosed transcript. Official transcripts can be mailed directly to the FCTC Office of Human Resources. Official transcripts mailed directly to the applicant must be unopened if submitted with application paperwork to FCTC.

STEP 3: COLLEGE PLACEMENT FILE (if applicable)

Notify your college placement bureau to send your placement file, if you have one, to the Office of Human Resources.

STEP 4: REFERENCES

Please complete all necessary information, and remember to sign the release statement. Refer to the sample in the packet for correct format. **References from relatives are unacceptable.** A minimum of two (2) completed references is required. References should be mailed to the FCTC Human Resources office.

Managerial, Supervisory, Confidential and Non-instructional positions: Send reference forms to two (2) individuals who have firsthand knowledge of your work--one of which must be your last supervisor/employer. Prepared letterhead references are acceptable in place of the supplied reference forms.

Experienced Teacher: Send reference forms to each of your last two (2) principals. Prepared letterhead references are acceptable in place of the supplied reference forms. The references must be from individuals who have firsthand knowledge of your teaching (i.e., assistant principal or department head).

Recent Graduate: Send reference forms to your cooperating/directing teacher and college supervisor.

STEP 5: CERTIFICATION FOR INSTRUCTIONAL POSITION (full-time only)

Please furnish a copy of your Florida Educator's Certificate (if applicable). If you do not have a Florida certificate, but have applied for one, include a copy of the postcard receipt, Statement of Eligibility or any other correspondence from the Florida Department of Education. If you have not applied for a DOE certificate, read the Certification Information insert and retain for future reference. If hired, you should apply for a DOE certificate through the St. Johns County School District's certification office, or for local district certification through the FCTC Office of Human Resource.

STEP 6: LETTER OF INTENT (for posted positions only)

A letter of intent to apply for a posted position, addressed to Human Resources Specialist, is accepted for specific positions during the open posting period. If you are interested in more than one position, within any given week, **a separate letter of intent must be submitted for each position.** Note: A letter of intent is valid only if received before 4:00 p.m. on the closing date of the posting.

Letter of Intent should include:

- * Your name, address and a telephone number where you can be reached
- * The job title you are applying for as listed on the position posting
- * School name

Mail the letter of intent with the completed application to First Coast Technical College, Attention Human Resources, 2980 Collins Avenue, St. Augustine, Florida 32084. **Important:** Please attach the letter of intent outside the jacket of the application.

STEP 7: MAINTAINING AN ACTIVE STATUS

Applications are kept on file for one year. If you wish to remain an active candidate for employment, you must notify the Office of Human Resources, in writing, before the first year anniversary of the application. Files are systematically purged after one year.

PLEASE NOTE: 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.

Revised 8/01/07

SAMPLE LETTER OF INTENT

When creating your letter of intent, the content listed below is necessary:

- Your **Name, Address and Phone Number**,
- The **Job/Position Vacancy** you are applying for, and
- Any corresponding training and/or experience you have.

The letter should be addressed to **Human Resources Specialist**.

Sample Letter:

Jane Doe
151 Palm Drive
St. Augustine, FL 32086
(904) 940-2290

February 28, 2002

Human Resources Specialist
First Coast Technical College
2980 Collins Avenue
St. Augustine, Florida 32084

Dear Human Resources Specialist:

I am writing this letter with hopes of obtaining an interview for the Math teacher position currently available at First Coast Technical College. I have a completed application on file with your office. I am certified to teach secondary and post-secondary education, which gives me an overall knowledge of many different grade levels. Education is an important part of my life. I believe that educating children is the most rewarding and responsible act one can undertake. After reviewing my resume I hope you will select me as a candidate to interview for this position.

Sincerely,

Jane Doe

First Coast Technical College

2980 Collins Avenue ★ St. Augustine, FL 32084

(904) 824-4401 www.fctc.edu

Sponsored by St. Johns County School District

Application for (check one):

Managerial, Supervisory & Confidential Instructional Non-Instructional

Position/Subject area(s) Applying for: _____

PLEASE PRINT:

Name: _____ SSN: _____
Last First Middle Maiden

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Other Contact Telephone Number: _____

EDUCATION

Please attach copy of degree or transcript indicating degree

Name of Institution and Location	Month/Year	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Major	Minor	GPA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTUAL TEACHING EXPERIENCE

Please give all information requested below. This information is necessary in order to verify and give credit for teaching experience.
Do not include: Part time, substitute, internship, or time on leaves-of-absence.

