

## APPLICATION FOR EMPLOYMENT

### *Substitute Positions*

#### Lafayette County School Board

Return to: Personnel Department

Lafayette County School Board

363 NE Crawford St.

Mayo, FL 32066

*If you need an accommodation to participate in the application/selection process, please notify Human Resources in advance at:*

363 NE Crawford Street

Mayo, FL 32066

386-294-1422 or [hr@csbmail.net](mailto:hr@csbmail.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

**Please Print or Type:** Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City State Zip Code

Email address: \_\_\_\_\_

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 – 5<sup>th</sup> Grade

\_\_\_\_\_ Middle School (Grades 6-8)

\_\_\_\_\_ High School (Grades 9-12)

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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:** *Attach a separate sheet if you need more space*

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

Explain any gaps in the work experience record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**KNOWLEDGE / SKILLS / ABILITIES:** List any knowledge, skills, and/or abilities you possess and believe are relevant to the position you seek, such as operating machines or heavy equipment, computer skills, fluency in language(s), etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

High School/GED Diploma: \_\_\_\_\_ YES    NO \_\_\_\_\_

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. Please do not use relatives. Provide professional references if possible.

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Phone #
2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Phone #
3. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Phone #

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 am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by the law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resource staff and other authorized employees of Lafayette County School Board for employment purposes.

I understand that substitutes work on an as-needed basis and I have no expectation of a regular, consistent work schedule as a substitute, in any capacity, for the Lafayette County School District.

I further certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature of Applicant

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.

Printed Name of Notary Public

**HRS Clearance**

\_\_\_\_ Employment History      \_\_\_\_ References

\_\_\_\_\_ Physical (Food Service and Bus Drivers only)

Date	Initial
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\_\_\_\_ TB Test (Food Service only)

Date \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_ Pre-Employment Drug Testing (Bus Drivers only)

Date \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_ Passed Driver Training/CDL License  
(Bus Drivers only)

Date \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_ Completed Substitute Teacher Training

Date \_\_\_\_\_ Initial \_\_\_\_\_