



INSTRUCTOR APPLICATION

PLEASE FILL OUT BOTH SIDES. PRINT CLEARLY IN INK.

Name: _____ Date of Birth: ____/____/____
(FIRST) (MIDDLE) (LAST)

Address: _____
(CITY) (ZIP)

Home Phone #: _____ Business Phone #: _____ SS#: ____/____/____

Subject(s) Qualified to Teach: _____

Educational Background: High School _____
College _____
Other _____

Teaching Experience:

<u>SUBJECT</u>	<u>LOCATION</u>	<u>PHONE #</u>	<u>CONTACT PERSON</u>
_____	_____	_____	_____
_____	_____	_____	_____

Ages Preferred: _____

Days and Hours Available: _____

Personal References (non-relative):

<u>NAME</u>	<u>PHONE #</u>
_____	_____
_____	_____
_____	_____

ATTACH RESUME OR ADDITIONAL INFORMATION, IF DESIRED.

HILLSBOROUGH COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER/DRUG FREE WORKPLACE.

SIGNATURE: _____ DATE: _____

ATTACHMENT 1

Background Check/Investigation Disclosure and Authorization Form

By signing the release below, I hereby authorize Hillsborough County to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Hillsborough County.

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Office discloses to you that your Social Security number is requested for the purpose of applicant and employee background and criminal history checks, identity verification of past employment, new hire and unemployment reporting, processing employment benefits, drug screening, income reporting, Worker's Comp reporting, payroll processing and reporting and will be used solely for those purposes.

I understand that my employment with Hillsborough County is subject to satisfactory completion of a background check/investigation, including verification of information I supplied in my application for employment.

I release from all liability all persons, companies, and schools supplying such information. I release Hillsborough County from and indemnify Hillsborough County against any liability whatsoever in connection with such background investigation and the use of the results there from in the employment process. I also understand that I will be given a copy of the background check/investigation report, should any adverse action or non-selection be considered because of the results of the report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Print Name: _____

Other name(s) used: _____

Address: _____

Date received degree (if applicable): _____

University/School degree earned from: _____

Social Security #: _____ DOB: _____

Driver's License Number & State: _____

(Signature of Applicant)

(Date)

DELIVER OR MAIL TO:

Hillsborough County Parks, Recreation and Conservation
Attention: Special Interest Classes
10119 Windhorst Road
Tampa, FL 33619

OR FAX TO:

(813) 635-3524