

**Hernando County School District
Vendor/Contractor Information Form
Please print**

COMPANY NAME: _____ TELEPHONE NUMBER: _____

COMPANY ADDRESS, CITY, STATE, ZIP: _____

CONTACT PERSON: _____ EMAIL ADDRESS: _____

HCSB SITE(S) TO BE WORKING AT: _____

LIST EMPLOYEES TO BE SCREENED

Please duplicate form as needed

LAST NAME, FIRST NAME	SOCIAL SECURITY #	STATE WIDE BADGE	HCSB BADGE	DATE OF BIRTH		
				Year	Month	Date
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		
_____	____-____-____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>IF YES, LIST COUNTY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____		

Send to:

Hernando County School District
Safety & Security
8008 Mobley Road Brooksville, FL 34601
(352)797-7054 *Fax (352)797-7154
Email: Jessica Burns (Fingerprint Tech) burns_j@hcsb.k12.fl.us ext.438
Or
Tiffany Parnell (Safety & Security Secretary)- parnell_t@hcsb.k12.fl.us

Notice

Hernando County School District collects your Social Security number for employment qualification, identification and verification.