

SCHOOL BOARD OF POLK COUNTY, FLORIDA

OATH OF LOYALTY

“I, _____ a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the School Board of Polk County, Florida and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.”

IMPORTANT NOTICE

Pursuant to Florida Statute 1012.32 and as part of your employment record, you will be fingerprinted and a criminal history check will be done. A prior criminal record may or may not result in your disqualification for employment with the School Board. A failure to disclose your record on your application for employment **WILL** disqualify you from employment with the School Board. You must list on your application for employment **ALL** misdemeanors, felonies or other criminal offenses other than non-criminal traffic violations. **(DUI is a criminal offense, not simply a non-criminal traffic violation.)** **In addition, if you have a prior criminal record, which has been sealed and/or expunged, you are required to disclose said record and where it occurred.**

In the event you fail to list any misdemeanors, felonies or other criminal offenses other than non-criminal traffic violations **AND** your fingerprint check evidences criminal offenses, you **WILL** be terminated. Therefore, you are cautioned to assure the accuracy of the information you provide on your application for employment before its submission. **You will remain on probationary status pending fingerprint processing and determination of compliance with standards of good moral character.**

CONSENT FOR RELEASE OF INFORMATION

I the undersigned applicant do hereby authorize the release of any and all requested information relating to the applicant’s qualifications for employment includes but not limited to records of present and former employers to the Polk County School Board.

I have read the **OATH OF LOYALTY, IMPORTANT NOTICE AND CONSENT FOR RELEASE OF INFORMTION**, understand, and agree to the above statements.

Date _____ Signature _____

School _____ Position _____

Social Security Number _____ Printed Name _____

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements.

I hereby certify that _____ who is personally known to me or has

Produced _____ acknowledged before me that he/she has executed the foregoing affidavit and that the statements contained herein are true and correct to the best of his/her knowledge.

Witness my hand and official seal, this _____ day of _____, _____.

Notary Public, State of Florida
Revised 10/18/07

My commission expires

- *The Polk County Public School System is an equal opportunity employer. Discrimination on the basis of race, color, sex, age, religion, national origin, disability or veteran's status is prohibited.*
- *If you require any type of accommodation to complete the employment process due to a disability, please call (863)534-0689.*
- *Please address equity concerns to Patricia Hunter, Senior Coordinator, Equity and Compliance, (863)534-0513.*