Name of School District & School	Address & Phone Number	Grade	Subject Taught	Dates of Employment
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

FLORIDA OR DISTRICT TEACHER CERTIFICATE (please attach copy): Certificate Number: _____ Expiration Date _____

If you do not have a Florida Teacher Certificate, have you applied for one? Yes (Date applied: _____) No

WORK EXPERIENCE (OTHER THAN TEACHING)

Name of Firm/Employer & Address	FROM Month/Year	TO Month/Year	Title
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____
4. _____ _____	_____	_____	_____

Full or Part-time	Reason for Leaving
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

IF SELF-EMPLOYED

To process your application, we will need a notarized letter verifying your years of self-employment. Please include the names and addresses and phone number of three (3) individuals with whom you have contracted your services during your self-employment period. Please send the enclosed reference forms to these individuals.

EXPLAIN ANY BREAKS IN EMPLOYMENT HISTORY

YEARS FROM - TO	REASON
_____	_____
_____	_____
_____	_____
_____	_____

SECURITY CHECK

(This section **must** be completed before you may be considered for employment.)

Name: _____ SSN: _____
Drivers License Number: _____ State: _____ Expires: _____
Commercial Drivers License Number (CDL): _____
State _____

At the time of employment, local, state and federal law enforcement agencies will research your fingerprints. Sealed or expunged records must be revealed to the First Coast Technical College/St. Johns County School District pursuant to F.S. ' 943.085. Pursuant to F.S. ' 231.02 (2) (a) your employment with the First Coast Technical College/St. Johns County School District is temporary and probationary pending successful processing of your fingerprints. The following questions must be answered truthfully. Your omission of any criminal history may be grounds for termination.

Pursuant to Florida Statutes ' 943.058, *Criminal History Records or Sealing*, persons to be employed in a position having direct contact with children must answer question 9. To omit 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 will result in termination. If you wish to seek counsel prior to completing this section you may take this application with you.

1. Has your driver's license EVER been revoked or suspended? **(Includes penalties as a result of DUI/DWI charges.)**
___Yes ___No
2. Have you had ANY traffic violations during the past three (3) years? ___Yes ___No

If you answered YES to any of the above questions, please give details below:

City, State Where Arrested	Date of Arrest	Charge(s)	Disposition(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are criminal charges other than minor traffic violations currently pending against you? ___Yes ___No
4. Have you EVER pled guilty to a criminal offence? ___Yes ___No
5. Have you EVER been convicted/fined in a criminal proceeding? ___Yes ___No
6. Have you EVER been placed on probation in a criminal proceeding? (Includes participation in a pre-trial intervention program.) ___Yes ___No
7. Have you EVER pled Ano contest@ in a criminal proceeding? ___Yes ___No
8. Have you EVER had adjudication withheld (withholding of guilt or innocence by a judge) in a criminal proceeding? ___Yes ___No
9. Have you EVER received an expungement (charges erased) of an arrest or a pardon of conviction? (Under Florida Statutes ' 943.058, expunged or sealed records are available to district school boards.) ___Yes ___No
10. Have you EVER failed to appear in court or forfeited bond in a criminal proceeding? ___Yes ___No

If you responded YES to any of the above questions, please give details below. Include any information relative to sealed records. If more space is needed, continue at the end of this section as indicated.

City, State Where Arrested Date of Arrest Charge(s) Disposition(s)

QUESTIONS 11-15 TO BE COMPLETED BY INSTRUCTIONAL APPLICANTS ONLY:

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

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.

Additional Information for questions (please indicate the number of the questions to which you are responding):

By signing this document, I certify that all information 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 complete criminal history background check.

By my signature, I authorize First Coast Technical College to conduct any investigation necessary to verify all information identified on this form. My signature on this document provides 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 Specialist of First Coast Technical College.

By my signature, I certify that I know, and agree that any false statement or omission of information requested will result in my immediate termination.

