



MIAMI-DADE COUNTY PUBLIC SCHOOLS
ACES INPUT DOCUMENT (TEACHERS ONLY)

Last Name _____ First _____ MI _____

AKA _____

Sex _____ EEO _____ Birth Date _____

Permanent Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Personal E-mail _____

Date _____

To the Office of Fingerprinting:

I intend to hire the abovementioned person at _____
(Name of School)

Charter School effective _____ as a full-time _____
(Start Date) (Subject Area)
teacher.

Name Typed

Signature

*** Must be signed in blue ink for charter school applicant**

Fingerprinting payment and processing procedures are located on the back of this form.