

Please return to the school office or

Personnel Department
SCHOOL BOARD OF LEVY COUNTY
480 MARSHBURN DRIVE
BRONSON, FLORIDA 32621
Phone - 352-486-5231 FAX - 352-486-5237

SUBSTITUTE REFERENCE FORM

Revised 02/01/2017

Section I: To be completed by Applicant

Applicant: _____ Social Security Number: _____
has applied for a **substitute** position with the School Board of Levy County in the following capacity (check all that are applicable): teacher; teacher aide; secretary/clerical; bus attendant; bus driver; custodian; food service worker; groundskeeper; other _____

Section II: To be completed by current or former **boss or supervisor**. (If you did not supervise this person, do **not** complete this form.)

Name: _____ Phone Number () _____ - _____
Agency: _____ Position: _____
Address: _____ Relation to Applicant: _____
Signature: _____ Date: _____

1. Did you supervise this person? Yes No (If you did not supervise this person, do **not** complete this form.)
2. What were dates of employment? (from and to) _____
3. Title of Applicant's position _____ Full-time Part-time
4. How many days of work did the applicant miss last year? _____ Is the applicant punctual? Yes No
5. If a vacancy existed with your agency, would you recommend him or her for employment? Yes No
6. Do you know any reason why this person should not work with students? Yes No If yes, why?

Professional/Personal Qualities	Excellent	Satisfactory	Needed Improvement	Unsatisfactory	Unknown
Job Skills/Quality of work					
Ability to work with others					
Ability to learn					
Dependability/Follows through with assigned duties					
Attitude/Cooperative					
Judgment/Common Sense					
Initiative					
Emotional Stability					
Character					
Leadership ability					
Ability to work with children in a friendly and understanding manner					

Other Comments:
