

THE SCHOOL DISTRICT OF HERNANDO COUNTY

919 N. Broad Street, Brooksville, FL 34601

(352) 797-7000

New Employee Orientation Acknowledgement Statement

Full Legal Name _____

Last First Middle

Please print this sheet out, read each item below and initial to the left of each item. In addition, you must sign and date this document at the bottom of the page.

____ 1. **Bloodborne Pathogens Standard** – I have reviewed the PowerPoint training covering the listed items: Spread of HBV and HIV infection and modes of transmission, importance of using universal precautions and personal protective equipment and the availability of the Hepatitis B Vaccine to all employees.

____ 2. **Right to Know: Toxic Substance** – I have received PowerPoint training pursuant to the Florida Right to Know Law.

____ 3. **Child Abuse and Neglect** – I have been given access to the child abuse and neglect mandated reporting documentation, and I am aware of my responsibility to report suspected abuse or neglect to the state.

____ 4. **The Code of Ethics and the Principles of Professional Conduct** – I have been given access to the Code of Ethics and the Principles of Professional Conduct pamphlet. I understand that as a professional, I am held to these standards and agree to abide by them.

____ 5. **I understand this is a drug free workplace and my employment is subject to termination from my position if I test positive for drug or alcohol or refuse to submit to a drug/alcohol test.**

____ 6. **Fair Labor Standards Act (FLSA)** – I have reviewed the PowerPoint training covering FLSA laws and regulations.

____ 7. **Verification of Experience** – I have been informed that I must have a Verification of Experience form filled out and approved by the Human Resources Department in order to receive pay for any of my previous experience.

____ 8. **Anti-Harassment** – I have been given access to the Hernando County School Board’s Anti-Bullying and Harassment Policy 3362. I further acknowledge that I will abide by the rules therein.

____ 9. **Anti-Fraud** – I have been given access to the Hernando County School Board’s Anti-Fraud Policy 8700. I further acknowledge that I will abide by the rules therein.

____ 10. **District Network Website & Use of Personal Communication Devices** – I have been given access to School Board Policies 7540.04 & 7542. I further acknowledge that I will abide by the rules therein.

____ 11. **Notice of Use of Social Security Number** – I hereby acknowledge receipt of the “Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others/Students and Parents.” (Located within the Staff Handbook)

____ 12. **Safe Driver Plan** – I have been given access to the Hernando County Schools Safe Driver Plan. I further acknowledge that I will abide by the Reporting Responsibilities detailed in the plan.

____ 13. **Staff Handbook** – I have been given access to the Hernando County Schools Staff Handbook. I further acknowledge that I am responsible for adhering to all policies and procedures outlined therein.

____ 14. **Employee Benefits** – I have been given access to the enrollment packet and that I understand I must complete and return the election confirmation and enrollment form within 30 days of my starts date even if I am not electing benefits.

FLORIDA STATUTE 119.071(4)

Based upon FS 119.071(4), for confidentiality purposes, you MUST advise whether you or your spouse are currently or were formerly employed in any of the following areas. If none apply please select "None of the Above".

- I am an active or Former Law Enforcement Personnel including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities,

personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.

- I am the spouse of any of the above.

- Firefighters certified in compliance with s. 633.35, F.S.

- I am the spouse of any of the above.

- Justice of the Supreme Court, District and U.S. Court of Appeal Judge, Circuit Court Judge or County Court Judges

- I am the spouse of any of the above.

- Current and former U.S. Attorney’s and Assistant U.S. Attorneys, Current or former State Attorneys, Assistant State Attorneys, State Prosecutors, and Assistant State Prosecutors, General, Special Magistrates and U.S. Magistrates, Judges of Compensation Claims, Administrative Law Judges of Department of Administrative Hearing (DOAH), Child support enforcement hearing officers

- I am the spouse of any of the above.

- Current and former human resource, labor relations or employee labor relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or personnel-related duties

- I am the spouse of any of the above.

- Current and former Code Enforcement Officers

- I am the spouse of any of the above.

- Current and former guardians ad litem as defined in s. 39.820, F.S.

- I am the spouse of any of the above.

- Current and former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, senior juvenile detention officers, juvenile detention officer supervisors, juvenile detention officers, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice

- I am the spouse of any of the above.

- Current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel

- I am the spouse of any of the above.

- Current or former personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health

- I am the spouse of any of the above.

- Current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001.

- I am the spouse of any of the above.

- None of the Above**

My signature acknowledges that I have viewed the Hernando County School District’s New Employee Online Orientation. My initials and signature indicate that I have read and understand all information within the online orientation and on this document. I acknowledge under penalty of law that all information checked above is true and correct as it applies to me.

Signature _____ Date _____