

**ADDENDUM A**

**CONTRACTOR INFORMATION FORM**

SUPPLIER NAME:

TELEPHONE NUMBER:

EMAIL:

LIST EMPLOYEE(S) THAT WILL BE DOING WORK FOR THE SCHOOL DISTRICT OF MANATEE COUNTY. Please print clearly and duplicate form as needed. Please list badge expiration for all employees who currently have a contractor's badge. If a designated employee does not have a contractor's badge, indicate their Appointment Date and Time for fingerprinting.

Please reference the District website for JLA requirements: <https://www.manateeschools.net/jessicalunsford>

Last Name, First Name

Contractor/JLA Badge Expiration

Fingerprint Appt Date/Time

**Contractor/Vendor Disqualifiable Offenses:**

- ❖ Any offense listed in s. 943.0435 (1)(a) 1., relating to the registration of an individual as a sexual offender.
- ❖ Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and the reporting of such sexual misconduct.
- ❖ Section 394.4593, relating to sexual misconduct with certain mental health patients and the reporting of such sexual misconduct.
- ❖ Section 775.30, relating to terrorism.
- ❖ Section 782.04, relating to murder.
- ❖ Section 787.01, relating to kidnapping.
- ❖ Any offense under chapter 800, relating to lewdness and indecent exposure.
- ❖ Section 826.04, relating to incest.
- ❖ Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.