

FINGERPRINT INFORMATION

PLEASE PRINT ALL INFORMATION

Last Name: _____ Suffix: _____

First Name: _____ Middle Name: _____

DOB: ____/____/____ Place of Birth (State or Country): _____

Social Security #: _____ Country of Citizenship: _____

Sex: _____ Race: _____ Eyes: _____

Hair: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Other Human Resource Information:

Tobacco User: Yes () No () Married: Y () No () Position: _____

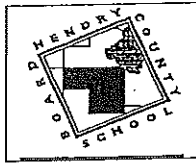
Signature: _____ Date: _____

Person Taking Prints: _____

Date: _____ Check #: _____

Reg. ID: _____ TCN: _____

*The Hendry County School Board participates in the applicant fingerprint retention and notification program (AFRNP).
Your fingerprints will be retained by FDLE.



SERVICE PROVIDER INQUIRY RELEASE

DISTRICT SCHOOL BOARD OF HENDRY COUNTY FLORIDA
P.O. BOX 1980, LABELLE, FLORIDA 33975
PHONE (863) 674-4550 FAX (863) 674-4579

In my contractual relationship as a service provider I am requesting to be permitted access on school grounds when student are present or I may have access or control of school funds. I understand that I am responsible for providing to the District School Board of Hendry County Florida the following:

- | | |
|------------------------------------|--|
| 1. Drivers License | 4. Payment for fingerprint screening |
| 2. Copy of my Social Security Card | 5. Other identification information needed |
| 3. Fingerprint application | 6. Other screening information needed |

I understand and acknowledge the following:

- | | |
|---|---|
| 1. I must meet level 2 screening described in section 1012.32, Florida statutes. | 4. Background screening is the sole property of the School Board. |
| 2. The School Board will make background inquiries. | 5. Each individual provider may request to review their personal background screening results. |
| 3. The School Board may request information from various Federal, State and other agencies. | 6. Each provider will comply with Florida statutes and cooperate with local school procedures to ensure compliance. |

If I am not in the State Data Base system, I understand that I am required to pay for being fingerprinted at this time, a cost of \$84.00. I have attached a personal check or money order made payable to **HENDRY COUNTY SCHOOL BOARD**.

I give my consent and authorize without reservation, any party or agency contacted by the District School Board of Hendry County, to furnish the above-mentioned information. I agree to abide by the screening decision of the District School Board in determining my right to access school campuses. I also consent to cooperate with the School District and follow their guidelines when admitted on school campuses.

I am in the State Data Base System: _____ YES _____ NO

Printed Name Social Security Number

Name of Company (Unless working as an individual contractor) Company Phone Number

Company Mailing Address (Street or P.O. Box) (City) (State) (Zip)

My Home Mailing Address (Street or P.O. Box) (City) (State) (Zip)

My Home Phone Cell Phone Fax or email

Vendor's Signature Date _____ 20____

Witness _____ 20____

Acknowledgement of IT Policies and Procedures Manual

I hereby acknowledge receipt of the *School Board of Hendry County Information Technology Policies and Procedures Manual*. I understand it is my responsibility to review the handbook, disciplinary procedures and standards in detail and request any clarification needed from my supervisor, Human Resource/Staff Development Department or IT staff.

I agree to comply with the School Board of Hendry County Information Technology Policies and Procedures. I understand that violation of any policies, procedures and standards shall be grounds for disciplinary proceedings. I understand the policies, procedures and standards established herein are to be applied in both a progressive and cumulative manner.

I also understand this signed acknowledgment of receipt will become a permanent part of my personnel file.

Network Access and Internet Safety Contract

I have read, understand and will abide by the policies stated in the *School Board of Hendry County Information Technology Policies and Procedures Manual*. I understand that access to computer resources is a privilege designed solely for the support of education and research consistent with the educational goals of Hendry County Schools. I understand that any violation of the established School Board of Hendry County Information Technology Policies and Procedures or unauthorized use which includes, but is not limited to:

Accessing the Internet for personal use; downloading materials that are trademarked, copyrighted or trade secrets without the permission of the owner of such materials; sending or posting threatening messages; and accessing, downloading, viewing and/or printing sexually explicit materials, may result in losing access to computer resources or other appropriate discipline up to and including termination of employment and/or legal action taken against me. I further understand that school and district administrators decide what unacceptable use is and that their decision is final.

Print Name

Employee ID

Position Title

School/Department

Employee's Signature

Date

HENDRY COUNTY SCHOOL BOARD

To: Vendors

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection of your social security number. The Hendry County School Board will collect and use your social security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law.

An applicant, employee, vendor, or volunteer's social security number may be required for:	A student's social security number may be required for:
Employment Application	State of Florida Bright Futures Scholarship Program
Criminal History Check (FDLE, FBI and local law enforcement agencies)	Local scholarship applications (Take Stock in Children, Hendry Educational Foundation, etc.)
Department of Homeland Security Federal I-9 form	Verification of Income Eligibility for Federal Free and Reduced Lunches
Federal W4, W2, 1099 and other IRS documents	Medicaid Reimbursement
Federal Social Security taxes (FICA)	General Education Diploma Application
Unemployment reports (Florida Department of Revenue)	Social Security Income Verification and Assistance
Florida Retirement System (FRS) documents and reports	Developmental Services
Worker's Compensation documents and reports	Data tracking for the Florida Education and Training Placement Program
Direct Deposit documents	Managing Student Records in the Automated Student database
Authorizations and other documents for optional retirement programs such as 403(b)	Matching of records between the Florida Department of Education and the Kindergarten screening data for Voluntary Pre-Kindergarten Provider Readiness Rate
Documents and reports related to Group benefits such as health, dental and life insurance	Reporting Excessive Absences to the Department of Motor Vehicles
Documents and reports related to supplemental deductions.	Documents and reports for the Department of Juvenile Justice and law enforcement agencies as required
Documents and reports for the Florida Department of Education Bureau of Educators Certification, Florida Department of Education Bureau of Professional Practices and other FL-DOE department as required	The Florida Department of Health as required
Documents and reports for the Florida Department of Children and Families, Florida Department of Labor, Florida Department of Revenue and other local, state and federal agencies as required	Forwarding records requests to other school districts where the student seeks to enroll or to request records of past attendance
Other purposes specifically required or authorized by local, state, and federal law	Other purposes specifically required or authorized by local state or federal law

If you have any questions or need additional information, please contact the Human Resource office.