

FLORENCE CITY SCHOOLS
NEW EMPLOYEE INFORMATION

(PLEASE PRINT)

Full legal name _____

Social Security number _____

Address _____

Current email address _____

Phone # _____ (home) _____ (cell) Marital status _____

Date of birth _____ Race _____ Are you fluent in Spanish _____ Yes _____ No

In what type of position are you being employed with Florence City Schools?
_____ Teaching _____ Administration _____ Support _____ Supplement only _____ Nurse Substitute

School _____ Grade(s) _____

Subject(s) teaching _____

If being employed as a school nurse, list nursing license number _____

Total number of years of public school experience _____

On the back of this page, please list all former public school employers and addresses.

Degree(s) held _____

Are you transferring from another Alabama public school system? _____ Yes _____ No

If yes, which system _____

If transferring from another Alabama public school system, list your former school email address _____

Would you like for Florence City Schools to request a transfer of your STIPD professional development training history? _____ Yes _____ No

Have you ever formally **retired** from the Retirement Systems of Alabama? _____ Yes _____ No

I understand there are Florence City Schools' policies that could affect my employment. As evidenced by my signature below, I acknowledge that I received a listing of Florence City Schools' policy references, including General Administration (Section IV) and Personnel (Section V), and a copy of the Technology Usage Policy. I agree to abide by Florence City Schools policies. All employees are responsible for reviewing the Florence City Schools Policy Manual, including but not limited to Policy 4.9 *Internet Safety and Use of Technology*. The complete policy manual is located on the Florence City Schools website at www.florencek12.org and a printed copy is available at each school library media center. *(All Florence City Schools accounts and access are disabled on the last day of active employment or when on leave for more than six (6) months.)*

Signature of employee

Date

Please return this completed form via email to Mrs. Charlotte Cantrell ccantrell@florencek12.org or via mail to Mrs. Charlotte Cantrell, Florence City Schools, PO Box 10, Florence, AL 35631.

Copy to: Sherry Chase, Chris Westbrook, Beth Dickerson, Casey Reed, Nicole Wall (nurses/nurse subs only)