

APPLICATION FOR EMPLOYMENT

Substitute Positions

Lafayette County School Board

Return to: Personnel Department

Lafayette County School Board

363 NE Crawford St.

Mayo, FL 32066

Please Print or Type: Social Security Number: _____ Date: _____

Name: _____
Last First Middle

Address: _____
City/State Zip Code

Telephone Number: _____ Date of Birth: _____

Are you a citizen of the United States? yes no Resident of Florida? yes no

Resident of Lafayette County? yes no Are you a veteran? yes no

Positions for which you are applying:
(Please check each position you are applying for)

- Substitute Bus Driver
- Substitute Clerical
- Substitute Custodian
- Substitute Education Paraprofessional (Aide)
- Substitute Food Service
- Substitute Maintenance
- Substitute Mechanic
- Substitute Teacher

Are there any days you could NOT substitute? Yes No.

If yes, circle days you can **NOT** substitute: M T W R F

Optional: Preferred Grade/Subjects:

- PreK/VPK - Grade 2 Grades 3 -5 Middle School (Grades 6 - 8) High School (Grades 9 -12)
- English Math PE Science Social Studies Vocational
- Other: Please list _____

*Reasonable accommodations are available for qualified applicants with disabilities during the application and interview process. To request accommodations, please contact: Director of Teaching and Learning
363 NE Crawford Street
Mayo, FL 32066
386-294-4137 or ahingson@lcsbmail.net*

The School Board of Lafayette County provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, marital status or sexual orientation. Any person who believes he or she has experienced any such prohibited discrimination may file a complaint with the District Equity Coordinator by calling (386) 294-4137, or writing to the District Equity Coordinator at 363 NE Crawford Street, Mayo, FL 32066.

An Equal Employment Opportunity Employer

Have you ever been employed by the Lafayette County School Board? Yes No. If yes, reason for leaving:

Have you ever been dismissed or asked to resign any position (or not been reappointed)? Yes No

If yes, explain: _____

Yes No Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is not a minor traffic violation); or are there any criminal charges now pending against you? SEALED or EXPUNGED records must be reported pursuant to s.943.058 F.S. Failure to answer this question accurately could cause loss of employment. A Yes or No answer is required. If you check the Yes box, you must give the information requested for each charge. Please attach a separate sheet if you need more space.

City Where Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

List machines or equipment with which you have had training or experience, or any special skills that you possess:

Work Experience Record:

Name, Address & Phone # of Employer	Dates of Employment	Supervisor	Job Title/Responsibilities
	From To		

Attach a separate sheet if you need more space.

Why did you leave your last position or why do you wish to change from your present position?

Education:

Name and Address of High School: _____

Graduation Date: _____

Name and Address of College: _____

Graduation Date: _____ Major/Minor: _____

Other Schools Attended: _____

References:

Please give complete names and addresses. Use former employers, if possible.

1. _____
Name

Address

City/State Phone #

3. _____
Name

Address

City/State Phone #

2. _____
Name

Address

City/State Phone #

4. _____
Name

Address

City/State Phone #

Notarization:

I hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the State of Florida. I further certify that all information pertaining to this application is true, correct and complete.

Signature of Applicant

Notary Seal:

State of _____, County of _____, Sworn to and subscribed before me
this _____ day of _____, 20_____, by _____,
who is personally known to me ____ or who has produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public

Although the following information is not mandatory, it is requested to aid the Laf`1ayette County School Board in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individual, or deprive any individual of employment opportunities because of race, color, religion, sex, age, national origin, disability, marital status or sexual orientation.

EEO Survey:

- a. Gender: ___ Male ___ Female

- b. Race (check all that apply): ___ Asian ___ Black
 ___ American Indian or Alaskan Native
 ___ Pacific Islander ___ White

- c. Ethnicity: ___ yes, applicant is of Hispanic/Latino origin
 ___ no, applicant is not of Hispanic/Latino origin

For Office Use Only

- ___ Fingerprints cleared: Date _____
- ___ Interview with Administrator: Date _____
 Initials _____
- ___ Recommended by: _____
- ___ Submitted for Board Approval: Date _____
- ___ Board Approval Date: _____
- ___ Pre-Employment Drug Testing
 Date _____ Initial _____
- ___ Passed Driver Training/CDL License (for Bus Driver only)
 Date _____ Initial _____
- ___ Completed Substitute Teacher Training
 Date _____ Initial _____

HRS Clearance

- ___ Local Background Check
- ___ Employment History
- ___ References

- Physical
 Date _____ Initial _____

- TB Test (for Food Service only)
 Date _____ Initial _____

**The School Board of Lafayette County, Florida
PERSONNEL DEPARTMENT
363 NE Crawford St.
Mayo, FL 32066
(386) 294-1351 FAX (386) 294-3072**

NON-INSTRUCTIONAL REFERENCE FORM

SECTION A – To be completed by the applicant:

Please print or type:

Applicant's Name _____

I have applied for a substitute position with the public school of Lafayette County in the following areas:

Name & Address of Reference

SECTION B – To be completed by reference:

Consider this applicant in relationship to the areas listed below. Please indicate your rating by circling the appropriate number using the following scale. Thank you.

