

# SUMTER COUNTY SCHOOLS

2680 WC 476

Bushnell, FL 33513

Personnel Office: (352) 793-2315 x220

# SUBSTITUTE APPLICATION

PS-48  
Rev. 02/11

Date: \_\_\_\_\_

Last Name (please print)	First Name	Middle Initial
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Mailing Address	City	State	Zip
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Home Phone Number	Cell Phone Number	Business Phone Number
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**OPTIONAL INFORMATION:**

SEX:  FEMALE      RACE:  WHITE     HISPANIC       AMERICAN INDIAN/ALASKAN NATIVE  
 MALE                       BLACK       ASIAN OR PACIFIC ISLANDER      DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECK SUBSTITUTE POSITION(S) FOR WHICH YOU ARE APPLYING:**  
 TEACHER/AIDE     BUS DRIVER     FOOD SERVICE     CUSTODIAN     BUS AIDE

**I AM WILLING TO SUBSTITUTE AT THE FOLLOWING SCHOOL(S):**

<input type="checkbox"/> BUSHNELL ELEMENTARY	<input type="checkbox"/> WILDWOOD ELEMENTARY	<input type="checkbox"/> WILDWOOD MIDDLE/HIGH	<input type="checkbox"/> <b>**Sumter County Childcare Facilities</b>
<input type="checkbox"/> WEBSTER ELEMENTARY	<input type="checkbox"/> SOUTH SUMTER MIDDLE	<input type="checkbox"/> SOUTH SUMTER HIGH	<b>**Services rendered will be paid by the</b>
<input type="checkbox"/> LAKE PANASOFFKEE ELEMENTARY	<input type="checkbox"/> SUMTER ALTERNATIVES	<input type="checkbox"/> WEST STREET	<b><u>Childcare Facility NOT Sumter County School Board.</u></b>

**CHECK THE DAYS OF THE WEEK YOU ARE AVAILABLE TO SUBSTITUTE:**    M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

Are you legally entitled to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you retired from any Florida State Administered Retirement Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Were you ever discharged or asked to resign:  YES     NO    If "YES", explain why?

List machines or equipment with which you have had either training or experience:

Trade or Professional Licenses you hold:

**EDUCATION**

Secondary school attended and location:	Highest grade successfully completed:	Year graduated:
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University attended and location:	No. yrs. completed	Yr. graduated	Degrees
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Major subjects of specialization:

Community College attended and location:	No. yrs. completed	Yr. graduated	Degrees
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Major subjects of specialization:

Other Educational Training/Courses:

**CRIMINAL HISTORY**

Have you ever been arrested and/or 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 other than minor traffic violations? Failure to answer question accurately could cause denial or termination of employment.     YES     NO (If employed an arrest record check will be made.)

WHERE ARRESTED	DATE(S)	NATURE OF CHARGE(S)	DISPOSITION OF CHARGE(S)

## EMPLOYMENT HISTORY (List present or most recent positions first)

1. Name of Employer	Address	City	State
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr.)	Date Left (Mo,Day,Yr.)	Full-time _____ Part-time _____
Reason for leaving:			

2. Name of Employer	Address	City	State
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr.)	Date Left (Mo,Day,Yr.)	Full-time _____ Part-time _____
Reason for leaving:			

3. Name of Employer	Address	City	State
Type of Business	Phone	Your Position	
Duties			
Name and Position of Immediate Supervisor	Date Employed (Mo,Day,Yr.)	Date Left (Mo,Day,Yr.)	Full-time _____ Part-time _____
Reason for leaving:			

### BUS DRIVER APPLICANTS ONLY

*\*NOTE: IF YOU ARE APPLYING FOR A SUBSTITUTE BUS DRIVER'S POSITION, FORTY HOURS (40 HRS.) OF INSTRUCTION AND TRAINING ARE REQUIRED BEFORE YOU ARE ELIGIBLE FOR EMPLOYMENT.*

**Do you hold a valid Driver's License?**     YES     No    **If "Yes" License #:** \_\_\_\_\_

Have you at any time during the past five (5) years received a summons for violating traffic regulations:     Yes     No

LOCATION	DATE(S)	NATURE OF VIOLATION	DISPOSITION OF CHARGE(S)

### MILITARY SERVICE

FROM—TO	PLACE OF SERVICE	SERIAL OR SERVICE NO.	BRANCH OF SERVICE	TYPE OF DISCHARGE

Applicants who claim veteran's preference **MUST PROVIDE DOCUMENTATION TO SUPPORT THEIR CLAIM OF ELIGIBILITY AT THE TIME THEIR APPLICATION IS OFFICIALLY SUBMITTED.** Such documentation must include a copy of the DD-214 Form or discharge papers or equivalent certification from the Department of Veterans Affairs. If you are claiming Veteran's Preference, please indicate the provision under which you qualify:

- A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America. **Please circle qualifying war: Korean Conflict: June 27, 1950 to Jan. 31, 1955; Vietnam Era: Feb. 28, 1961 to May 7, 1975; Persian Gulf War: Aug. 2, 1990 to Jan. 2, 1992; Operation Enduring Freedom: Oct. 7, 2001 to present; Operation Iraqi Freedom: March 19, 2003 to present.**
- A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Dept. of Veterans Affairs and the Department of Defense.
- Receipt of any Armed Forces Expeditionary Medal is qualifying for veterans' preference.
- The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- The unremarried widow or widower of a veteran who died of a service-connected disability.

STATEMENT BELOW IS PART OF THIS APPLICATION AND SHOULD BE READ CAREFULLY. I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THE REQUIREMENTS AND AGREE TO COMPLY WITH THE REQUIREMENTS OF THE STATE OF FLORIDA, INCLUDING THE SIGNING OF A LOYALTY OATH AS MAY BE REQUIRED BY THE PROVISIONS OF FLORIDA STATUTES AND OF THE SCHOOL BOARD. I UNDERSTAND THAT OBTAINING EMPLOYMENT THROUGH FALSE OR INCOMPLETE STATEMENT MAY BE GROUNDS FOR DISMISSAL. I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT WITH THEM AND IN ADDITION, TO FURNISH AND OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I UNDERSTAND THAT I WILL BE FINGERPRINTED AS A MATTER OF PROTECTION AND IDENTIFICATION AND HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION FROM ANY AND ALL LAW ENFORCEMENT AGENCIES WHERE PROTECTED UNDER THE PRIVACY ACT.

Signature of Applicant \_\_\_\_\_

**"AN EQUAL OPPORTUNITY EMPLOYER"**

IT IS THE POLICY OF THE SCHOOL BOARD OF SUMTER COUNTY TO EMPLOY AND RETAIN AS EMPLOYEES THOSE CITIZENS BEST QUALIFIED TO FILL THE NEEDS OF THE PUBLIC IN ITS OPERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR DISABILITIES.