

PINELLAS COUNTY SCHOOLS
EMPLOYEE INFORMATION FORM

I AM ☐ A NEW EMPLOYEE ☐ A REHIRED EMPLOYEE ☐ UPDATING MY DATA

ENTER YOUR NAME **AS IS LISTED ON YOUR SOCIAL SECURITY CARD**

FIRST NAME MIDDLE NAME(S) LAST NAME SUFFIX, (Jr. Sr., III, etc.) LAST 4 DIGITS OF YOUR SS #

RESIDENCE ADDRESS APT/LOT/UNIT# CITY ST ZIP +4

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) APT/LOT/UNIT# CITY ST ZIP +4

EMPLOYEE'S PRIMARY TELEPHONE NUMBER EMPLOYEE'S PERSONAL EMAIL ADDRESS

GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____

VETERAN STATUS: ☐ 1-VETERAN ☐ 2-DISABLED VETERAN ☐ 3-VIETNAM VETERAN ☐ 4-DISABLED VIETNAM VETERAN ☐ 5-NOT APPLICABLE

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO **IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?** _____

ARE YOU HISPANIC OR LATINO? ☐ YES ☐ NO

RACE: ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN ☐ BLACK ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ WHITE

HAVE YOU EVER WORKED FOR PINELLAS COUNTY SCHOOLS? ☐ NO ☐ YES

WERE YOU EMPLOYED UNDER A DIFFERENT NAME AT THAT TIME? IF SO, PREVIOUS NAME? _____

RELEASE OF EMPLOYMENT INFORMATION: IN ORDER TO PROVIDE PROTECTION AND PRIVACY OF YOUR EMPLOYMENT RECORDS, YOU ARE REQUESTED TO READ AND COMPLETE THE PARAGRAPH BELOW. YOUR SIGNATURE AUTHORIZES PCS TO RELEASE OR VERIFY OTHERWISE CONFIDENTIAL INFORMATION FROM YOUR PAY OR PERSONNEL RECORDS WHEN REQUESTED BY GOVERNMENT AGENCIES, OR FOR SUCH PURPOSES AS LOAN APPLICATIONS, CREDIT CARDS, CHECK CASHING CARDS, ETC.

SELECT ONE: _____ I DO GRANT _____ I DO NOT GRANT MY PERMISSION FOR PINELLAS COUNTY SCHOOLS TO RELEASE INFORMATION FROM MY PAY/ PERSONNEL RECORDS. I UNDERSTAND THAT I MAY CANCEL THIS AUTHORIZATION BY WRITTEN NOTICE TO THE HUMAN RESOURCES DEPT. AT ANY TIME.

EMERGENCY CONTACT INFORMATION: THIS INFORMATION MAY BE UPDATED BY THE EMPLOYEE AT ANYTIME THROUGH EMPLOYEE SELF SERVICE.

FIRST AND LAST NAME OF CONTACT: _____ CONTACT NUMBER: _____

PRIOR INSTRUCTIONAL/ADMINISTRATIVE/MILITARY EXPERIENCE

LIST EACH YEAR OF FULL-TIME PROFESSIONAL EXPERIENCE IN AS MANY OF THE CATEGORIES AS APPLICABLE. *VERIFICATION OF EXPERIENCE REQUIRED.

TYPE OF EXPERIENCE	YEARS	TYPE OF EXPERIENCE	YEARS
A- *ALL SCHOOL BASED ADMINISTRATIVE EXPERIENCE		S- *TOTAL TEACHING EXPERIENCE PRIVATE (IN OR OUT OF STATE)	
A- *ALL CENTRAL OFFICE BASED ADMINISTRATIVE EXPERIENCE		M- *MILITARY EXPERIENCE <small>MAXIMUM 3 YRS. APPLICABLE FOR INSTRUCTIONAL ONLY</small> DD214 FORM TO BE UPLOADED TO EMPLOYMENT APPLICATION	
F- *TOTAL TEACHING EXPERIENCE IN FLORIDA (INCLUDING PINELLAS)		PINELLAS COUNTY INSTRUCTIONAL SUBSTITUTE: LONG TERM ASSIGNMENT ONLY <small>(TO BE VERIFIED BY HR)</small>	
D- TOTAL TEACHING EXPERIENCE IN PINELLAS COUNTY		PINELLAS COUNTY INSTRUCTIONAL PART-TIME HOURLY <small>(900 HOURS OR MORE PER YEAR- TO BE VERIFIED BY HR)</small>	
P- *TOTAL TEACHING EXPERIENCE OUT OF STATE PUBLIC SCHOOLS		*VERIFICATION OF ELIGIBLE INSTRUCTIONAL EXPERIENCE MUST BE SUBMITTED TO HUMAN RESOURCES WITHIN ONE YEAR OF HIRE DATE.	

EDUCATIONAL BACKGROUND: LIST ALL CONFERRED DEGREES AS APPLICABLE

DEGREE	MAJOR	SCHOOL	CITY/STATE	GRAD DATE

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE PROVIDED INFORMATION IS TRUE AND ACCURATE.

SIGNATURE

DATE

EMPLOYEE INFORMATION FORM

DO NOT COMPLETE THIS PAGE IF YOU ARE AN INSTRUCTIONAL FULLTIME REGULAR EMPLOYEE.