5=Extremely competent/professional
4=Very competent/professional
3=Competent/professional

2=Less than competent/professional
1=Much less than competent/professional
0=No basis for judgment

TECHNICAL KNOWLEDGE – Level of understanding and ability to use technical information required for the job.	5	4	3	2	1	0
TECHNICAL PROFICIENCY – Level of performance in technical area.	5	4	3	2	1	0
WORK STANDARDS – Quantity of Work Quality of Work	5	4	3	2	1	0
JUDGMENT – Making decisions which are based on logical assumptions and which reflect factual information.	5	4	3	2	1	0
DEPENDABILITY – Reliable and trustworthy.	5	4	3	2	1	0
PUNCTUALITY – Observant of appointed time.	5	4	3	2	1	0
ENERGY – Maintains high activity level, alert, energetic.	5	4	3	2	1	0
INITIATIVE – Takes action to achieve goals beyond what is necessarily called for.	5	4	3	2	1	0
ADAPTABILITY – Maintains effectiveness in varying environments, tasks, and responsibilities.	5	4	3	2	1	0
SENSITIVITY – Considers the feelings and needs of others.	5	4	3	2	1	0
COMMUNICATIONS – Oral Communication	5	4	3	2	1	0
Written Communication	5	4	3	2	1	0
Non-Verbal Communication	5	4	3	2	1	0
Listening Skills	5	4	3	2	1	0

The School Board of Lafayette County, Florida
363 NE Crawford Street
Mayo, FL 32066
(386) 294-1351 FAX (386) 294-3072

TO: New Applicant _____

FROM: Personnel Department

DATE: _____

SUBJECT: Application and Personnel Forms

Pre-employment Requirements:

Check off as they are completed:

- _____ 1. A completed Lafayette County School Board Application for Employment
- _____ 2. Copy of Degree and/or Transcript listing degree, if applicable
- _____ 3. Local Background Check; completed fingerprint check for State and Federal clearance
- _____ 4. Employee Non-Instructional Reference Form

It is the applicant's responsibility to have Items 3 and 4 completed by the appropriate agency or employer.

Post-employment Requirements:

Please be advised that this page must be returned to the Personnel Office by _____.
Failure to comply may result in not receiving a paycheck.

Check off as they are completed:

- _____ 1. Withholding tax authorization form (W-4)
- _____ 2. Copy of Social Security Card
- _____ 3. A signed "Statement Concerning Your Employment in a Job Not Covered by Social Security"
- _____ 4. A completed Worker's Compensation form
- _____ 5. Exemption Status for Public Records form
- _____ 6. A signed receipt for Policy 2.16, Prohibiting Discrimination, Including Sexual and Other Forms of Harassment; Policy 2.17, Reporting Child Abuse; Policy 6.45, Alcohol and Drug Free Workplace; Employee Job Description; "The Code of Ethics", "The Principles of Professional Conduct" by the Florida Education Standards Commission; Safety Rules
- _____ 7. Direct Deposit Information
- _____ 8. New Hire Information Entry Form
- _____ 9. Letter of Employment
- _____ 10. A completed Employment Eligibility Verification (Form I-9) and copy of Driver's License or other accepted document
- _____ 11. Physical Examination, if applicable
- _____ 12. Loyalty Oath

Personnel Clearance Signature

Date Cleared

Request for Local Criminal Records Check

TO: Lafayette County Sheriff's Department
Post Office Box 227
Mayo, FL 32066

If your address/residence is not in Lafayette County, please have your local Sheriff's Department complete this form:

_____ County Sheriff

City State

Name of Requestor:
Personnel Department
Lafayette County School Board
363 NE Crawford Street
Mayo, FL 32066

The person listed below is planning to volunteer/visit/work at our local school. As part of the procedure in our district, a local criminal record check must be done in order for a person to be on our campus. Please provide any information you may have in your records on this individual.

Your cooperation and assistance in this matter is greatly appreciated.

I hereby authorize this facility to check any, and all, records pertaining to criminal activity, and for any law enforcement agency to release information regarding criminal activity under Florida Statutes or Statutes of other jurisdictions.

_____ Date _____ Signature
Name (Printed): _____
Maiden Name: _____
Address: _____ City/State/Zip _____
Date of Birth: _____ Race: _____ Sex: _____

Results of Record Check: _____
Signature of Officer: _____ Title: _____
Date: _____