Signature: _____ **Date:** _____

NON-INSTRUCTIONAL REFERENCE

Please Print or Type:

Name/Address of Evaluator

Reference for Non-Instructional Applicant:

NAME: _____
MAIDEN NAME/AKA: _____
SSN: _____

The above candidate has applied for _____, a non-instructional position with the First Coast Technical College. This reference form will be included in the applicant's file for review by appropriate supervisors and also may be shown to the applicant upon request. Your prompt reply will be appreciated.

I authorize you to provide the First Coast Technical College with information regarding my suitability for employment.

Signature of Applicant: _____ Date: _____

Please evaluate and check as many items in the following section as your knowledge of the applicant will justify.

<u>Professional/Personal Qualities</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
Ability to work with others	[]	[]	[]	[]	[]	[]
Dependability/Attendance	[]	[]	[]	[]	[]	[]
Acceptance of Responsibility	[]	[]	[]	[]	[]	[]
Judgment/Common Sense	[]	[]	[]	[]	[]	[]
Initiative	[]	[]	[]	[]	[]	[]
Personal Appearance	[]	[]	[]	[]	[]	[]

PLEASE COMPLETE APPLICABLE INFORMATION BELOW

1. I have known the applicant:

_____ As a student _____ As an employee _____ Personally

2. Dates of employment or time you have known the applicant: FROM: _____ / _____ TO _____ / _____

3. Applicant's position or job title:

4. Your title at the time you supervised this applicant:

5. Would you consider hiring (rehiring) this applicant? _____ Yes _____ No
Does the company policy prohibit rehiring? _____ Yes _____ No

6. Did the applicant ever sustain a work-related injury? _____ Yes _____ No

7. Applicant is best suited for what position?

8. If former employee, why did applicant leave your employ?

9. Please provide any additional information on applicant we may need to know as a prospective employer (attach sheet if necessary).

10. Do you prefer that we call you _____ Yes _____ No Telephone: () _____ - _____

Signature: _____ Position/Title: _____ Date: _____

FIRST COAST TECHNICAL COLLEGE IS AN EQUAL OPPORTUNITY AGENCY

● 2980 Collins Avenue ● St. Augustine, FL 32084

NON-INSTRUCTIONAL REFERENCE

Please Print or Type:

Name/Address of Evaluator

Reference for Non-Instructional Applicant:

NAME: _____
MAIDEN NAME/AKA: _____
SSN: _____

The above candidate has applied for _____, a non-instructional position with the First Coast Technical College. This reference form will be included in the applicant's file for review by appropriate supervisors and also may be shown to the applicant upon request. Your prompt reply will be appreciated.

I authorize you to provide the First Coast Technical College with information regarding my suitability for employment.

Signature of Applicant: _____ Date: _____

Please evaluate and check as many items in the following section as your knowledge of the applicant will justify.

<u>Professional/Personal Qualities</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
Ability to work with others	[]	[]	[]	[]	[]	[]
Dependability/Attendance	[]	[]	[]	[]	[]	[]
Acceptance of Responsibility	[]	[]	[]	[]	[]	[]
Judgment/Common Sense	[]	[]	[]	[]	[]	[]
Initiative	[]	[]	[]	[]	[]	[]
Personal Appearance	[]	[]	[]	[]	[]	[]

PLEASE COMPLETE APPLICABLE INFORMATION BELOW

1. I have known the applicant:

_____ As a student _____ As an employee _____ Personally

2. Dates of employment or time you have known the applicant: FROM: _____ / _____ TO _____ / _____

3. Applicants position or job title:

4. Your title at the time you supervised this applicant:

5. Would you consider hiring (re hiring) this applicant? _____ Yes _____ No
Does the company policy prohibit rehiring? _____ Yes _____ No

6. Did the applicant ever sustain a work-related injury? _____ Yes _____ No

7. Applicant is best suited for what position?

8. If former employee, why did applicant leave your employ?

9. Please provide any additional information on applicant we may need to know as a prospective employer (attach sheet if necessary).