IF YOU ARE ONE OF THE BELOW LISTED EMPLOYEE TYPES, PLEASE READ AND ACKNOWLEDGE THE FOLLOWING INFORMATION: (See your onboarding email for this information)

SUPPORTING SERVICES PART-TIME HOURLY TEACHER CONTRACTED SERVICES EMPLOYEE COACH (ALTERNATIVE STAFF) TEACHER SUBSTITUTE

AT-WILL STATEMENT:

CLICK THIS LINK [AT-WILL STATEMENT](#) TO READ THE FULL CONTENT REGARDING YOUR CONDITIONS OF EMPLOYMENT.

PART-TIME AND FULL TIME REGULAR SUPPORTING SERVICES EMPLOYEES SERVE A PROBATIONARY PERIOD WHICH MAY BE TERMINATED AT THE DISCRETION OF PCS WITHOUT ADVANCE NOTICE. SUBSTITUTE, TEMPORARY OR STUDENT EMPLOYEE EMPLOYMENT IS AT WILL AND CAN BE TERMINATED AT ANY TIME.

OTHER CONDITIONS OF EMPLOYMENT FOR BUS DRIVERS INCLUDE: PHYSICAL EXAM; DRUG TESTING; NOTIFICATION OF TRAFFIC VIOLATIONS/SUSPENSION OF LICENSE/REVOCATION OR DISQUALIFICATION OF CDL.

MY SIGNATURE ACKNOWLEDGES MY OFFER OF EMPLOYMENT WITH PINELLAS COUNTY SCHOOLS AND THE CONDITIONS OF EMPLOYMENT PERTAINING TO MY EMPLOYEE TYPE.

SIGNATURE: _____ Date _____

IF YOU ARE ONE OF THE BELOW LISTED EMPLOYEE TYPES, PLEASE READ AND ACKNOWLEDGE THE FOLLOWING INFORMATION: (See your onboarding email for this information)

SUPPORTING SERVICES: FULLTIME/PART-TIME TEMPORARY, SUBSTITUTE OR STUDENT
CONTRACTED SERVICES: PART-TIME TEMPORARY
TEACHER SUBSTITUTE

PART-TIME HOURLY TEACHER: PART-TIME TEMPORARY
COACH(ALTERNATIVE STAFF): PART-TIME TEMPORARY

TEMPORARY, SUBSTITUTE OR STUDENT POSITION BENEFIT ALLOCATION:

CLICK THIS LINK [TEMPORARY, SUBSTITUTE OR STUDENT POSITION BENEFIT ALLOCATION](#) TO READ THE FULL CONTENT REGARDING YOUR RETIREMENT/BENEFIT STATUS

I HAVE READ AND UNDERSTAND THE CONTENT REGARDING MY RETIREMENT STATUS WITH PINELLAS COUNTY SCHOOLS. THE POSITION CARRIES NO PROMISE OF PRESENT OF FUTURE EMPLOYMENT. INSURANCE AND LEAVE BENEFITS MAY NOT BE AVAILABLE TO YOU IN THIS POSITION. EMPLOYEES NOT COVERED BY THE FLORIDA RETIREMENT SYSTEM (FRS) ARE TO BE COVERED BY A FICA ALTERNATIVE PLAN.

MY SIGNATURE VERIFIES THAT I HAVE BEEN INFORMED OF THE POSITION'S RETIREMENT/BENEFIT STATUS.

SIGNATURE: _____ Date _____

IF YOU ARE IN ONE OF THE BELOW LISTED EMPLOYEE TYPES, PLEASE READ AND ACKNOWLEDGE THE FOLLOWING INFORMATION: (See your onboarding email for this information)

TEACHER SUBSTITUTE CLASSROOM ASSISTANT SUBSTITUTE

SUBSTITUTE REASONABLE ASSURANCE AND JOB REQUIREMENTS

CLICK THE LINK BELOW TO READ THE FULL CONTENT REGARDING REASONABLE ASSURANCE AND JOB REQUIREMENTS FOR YOUR POSITION:

[REASONABLE ASSURANCE AND JOB REQUIREMENTS](#)

SUBSTITUTE EMPLOYEES HAVE A REASONABLE ASSURANCE OF RETURNING TO THEIR SUBSTITUTE POSITION AT THE START OF A NEW SCHOOL YEAR. A WRITTEN NOTIFICATION IS PROVIDED TO SUBSTITUTES THAT HAVE BEEN TERMINATED BY THE DISTRICT. SUBSTITUTE EMPLOYEES ARE NOT PAID BENEFITS FOR WEEKS OF UNEMPLOYMENT BETWEEN SCHOOL YEARS OR DURING ESTABLISHED SCHOOL VACATION PERIODS.

TO MAINTAIN EMPLOYMENT WITH THE SCHOOL DISTRICT, SUBSTITUTES ARE REQUIRED TO WORK A MINIMUM NUMBER OF DAYS PER MONTH, ATTEND REQUIRED TRAININGS AND FULFILL ALL OTHER JOB REQUIREMENTS AS SPECIFIED.

MY SIGNATURE VERIFIES THAT I HAVE BEEN INFORMED OF THE REASONABLE ASSURANCE AND JOB REQUIREMENTS FOR MY POSITION.

SIGNATURE: _____ Date _____