



Flagler County Public Schools Human Resources

P. O. Box 755 □ 1769 E. Moody Blvd. □
Bunnell, FL 32110
Phone (386) 586-2391 □ Fax (386) 586-2396
www.flaglerschools.com

SOCIAL SECURITY NUMBER									
			-			-			

LAST NAME (as it appears on social security card)

FIRST NAME, MI (as it appears on social security card)

Intern I / Junior Intern # ___ days per week

Intern II / Senior Intern # ___ days per week

Administrative/Graduate Intern # ___ days per week

Personal Information		
Local Address (Street, P.O. Box, City State, Zip)	Home Phone ()	Additional Number ()
	Cell Phones ()	Additional Number ()

Race and gender information is used for state and federal report requirements only and is not required for application. Check one below.

White Black Native American, Native Alaskan Asian Pacific Hispanic Male Female

Fall Placement Dates from _____ to _____ or Spring Placement Dates from _____ to _____

Please check one:

<input type="checkbox"/> EARLY CHILDHOOD K-3	ESE:	OTHER:
<input type="checkbox"/> ELEMENTARY K-5: Subject _____	<input type="checkbox"/> Elementary	<input type="checkbox"/> Administrative <input type="checkbox"/> Psychologist
<input type="checkbox"/> MIDDLE 6-8: Subject _____	<input type="checkbox"/> Middle	<input type="checkbox"/> Guidance <input type="checkbox"/> Social Work
<input type="checkbox"/> HIGH 9-12: Subject _____	<input type="checkbox"/> High	

COMMENTS _____

Name of College/University _____ Phone _____

College/University Contact (printed/typed) name _____

College/University Contact Signature _____ Date _____

Official District Use Only

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Fingerprints Cleared Yes No Date: _____ Substance Screening Cleared Yes No Date: _____

Authorized Signature _____

FLAGLER COUNTY PUBLIC SCHOOLS-DISTRCT INTERN PLACEMENT INFORMATION

SCHOOL/DEPARTMENT _____ AREA/GRADE LEVEL _____

SUPERVISING TEACHER _____ PRINCIPAL's SIGNATURE _____