

# School District of Indian River County Online Application

Zjezdalka, Joanna - AppNo: 25145

Date Started: 4/2/2020

## Personal Data

**Name:** Joanna Zjezdalka  
(First) (Middle Initial) (Last)

Other name(s) under which transcripts, certificates, and former applications may be listed:

**Other:**  
(First) (Middle Initial) (Last)

**Email Address:** asia.sutriasa@indianriverschools.org

## Postal Address

### Permanent Address

Number & Street: 6500 57th Street  
Apt. Number:  
City: Vero Beach  
State/Province: FL  
Zip/Postal Code: 32967  
Country: United States of America  
Daytime Phone: (772) 564-3098  
Home/Cell Phone: ()

### Present Address

Number & Street:  
Apt. Number:  
City:  
State/Province:  
Zip/Postal Code:  
Country:  
Phone Number:

## Employment Desired

Position Desired:	Experience in Similar Positions
<b>Elementary School Teaching</b> 1. Art	10 years

## EEO Voluntary Data Sheet

## EEO Voluntary Data Sheet

Government agencies require us to collect information and file periodic reports regarding the gender, race and/or ethnicity of applicants. The data collected enables us to analyze our hiring processes, and to ensure equal employment opportunity.

- \* Gender
- \* Ethnic Group
- \* Racial Group


## Experience

Please list ALL relevant work experience beginning with the most recent.

No experience was entered

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## Student Teaching

Student Teaching/Internship

School District	
Location	
School Phone #	
School Year	
Date Completed (mm/yyyy)	
Length of Experience	
Grade Level(s)/Subject Area(s) Taught	
Name and Phone of Cooperating Teacher or Field Supervisor	
Name and Phone of Add'l Cooperating Teacher or Field Supervisor	
Name and Phone of University Supervisor	
Academic Grade Received	

Additional Student Teaching/Internship

<b>School District</b>	
<b>Location</b>	
<b>School Phone #</b>	
<b>School Year</b>	
<b>Date Completed (mm/yyyy)</b>	
<b>Length of Experience</b>	
<b>Grade Level(s)/Subject Area(s) Taught</b>	
<b>Name and Phone of Cooperating Teacher or Field Supervisor</b>	
<b>Name and Phone of Add'l Cooperating Teacher or Field Supervisor</b>	
<b>Name and Phone of University Supervisor</b>	
<b>Academic Grade Received</b>	

## Education

Please tell us about your educational background beginning with the most recent.

**High School Attended:**

**Graduation Status:**

**Colleges, Universities and Technical Schools Attended:**

No education was entered.

## Certification

No Certification questions were answered.

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## Highly Qualified Teacher

\* Have you previously obtained Highly Qualified status from a school district?  
If Yes, what type of school district considered you Highly Qualified?

No information entered on Highly Qualified Teacher Subject(s)/Method(s).

## Extracurricular Activities

No activities entered.

Please provide more details regarding your experience or interest in your selected extra curricular activities. For instance, provide details on any experience as a participant at the high school or college level or as a director, coach, supervisor, or sponsor.

## Statement

Tip: Use your word processor to copy and paste in your answers. Copy your answers from the word processor and then hit CTRL+V for PC or OpenApple+V for Mac to paste.

1. Describe the skills or attributes you believe are necessary to be an outstanding teacher.

2. How would you address a wide range of skills and abilities in your classroom?

## Language Skills

Do you know any language other than English?

No References Entered

## Referrals

How did you hear about employment with us?

No method given.

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## Additional Information

List any additional information which will help in determining your professional qualifications for a position.

## Disclosures

### Contract Status

\* Are you currently under contract?

If Yes, which district?

If Yes, when does it expire?

When may your present employer be contacted?

### Professional Status

\* Have you obtained tenure status in any other School District?

If Yes, where?

When?

\* Have you ever been denied tenure?

If Yes, explain:

\* Have you ever had a teaching certificate or teaching license revoked or suspended?

If Yes, explain:

\* Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment?

If Yes, explain:

\* Are you a relative of any employee of the School District?

Name:

Position:

Relationship:

\* Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?

List any accommodations:

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## VETERANS PREFERENCE

\* Are you claiming Veterans Preference?

