

**Department of Afterschool Programming  
Hiring Requirements Checklist**

**Step 1:**

The documents listed below must be received by HR for employment clearance and prior to New Employee Orientation (NEO). Hand deliver or Pony to: FHESC, 3300 Forest Hill Blvd., A-132.

- High School Diploma/GED or proof of highest college level – All positions except CIT's (verified, copied and signed by Director)
- 3 Completed Employment Reference Forms (PBSD 0606)
- Applicant Security Check form (PBSD 1665)

HR Technician will notify the school center when the applicant is cleared and has a disposition status of "010 Review." At this time, a Job Offer Letter can be printed and the applicant can be scheduled for NEO. Please write the effective start date on the Job Offer Letter in the space provided - - Start date cannot begin before NEO.

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**Step 2:**

**NOTE: Fingerprints must be completed for employees 18 years of age and older.**

**Fingerprint and Background check must be completed prior to Afterschool NEO:**

- Fingerprint Process at School Police – All applicants 18 years of age and older  
-Cost of fingerprinting \$99, **money order only**
- Background Check Application (PBSD 1456) required for all positions.  
-HS student under 18, cost of background check \$6, **money order only**  
-Can be faxed to School Police, 434-8186, results in 3 days

**Physical:**

Physical must be completed prior to NEO.

**CIT's (under the age of 18) must have a parent/guardian authorize physical. (Provide permission form)**

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**Step 3:**

The applicant **MUST** take the following documents to NEO:\*

**(Applicants arriving with incomplete hiring packets will NOT be processed and will be turned away)**

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- Driver's License and Social Security Card (**Copy on the same page. Enlarged copy to 129%**)

Driver's License verified and signed by afterschool director

Social Security Card verified and signed by afterschool director

- Afterschool Job Offer Letter with verification of medical stamp and fingerprinting stamp

Note:

- [Employment Eligibility verification, I-9](#) (copy back to back)
- [Oath of Loyalty](#) (PBSD 0018)
- [Drug-Free Workplace Acknowledgement](#) (PBSD 1735)
- [Self-Reporting of New Arrest and Convictions Affidavit](#) (PBSD 1722)
- [Employee Information Exemption from Public Records](#) (PBSD 2130)
- [Employee Information Update](#) (PBSD 0862)
- [W-4 form](#) (copy back to back)
- [Collection and Use of Social Security Number Notification](#) (PBSD 2272)
- [Temporary Employment Agreement](#) (PBSD 2305)

**Hiring Checklist reviewed and cleared by HR Technician \_\_\_\_\_ Return copy to Afterschool Director**

\*As it is the applicant's responsibility to provide all documentation necessary to begin work, to prevent a delay in hiring, please review the hiring packet for accuracy. In the event the applicant cannot start work, the applicant must notify the afterschool director. A new NEO appointment must be scheduled.

**ALL DOCUMENTS MUST BE COMPLETED BEFORE ELIGIBLE TO HIRE**



**Minor Consent Form**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**As the parent/legal guardian of the above said patient, I authorize NMS Management Services to administer a drug screen.**

**I authorize NMS Management Services to release the drug test results to the patient's company and or workers' compensation carrier. I understand that I will be notified in the event of a positive test result.**

**I have read and understand the conditions mentioned in the above paragraph and by my signature I give permission to NMS Management Services to administer a drug screen.**

|   |             |
|---|-------------|
| _____   | _____       |
| <b>Parent/Legal Guardian Signature</b>                            | <b>Date</b> |
| _____   | _____       |
| <b>Telephone #</b>  | <b>SS#</b>  |
| <b>Relation to Patient: ( ) Mother ( ) Father ( ) Other</b> _____ |             |
| _____   | _____       |
| <b>Witness Signature</b>  | <b>Date</b> |



Urgent Care Walk-In Medical Centers

**Lake Worth - West Palm Beach:** 4570 Lantana Road, Lake Worth, FL 33463 Phone (561) 963-9881  
**Wellington - Royal Palm Beach:** 11551 Southern Boulevard, Royal Palm Beach, FL 33411 Phone (561) 798-9411  
V: (800) 269-0502 e-mail: nms123@nms123.com

## MINOR CONSENT FORM

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ SS# \_\_\_\_\_

As the parent/legal guardian of the above said patient, I authorize MD NOW Medical Centers, Inc., to collect a urine drug screen.

I authorize MD NOW Medical Centers, Inc., to release medical information to the patient's company and/or parent of minor. This information is limited to any medical information obtained in this Department.

I have read and understand the conditions mentioned in the above paragraph and by my signature I give my permission for a drug screen collection.

I will be notified by The Palm Beach County School District in the event of a positive result.

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) Mother

( ) Father

( ) Other

Relation to Patient \_\_\_\_\_



Witness (to  
signature  
only)

Date \_\_\_\_\_

### COACH Comp America

400 N. Congress Ave, Suite 110  
West Palm Beach, FL 33104  
Tel 561 640-7505  
Fax 561 640-7506

440 N. State Rd 7, Suite 100  
Royal Palm Beach, FL 33411  
Tel 561 472-2555  
Fax 561 333-8151

### Minor Consent Form

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

SS#: \_\_\_\_\_

As the parent/legal guardian of the above said patient, I authorize COACH Comp America to treat his/her work related injury and/or the administration of a physical exam or drug screen.

I authorize COACH Comp America to release medical information to the patient's company and/or workers' compensation carrier. This information is limited to any medical information obtained at this facility.

I understand that COACH Comp America treats only work related injuries or illnesses and cannot be relied on to disclose non-occupational medical conditions that may be present.

I have read and understand the conditions mentioned in the above paragraph and by my signature I give permission for medical treatment and/or drug screen administration. I will be notified in the event of a positive test result.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relation to Patient ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Department of After School Programming

*Part-time Job Openings at Elementary Schools  
Throughout Palm Beach County*



**Work with children  
ages 5 through 12**

**After School Counselor  
(18 yrs., High School Diploma or GED)  
Salary \$9.87 hr.**

*Small Group Numbers*

*Sports, Games, Crafts, Hobbies*

*Homework Assistance*

*Enrichment Activities*

**FLEXIBLE SCHEDULE: 2:00 P.M. - 6:00 P.M.**

**MONDAY THROUGH FRIDAY**

FOR INFORMATION CONTACT: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
HUMAN RESOURCES CUSTOMER RELATIONS

**Employee Personal Information**

Print name as it appears on Social Security Card

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male

Female

Highest Education Level

High School

BS/BA (Bachelor of Science/Arts)

SP (Specialist)

AS/AA (Associate of Science/Arts)

MS/MA (Master of Science/Arts)

PhD (Doctorate)

Home Address (**MUST** have a Florida address to be paid)

Street \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cellular Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Ethnicity\* Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

(Check one box)  Yes

No

Race Categories\*

(Check **all** that apply)  American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Note: Future changes or updates of your personal information can be made by using the Employee Self Service - Personal Information feature of PeopleSoft.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

\*The federal government requires the use of observer identification to identify race and ethnicity, as a last resort, if such information is not located in previous records or not provided by the employee.