10. Do you prefer that we call you _____ Yes _____ No Telephone: () _____ - _____

Signature: _____ Position/Title: _____ Date: _____

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INSTRUCTIONAL REFERENCE

Please Print or Type:

Name/Address of Evaluator

Reference for Instructional Applicant:

NAME: _____

MAIDEN NAME/AKA: _____

SSN: _____

The above candidate has applied for an instructional position with the First Coast Technical College and has given your name as a reference. This reference form will be included in the applicant's file for review by appropriate supervisors and also may be shown to the applicant upon request. Your prompt reply will be appreciated.

I authorize you to provide the First Coast Technical College with information regarding my suitability for employment.

Signature of Applicant: _____ Date: _____

Please evaluate and check as many items in the following section as your knowledge of the applicant will justify.

<u>Professional Traits</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
General Attendance	[]	[]	[]	[]	[]	[]
Attendance/Punctuality	[]	[]	[]	[]	[]	[]
Language and Communications Skills	[]	[]	[]	[]	[]	[]
Scholarship	[]	[]	[]	[]	[]	[]
Dependability/Reliability	[]	[]	[]	[]	[]	[]
Personal Initiative	[]	[]	[]	[]	[]	[]
Self-Control	[]	[]	[]	[]	[]	[]
Ability to Work with Others	[]	[]	[]	[]	[]	[]
Ability to Accept Criticism	[]	[]	[]	[]	[]	[]
Accuracy and Punctuality of Reports	[]	[]	[]	[]	[]	[]
Overall Job Performance	[]	[]	[]	[]	[]	[]

<u>Teaching Traits</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
Enthusiasm for Teaching	[]	[]	[]	[]	[]	[]
Knowledge of Subject Matter	[]	[]	[]	[]	[]	[]
Lesson Planning and Preparation	[]	[]	[]	[]	[]	[]
Use of Effective Methods and Techniques	[]	[]	[]	[]	[]	[]
Student Response to Teaching	[]	[]	[]	[]	[]	[]
Sensitivity to Individual Students Needs	[]	[]	[]	[]	[]	[]
Classroom Management (Discipline)	[]	[]	[]	[]	[]	[]
Interest in Total School	[]	[]	[]	[]	[]	[]
Ability to Work with Parents/Community	[]	[]	[]	[]	[]	[]

PLEASE COMPLETE APPLICABLE INFORMATION BELOW

1. I have known the applicant as:
 ___ As a student ___ As an employee ___ Personally

2. Dates of employment or time you have known the applicant:

_____/_____/_____/_____
 Month Year Month Year

3. Applicant's position or job title:

4. Your title at the time you supervised this applicant:

5. Would you consider hiring (re-hiring) this applicant?

___ Yes ___ No

6. Does the company policy prohibit re-hiring?

___ Yes ___ No

7. Applicant is best suited for what position?

___ Yes ___ No

8. If former employee, why did applicant leave your employ?

9. Please provide any additional information on applicant we may need to know as a prospective employer (attach sheet if necessary).

10. Do you prefer that we call you? ___ Yes ___ No

Telephone: () _____ - _____

Signature: _____ Position/Title: _____ Date: _____

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● 2980 Collins Avenue ● St. Augustine, FL 32084

INSTRUCTIONAL REFERENCE

Please Print or Type:

Name/Address of Evaluator

Reference for Instructional Applicant:

NAME: _____
 MAIDEN NAME/AKA: _____
 SSN: _____

The above candidate has applied for an instructional position with the First Coast Technical College and has given your name as a reference. This reference form will be included in the applicant's file for review by appropriate supervisors and also may be shown to the applicant upon request. Your prompt reply will be appreciated.

I authorize you to provide the First Coast Technical College with information regarding my suitability for employment.

Signature of Applicant: _____ Date: _____

Please evaluate and check as many items in the following section as your knowledge of the applicant will justify.