Check the appropriate block below if you answered yes. Documentation substantiating your claim as defined by Chapter 55A-7, Florida Administrative Code, must be furnished with job application.

1. A veteran who served on active duty in any branch of the U.S Armed Forces, received an honorable discharge, and established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S Department of Veterans Affairs and the U.S. Department of Defense.

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2. The spouse of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

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3. A wartime veteran who has served at least one day during a wartime period, excluding active duty training, in a campaign or expedition for which a campaign badge has been authorized or served during one of the periods of wartime listed under the WARTIME PERIODS section below

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4. The unmarried widow or widower of a veteran who died of a service-connected disability

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5. The mother, father, legal guardian, or unmarried widow or widower of a member of the U.S Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense

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6. A veteran who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the U.S. Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. Active duty for training may not be allowed for eligibility.

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7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard

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Branch of Service

Date of Entry

Date of Discharge

Note: Under Chapter 295, Florida Statutes, preference in appointment, employment, and retention shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included in 3, 4, 5, 6, and 7 above who possess the minimum qualifications necessary to discharge the duties of the position involved. If a non-preference-eligible applicant is selected for the position over a preference-eligible applicant, a complaint may be filed with the Department of Veterans Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778, requesting an investigation. A complaint shall be filed within 21 days after receiving notice of a hiring decision. If notice of a hiring decision is not received within two calendar months, and it is determined that the position was filled by a non-preference-eligible applicant, the preferred applicant may file a complaint within three calendar months of the date the application was received by employer.

### Claims for Veterans Preference require the following documentation:

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as DD-214 or military discharge papers, or equivalent certification from the United States Department of Veterans' Affairs (hereafter referred to as the VA), listing military status, dates of service and discharge type.

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## VETERANS PREFERENCE continued

2. Disabled veterans shall also furnish a document from the Department of Defense, the VA, or the State of Florida Department of Veterans' Affairs certifying that the veteran has a service-connected disability.
3. Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. Spouses of persons on active duty shall furnish a document from the Department of Defense or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
5. The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the VA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.
6. Current reserve members and National Guard members will provide a letter from their Commanding Officer stating the dates of their military service to establish that they are currently active.

## WARTIME PERIODS: Please check the wartime period that applies to you:

World War I: April 6, 1917, to November 11, 1918; extended to April 1, 1920, for those veterans -  
who served in Russia; also extended through July 1, 1921, for those veterans who served after  
November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service  
between April 5, 1917, and November 12, 1918.

World War II: December 7, 1941 to December 31, 1946

Korean Conflict: June 27, 1950 to January 31, 1955.

Vietnam Era: August 5, 1964 to May 7, 1975.

Persian Gulf War: August 2, 1990 to January 2, 1992.

Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by  
presidential proclamation or by law

Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by  
presidential proclamation or by law

Operation New Dawn: September 1, 2010 and ending on the date thereafter prescribed by  
presidential proclamation or by law

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## TROOPS TO TEACHERS PROGRAM

\* Are you registered with the Troops to Teachers Program?

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## Legal Information

Please note: Applicants are not obligated to disclose sealed or expunged records.

\* Are you eligible to work in the United States?

\* Have you ever been convicted of a criminal offense other than a minor traffic violation?

The term "conviction" for purposes of School Board policy 1121.01 means a conviction by a jury or by a court, and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of nolo contendere (no contest), the imposition of a deferred or suspended sentence by the court, adjudication withheld, finding of guilt, or the date of entry into a pre-trial intervention, pre-trial diversion, or similar program; provided that such pretrial intervention or pretrial diversion program is completed by the end of the relevant waiting period.

If yes, explain, giving dates:

Please Note: A conviction will not necessarily bar you from employment. Facts, such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

\* Have you ever had any indicated finding of child abuse filed in your name?

If yes, explain, giving dates:

\* Does your name appear on any Sex Offender Database in any state or country?

## Equal Opportunity Employer

School District of Indian River County is an Equal Opportunity Employer. School District of Indian River County ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. School District of Indian River County has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in submitting an application for any opening should contact the Department of Human Resources.

## Applicant's Acknowledgment and Agreement

By checking the box below, candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

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### Applicant's Acknowledgment and Agreement continued

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I, Joanna Zjezdalka, agree to all of the terms above.

☐ I agree