

BUSINESS OPPORTUNITY APPLICATION

This application must be received by the Close of Business on the date posted on the Business Enterprise Web Site at

<http://dbs.myflorida.com/Business%20Enterprise/Business%20Opportunities/index.html>

Contact Information:

Name:

Street or PO Box:

City, State and Zip:

Daytime Phone:

Cell Phone:

Email:

Desired Facility Number (list each facility number):

Selection Test Make sure to check the announcements for testing dates and times.

Desired Location (please select from the list): Select Location

Please select the format for taking the selection test: Test Options

- CCTV:
- I will not need a CCTV.
 - I will need DBS to provide a CCTV for me.
 - I will provide my own CCTV.

Background Screening

Individuals applying for a vacancy shall submit to a background screening as set forth in rule 6A-18.042, F.A.C.

Have you completed the required background screening requirement through BBE since December 20, 2010? Select

Information Release Consent

I give my consent for the release of this application, my selection test score, and any other information, including but not limited to my facility performance history, to authorized persons involved in the Selection Process as provided by Chapter 6A-18.0425, Florida Administrative Code. I understand such release shall be in a manner as to protect my privacy to the extent possible.

Signature: _____ Date: _____

THE APPLICATION CAN BE MAILED, FAXED OR E-MAILED.

Mail to: Division of Blind Services
Business Enterprise Program
Attention: Compliance Officer
325 West Gaines Street
Suite 1114
Tallahassee, FL 32399

Fax to: (850) 245-0364

E-Mail to: alan.risk@dbs.fldoe.org