<u>Professional Traits</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
General Attendance	[]	[]	[]	[]	[]	[]
Attendance/Punctuality	[]	[]	[]	[]	[]	[]
Language and Communications Skills	[]	[]	[]	[]	[]	[]
Scholarship	[]	[]	[]	[]	[]	[]
Dependability/Reliability	[]	[]	[]	[]	[]	[]
Personal Initiative	[]	[]	[]	[]	[]	[]
Self-Control	[]	[]	[]	[]	[]	[]
Ability to Work with Others	[]	[]	[]	[]	[]	[]
Ability to Accept Criticism	[]	[]	[]	[]	[]	[]
Accuracy and Punctuality of Reports	[]	[]	[]	[]	[]	[]
Overall Job Performance	[]	[]	[]	[]	[]	[]

<u>Teaching Traits</u>	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
Enthusiasm for Teaching	[]	[]	[]	[]	[]	[]
Knowledge of Subject Matter	[]	[]	[]	[]	[]	[]
Lesson Planning and Preparation	[]	[]	[]	[]	[]	[]
Use of Effective Methods and Techniques	[]	[]	[]	[]	[]	[]
Student Response to Teaching	[]	[]	[]	[]	[]	[]
Sensitivity to Individual Students Needs	[]	[]	[]	[]	[]	[]
Classroom Management (Discipline)	[]	[]	[]	[]	[]	[]
Interest in Total School	[]	[]	[]	[]	[]	[]
Ability to Work with Parents/Community	[]	[]	[]	[]	[]	[]

PLEASE COMPLETE APPLICABLE INFORMATION BELOW

1. I have known the applicant as:
 ___ As a student ___ As an employee ___ Personally

2. Dates of employment or time you have known the applicant:

_____/_____/_____/_____
 Month Year Month Year

3. Applicant's position or job title:

4. Your title at the time you supervised this applicant:

5. Would you consider hiring (re-hiring) this applicant?

___ Yes ___ No

6. Does the company policy prohibit re-hiring?

___ Yes ___ No

7. Applicant is best suited for what position?

___ Yes ___ No

8. If former employee, why did applicant leave your employ?

 9. Please provide any additional information on applicant we may need to know as a prospective employer (attach sheet if necessary).

10. Do you prefer that we call you? ___ Yes ___ No

Telephone: () _____ - _____

Signature: _____ Position/Title: _____ Date: _____

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● 2980 Collins Avenue ● St. Augustine, FL 32084

REFERENCES

See instructions on references

Name	Position	Complete Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VETERAN PREFERENCE

If campaign service is claimed, submit copy of official orders or citation. Veterans attached copy of DD214.

Persons who have been honorably separated from active wartime or campaign service (during peacetime) in the armed forces of the United States may receive veteran preference points in employment (Chapter 295.07, F.S. 1992). In support of your claim for veteran preference, you will be required to furnish documentary proof of service.

Do you claim Veteran Preference? Yes _____ No _____

If veteran preference is claimed, list dates of service:

Date of entry: _____ Date of separation: _____

Based on Active wartime or campaign service? Yes _____ No _____

As a disabled veteran? Yes _____ No _____

As the unmarried widow of a war veteran? Yes _____ No _____

As the wife of a war veteran who is unable to pursue gainful employment? Yes _____ No _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Phone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

SPECIAL INTERESTS AND ABILITIES

Please list special or unique interests, abilities, skills, or talents you have:

Instructional applicants, please list activities you are qualified to sponsor, professional organization to which you belong, professional organization leadership, awards, publications and other interests and activities:

SPECIAL LICENSE(S) AND CERTIFICATION

Please list all license(s) and/or special certification held:

ADDITIONAL COMMENTS

PERSONAL INFORMATION

This information is voluntary and is used for State and Federal reporting requirements.

Date of Birth: _____ - _____ - _____

Sex: _____ Female _____ Male

Race: _____ Caucasian _____ African American _____ American Indian, Alaskan Native
_____ Asian, Pacific Islander _____ Hispanic _____ Multiracial _____ Other

U.S. Citizen: _____ Yes _____ No

If you are not a U.S. citizen, do you possess an I-151, I-551, or I-94 card with "Employment Authorized" stamped on the card? _____ Yes _____ No (Attach copy of card)

I hereby certify that the answers given and statements made are true and correct. I agree and understand that any misstatements of facts are sufficient ground for dismissal. I give my permission to contact any and all former employers and other persons acquainted with me or possessions of information concerning me to supply such information to the First Coast Technical College Human Resources Specialist.

Signature: _____ **Date:** _____

Return applications and all documentation to:

**First Coast Technical College
Human Resources Specialist
2980 Collins Avenue
St. Augustine, FL 32084**