

**LAKE WALES CHARTER SCHOOLS, INC.**

**OATH OF LOYALTY**

"I, \_\_\_\_\_ A CITIZEN OF THE state of Florida and of (he United States of America, and being employed by or an officer of Lake Wales Charter Schools, Inc., 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 Lake Wales Charter Schools. A failure to disclose your record on your application for employment **WILL** disqualify you from employment. 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 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 do hereby authorize the release of any and all requested information relating my qualifications for employment including but not limited to records of present and former employers to LWCS.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ S.S.# \_\_\_\_\_

I hereby certify that \_\_\_\_\_, who is personally known to me or who 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

\_\_\_\_\_  
My commission expires