BEP-007 Business Opportunity Application

This application must be received by the Close of Business on the date posted on the Business Enterprise Opportunities web page.

Contact Information

Name:	
Street or PO Box:	
City, State and Zip:	
Telephone Number:	
Email:	

Desired Facility Number(s)

(List each facility number):

Selection Exam

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

Select testing location:	Select Location
Select the format for taking the exam:	Exam Options
Advise whether or not a CCTV will be needed:	CCTV Option

Background Screening

Individuals applying for a vacancy must have a current background screening as set forth in Chapter 6A-18.042 F.A.C. Have you completed the required background screening through BBE within the most recent five (5) years?

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.

Applicant's Signature:	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: dario.turnquest@dbs.fldoe.org