## District School Board of Madison County

Shirley D. Joseph

Superintendent
Shirley.Joseph@mcsbfl.us

210 NE Duval Avenue Madison, Florida 32340 Main: 850/973-5022 or Fax: 850/973-5027 www.madison.k12.fl.us



# Requirements for Substitute Teacher/Food Service Worker/Bus Driver/Custodian

- Complete the Attached Application
- Attach Copy of High School Diploma/GED/or Official College Transcripts
- Must present Drivers' License and Social Security Card
- Must be Finger Printed
- Must Take and Pass Substitute Teacher/Paraprofessional Training and Test
- Board Approval

The cost of finger printing is \$51.25 (money order only), and \$10 (cash) processing fee. After all requirements are met please call (850)973-1532 to schedule an appointment for finger printing with Ms. Irvine.

Substitute training and testing will be discussed at that time.

Thank you

Linda Irvine Personnel Specialist

## SUBSTITUTE TEACHER APPLICATION

OFFICE USE ONLY: 

Madison County School Board 210 NE DUVAL AVE MADISON, FL 32340 (850)973-5022

| PERSONAL INFORMATION  |                    |                            |                |                        |               | N EQUAL OPORTUNITY<br>EMPLOYER |  |  |
|---|--------------------|----------------------------|----------------|------------------------|---------------|--------------------------------|--|--|
| Name: (Last, First, Middle)                                     |                    |                            |                | Social Security Number |               |                                |  |  |
| Home Address:   |                    |                            | City           |                        |               | Zip                            |  |  |
| Mailing Address   |                    |                            |                |                        |               |                                |  |  |
| Home Phone  | an Yang            |                            |                |                        | State         | ZIp                            |  |  |
| Email Address:  |                    |                            |                | =                      | 2 E           |                                |  |  |
|   |                    | ving questions will        |                |                        |               |                                |  |  |
| Race:White, Non-Hisp  EDUCATIONAL RECO  High School, College or | anic <u>B</u> lack | , Non-Hispanic             | Hispanic Mi.   | ked Race               | Asian America | in/Pacific Islander            |  |  |
| Vocational School   |                    | ttended/Graduation<br>Date |                |                        | H             | ighest Degree                  |  |  |
|   |                    |                            |                |                        |               | e                              |  |  |
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| EMPLOYMENT HISTO  | RY                 |                            |                |                        |               |                                |  |  |
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| EMPLOYER  | MONTH/YEAR         | POSITION                   | EMPLOYERS      | ADDRESS                | RESC          | N FOR LEAVING                  |  |  |
|   |                    | 1751                       |                |                        |               |                                |  |  |
|   |                    |                            |                |                        |               |                                |  |  |
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#### SUBSTITUTE TEACHER APPLICATION

OFFICE USE ONLY:

Completed Application\_\_\_\_

Reference Forms\_\_\_\_

Official Transcripts\_\_\_\_

Fingerprint Clearance\_\_\_\_

Madison County School Board 210 NE DUVAL AVE MADISON, FL 32340 (850)973-5022

THE MADISON COUNTY SCHOOL BOARD IS AN EQUAL OPORTUNITY EMPLOYER

#### REFERENCES

### LIST MOST RECENT AND PRESENT SUPERVISOR'S - DO NOT LIST RELATIVES AS REFERENCES

| NAME  | ADDRESS                                   | )   | PHONE     | NUMBER  | POSITION / Y                           | EARS KNOWN               |
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| Have you been convicted   | of a criminal off                         | ense? Yes                                   | No_       | if yes plea   | se attach an                           | explanation.             |
| To the best of my knowle  | adge answers to                           | the above ar                                | e correct | and Lunderst  | and that deli                          | berately                 |
| To the best of my known   | age, answers to                           | ene marka ar                                | ounds fo  | r immediate t   | ermination o                           | f my                     |
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| Federal Law Enforcemen  | t agencies will be                        | e required at                               | ту ехреі  | nse.  |  |                          |
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| Name of the state |   | the state of the                            |           | e de la companya de | ist a leaf of the                      |                          |
| Applicant Signature   |   |   |           | Da  | ate                                    |                          |
|   |   |   |           |   | V 4 - 15 (14)                          | Garage Contract Contract |

## SUBSTITUTE BUS DRIVER/FOOD SERVICE WORKER/ CUSTODIAN APPLICATION

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Fingerprint Clearance

Madison County School Board 210 NE DUVAL AVE MADISON, FL 32340 (850)973-5022

## THE MADISON COUNTY SCHOOL BOARD IS AN EQUAL OPORTUNITY

| PERSONAL INFORMATION                 | <u>ON</u>  |                                 |                                 |                        | EMPLOYER           |  |  |
|--------------------------------------|--|---------------------------------|---------------------------------|------------------------|--------------------|--|--|
| Name: (Last, First, Middle)          |  |                                 | Social Sec                      | Social Security Number |                    |  |  |
| Home Address:                        |  |                                 | City                            | State                  | Zip                |  |  |
| Mailing Address                      |  |                                 | City                            | State                  | Zip                |  |  |
| Home Phone                           |  |                                 | Cell Phone                      | Cell Phone             |                    |  |  |
| Email Address:                       | or the state of th |                                 |                                 |                        |                    |  |  |
| OPTIONAL QUESTIONS Ans               | wers to the follow   | ving questions will             | ensure the district maintain El | OC record              | ls.                |  |  |
| Male                                 | Female Da  | te of Birth                     | Do you cl                       | aim Veterans           | preference?        |  |  |
| Race:White, Non-                     | HispanicBlack  | , Non-HispanicI                 | Hispanic Mixed RaceA            | sian Americar          | n/Pacific Islander |  |  |
| EDUCATIONAL RE                       | CORDS  |                                 |                                 |                        |                    |  |  |
| High School, Colle<br>Vocational Sch |  | Dates<br>ded/Graduation<br>Date | Major Subjects                  | Higl                   | Highest Degree     |  |  |
|                                      |  |                                 |                                 |                        |                    |  |  |
| EMPLOYMENT HI                        | STORY  |                                 |                                 |                        |                    |  |  |
|                                      |  | HELD BEGINNING                  | WITH THE MOST RECENT            | el.                    |                    |  |  |
| EMPLOYER                             | MONTH/YEAR   | POSITION                        | EMPLOYERS ADDRESS               | REASON FOR LEAVING     |                    |  |  |
|                                      |  |                                 |                                 |                        |                    |  |  |
|                                      |  |                                 |                                 |                        |                    |  |  |
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| NAME   | ADDRESS                      | PHONE NUMBER  | POSITION / YEARS KNOWN    |
|--|------------------------------|---|---------------------------|
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| Have you been convicted  | d of a criminal offense? Yes | S No if yes plea  | se attach an explanation. |
|  |                              |   |                           |
| To the best of my knowle   | edge, answers to the above   | are correct and I underst   | and that deliberately     |
| TO DESCRIPTION OF THE PROPERTY | ovided on this form may be   |   |                           |
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| employment and I further   | er understand that upon en   | nployment fingerprint clea  | rance by State and        |
| Federal Law Enforcemen   | t agencies will be required  | at my expense.  |                           |
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| Applicant Signature  |                              | Da  | te                        |
|  |                              |   |                           |