

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
An Equal Opportunity Employer

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:
 Completed Application _____
 Reference Forms _____
 Official Transcripts _____
 Fingerprint Clearance _____

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 210 NE DUVAL AVE
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 (850)973-5022

THE MADISON COUNTY SCHOOL BOARD IS AN EQUAL OPORTUNITY
 EMPLOYER

PERSONAL INFORMATION

Name: (Last, First, Middle) _____ Social Security Number _____
 Home Address: _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email Address: _____

OPTIONAL QUESTIONS

Answers to the following questions will ensure the district maintain EEOC records.

Male Female Date of Birth _____ Do you claim Veterans preference?
 Race: White, Non-Hispanic Black, Non-Hispanic Hispanic Mixed Race Asian American/Pacific Islander

EDUCATIONAL RECORDS

High School, College or Vocational School	Dates Attended/Graduation Date	Major Subjects	Highest Degree

EMPLOYMENT HISTORY

LIST THE LAST FOUR JOBS YOU HAVE HELD, BEGINNING WITH THE MOST RECENT

EMPLOYER	MONTH/YEAR	POSITION	EMPLOYERS ADDRESS	RESON FOR LEAVING

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REFERENCES

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

NAME	ADDRESS	PHONE NUMBER	POSITION / YEARS KNOWN

Have you been convicted of a criminal offense? Yes ___ No ___ if yes please attach an explanation.

To the best of my knowledge, answers to the above are correct and I understand that deliberately falsifying information provided on this form may be grounds for immediate termination of my employment and I further understand that upon employment fingerprint clearance by State and Federal Law Enforcement agencies will be required at my expense.

Applicant Signature

Date

SUBSTITUTE BUS DRIVER/FOOD SERVICE WORKER/ CUSTODIAN APPLICATION

Madison County School Board
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MADISON, FL 32340
(850)973-5022

OFFICE USE ONLY: Completed Application _____ Reference Forms _____ Official Transcripts _____ Fingerprint Clearance _____

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EMPLOYER

PERSONAL INFORMATION

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