

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: _____

The Lafayette County School District hires only U.S. citizens and lawfully authorized alien workers. If hired you will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

Are you legally eligible to work in the United States? ____Yes ____No

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

- _____ Substitute Bus Driver
- _____ Substitute Custodian
- _____ Substitute Food Service
- _____ Substitute Maintenance
- _____ Substitute Mechanic
- _____ Substitute Teacher/Paraprofessional

If applying for Substitute Teacher/Paraprofessional, please check preferred grade(s):

_____ All Schools (PK/VPK – Grade 12)

OR:

_____ Pre-K/VPK – 5th Grade

_____ Middle School (Grades 6-8)

_____ High School (Grades 9-12)

*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, national origin, sex, age, disability, marital status, pregnancy, religion, and genetic information. 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)

WORK EXPERIENCE RECORD:

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

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

EDUCATION: (Official transcripts of all college/university grades must be provided. Please ensure accuracy of information provided)

_____ **YES** **NO** _____ High School/GED Diploma (if yes, date of graduation _____)

College/University Attended	Degree Awarded (if any)	# of Yrs Attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION: (List certification(s) you hold and provide copies of certification)

Type	State	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

