

**The School District of Volusia County
Division of Personnel Services**

200 North Clara Avenue
DeLand, Florida 32721-2118

729 Loomis Avenue
Daytona Beach, Florida 32115-2410

**APPLICATION GUIDELINES
INSTRUCTIONAL/ADMINISTRATIVE POSITIONS
SUBSTITUTE TEACHER POSITIONS**

When returning an application for employment, each item listed must be included for the packet to be considered complete and the application to be processed and entered into the district's database and files.

Applicants, please place a check next to each item after completion.

- 1. Copy of social security card.
- 2. Copy of driver license or valid photo identification.
- 3. Oath of Loyalty (Florida residents only).
- 4. A work history of the preceding ten (10) years must be provided. Any periods of unemployment or leaves of absence are to be noted in this work history.
- 5. Work references are required for the last ten (10) years of employment as follows:
 - A completed reference form from the current or most current supervisor; and,
 - If employed by several companies during the last ten (10) years, include two additional references from the companies for which you worked the longest periods of time;
 - The number of references for the last ten (10) years should not exceed three (3).If you have been self-employed, please provide references from:
 - Persons who have purchased your services or product during the last ten (10) years;
 - Vendors with whom you have worked during the last ten (10) years.

Instructional Application Only:

 - Recent college graduates may use placement files or personal references from a supervising teacher or college professor.Each completed form to be submitted in a sealed envelope bearing the name of the company or person providing the reference.

The district reserves the right to request additional references or work history if necessary or appropriate.
- 6. Two official transcripts from the universities/colleges attended, listing degree awarded. The transcripts must be submitted in a sealed envelope from the college or university awarding the degree. **The transcripts must accompany the application. Recent graduates may submit a letter from the Dean of Education or Registrar indicating the date of graduation and degree to be granted, and the application will be accepted.**
- 7. Copy of professional certificate(s), or statement of eligibility, or proof of application for Florida certification. Out of state applicants, please submit two (2) copies of test scores/certificates from states other than Florida.
- 8. Substitute applicants must submit evidence of a high school diploma, GED, or college degree(s), whichever is applicable.
- 9. Veteran's Preference Form (complete only if Veteran's Preference is being claimed in the application for employment process.) (Attach a copy of DD214)

These items must accompany your application.

NOTE: IF YOU LIVE WITHIN VOLUSIA COUNTY, PLEASE PERSONALLY SUBMIT YOUR APPLICATION TO PERSONNEL SERVICES IN DELAND OR DAYTONA BEACH.

APPLICATION GUIDELINES

VACANCIES

Vacancy announcements are posted daily in the Division of Personnel Services, at all school and department work sites and are available to the public at the receptionist desk at the DeLand Administrative Complex and at the Daytona Beach satellite office (Portable Y). A recorded listing of all vacancies can be accessed 24 hours a day by dialing (386) 736-5073, (386) 257-3903, or (386) 428-0541. The listing is updated daily. All vacancies are advertised daily on the Internet at www.volusia.k12.fl.us. Each vacancy is advertised for three (3) working days (teaching vacancies for two (2) days while school is in session). The deadline for applying is 5:00 p.m. on the closing date for each vacancy.

APPLYING FOR A SPECIFIC POSITION

You may apply for a position on the web site listed above or by dialing (386) 736-5073, (386) 257-3903, or (386) 428-0541 and listening to the categories for vacancies that exist within the district. Each category will give you the opportunity to listen to vacancies in the field of your choice. Follow the directions provided, using your touch tone telephone, to apply for advertised positions. The names of all applicants are sent to departments or school sites for consideration when the job advertisement closes.

SECURITY CLEARANCE

Applicants for any type of substitute position must be security cleared (fingerprinted and substance screened) prior to being eligible to accept employment opportunities in any school. All other applicants for employment must be security cleared when they are offered a position with the School District of Volusia County. Fingerprinting may be completed by appointment only, at the DeLand Administrative Complex, Extension 20178, or at the Educational Development Center in Daytona Beach, Extension 60253, each work day between 8:00 a.m. and 4:30 p.m. Current charges for fingerprinting and substance screening are paid by the applicant at the time of service. Information regarding substance screening and sites will be made available at the time of the fingerprinting.

At the time of fingerprinting, applicants must present their social security card and photo identification.

SUBSTITUTE TRAINING and RETENTION PROGRAM

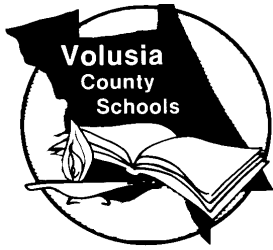
The S.T.A.R. (Substitute Training and Retention) program is a condition of employment for those persons who have not completed a teacher education preparation program, but wish to substitute teach in the School District of Volusia County or work as a coach with no other employment with the School District of Volusia County. The program is a two day workshop that covers school law, instructional techniques, curriculum requirements, classroom management issues, use of the newspaper in the classroom, concepts associated with Exceptional Education programs, the opportunity to observe teachers "in action" at selected sites, and other strategies and skills needed for successful substitute teaching assignments. The training is also available by completing an independent study module. The module is available from the media center at the Daytona Beach Educational Development Center or Personnel Services Division at the DeLand Administrative Complex.

A complete application and security clearance (fingerprinted and substance screened) must be on file prior to requesting registration for S.T.A.R. program. To register for S.T.A.R., call Personnel Services between the hours of 8:00 a.m. and 5:00 p.m. at telephone number (386) 734-7190, extension 20187.

COMPENSATION

Compensation is set on the basis of the requirements of appropriate collective bargaining agreements or School Board policy and procedures. All compensation is according to the current pay schedule for the School District of Volusia County. In order for a substitute teacher to receive a higher rate based upon 60 hours of collegiate credit, an AA degree or higher, an official transcript showing confirmation of the hours or degree must be submitted to Personnel Services.

If you have access to the Internet, you can secure information regarding our school sites, the various curriculums, programs, and other pertinent information regarding the School District of Volusia County, enter <http://www.volusia.k12.fl.us> and follow the instructions.



The School District of Volusia County
 Division of Personnel Services
 200 North Clara Avenue
 DeLand, Florida 32721-2118
 (386) 734-7190

Social Security Number (enclose copy of card)									
				-					
Last name (as it appears on social security card)									
First name, MI (as it appears on social security card)									

Date: _____

INSTRUCTIONAL/ADMINISTRATIVE/SUBSTITUTE TEACHER
APPLICATION FOR EMPLOYMENT

Through the individual commitment of all, our students will graduate with the knowledge, skills, and values necessary to be successful contributors to our democratic society.

(Vision Statement - School Board approved and adopted April 14, 1992)

Please type or print in black ink only.

Verified by:

Date:

Section 1			
Check one:	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Former Applicant	<input type="checkbox"/> Former employee of the School District of Volusia County
Check as many as applicable:	<input type="checkbox"/> Instructional	<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Vocational non-degree
	<input type="checkbox"/> Administrative (School-based administrative must complete additional screening & selection process)		

Each section of the application that pertains to the position(s) for which you are applying must be completed in order for the application to be accepted.

Section 2			Personal Information		
Address (Street, P.O. Box, City, State, Zip):		Telephone Number:	Other names that have been used:		
		()			
		Other telephone Number:	Are you 18 years of age or older?		
		()	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Complete the following information if any member of your immediate family is employed by the School District of Volusia County

Name:			
School/Department:		Position:	
Authorized to work in the United States of America?	Are you a veteran?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you seek Veteran's Preference as provided by Florida Statutes, please complete the enclosed Veteran's Preference Claim Form.	

Race and gender information is used for state and federal report requirements only and is not required for application.

Race Category (Check one):		Gender:	
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Native American, Native Alaskan	<input type="checkbox"/> Asian, Pacific Islander		
		<input type="checkbox"/> Ethnicity - Hispanic	

Section 3 Education

High school attended (Name and Address):	Please check the highest grade completed:
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Post-secondary accredited institution(s) granting diploma(s)/degree(s):							
School	Name and address (Include city and state):	Dates (Mo. & Yr.):		Degree received:	Major:	Minor:	Sem. hours:
College or University		From:					
		To:					
Business		From:					
		To:					
Vocational or Technical		From:					
		To:					

Section 4 Employment History

*List below previous 10 years of employment beginning with your most recent.
Any periods of unemployment or leaves of absence are to be noted. If necessary, attach a separate sheet of paper.*

Name of school system or company:	Phone:	Dates (Mo. & Yr.):	Your supervisor (Name and Title):
	()	From: To:	
Address:	Position/Title:	Responsibilities:	Reason for leaving:
Name of school system or company:	Phone:	Dates (Mo. & Yr.):	Your supervisor (Name and Title):
	()	From: To:	
Address:	Position/Title:	Responsibilities:	Reason for leaving:
Name of school system or company:	Phone:	Dates (Mo. & Yr.):	Your supervisor (Name and Title):
	()	From: To:	
Address:	Position/Title:	Responsibilities:	Reason for leaving:

Substitute teacher - List your experience below, if applicable.

School and phone:	Grade/Subject:	Dates (Mo. & Yr.):	Principal/Supervisor:
		From: To:	
		From: To:	
		From: To:	
		From: To:	

Section 5 Administration/ Management: Warehouse, Transportation and Maintenance

CDL Class A or B license number:	State:	Exp. date:	Passenger license number:	Exp. date:	Restrictions:
<input type="checkbox"/> A <input type="checkbox"/> B					
Number of years you have driven a motor vehicle:	Have you ever participated in a safety program?				
Number of years you have been a school bus driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____				

Section 6 Special Interests and Abilities Responses are optional, not required

Extracurricular activities you can direct: _____

Youth work outside of teaching: _____

Other Interests & Activities: _____

Professional certificates or licenses held, other than in the field of education: _____

Section 7 Criminal Record

A. Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

Please check one: Yes No **Note: A no check means no to every statement above.**

Failure to answer these questions accurately could result in your being ineligible for employment, or, if hired, subject to termination with the School District of Volusia County. A yes or no answer is required.

If you check **yes**, you must complete the Criminal History Addendum located at www.volusia.k12.fl.us. This item can be located in the Destination Box; click Professional Standards; click Background Screening; click and print Pre-employment Criminal History Addendum. This Addendum must be submitted with the application.

B. If you are applying for a position that requires a valid driver's license, you must complete the Application to Operate School Board Vehicles, located at www.volusia.k12.fl.us and it must be submitted at the time of application. The item can be located in the Destination Box; click Professional Standards; click Safe Operations; click and print Application to Drive. The following positions require you to complete the Application to Operate School Board Vehicle and/or School Bus: Bus drivers, warehouse and maintenance personnel, and identified multiple site positions.

Section 8 Certification/ Professional License/ Employment Action History

Have you taken the College Level Academic Skills Test? Yes No If yes, please include a copy of the test report.

Have you taken the Florida Teacher Certification Exam? Yes No If yes, please include a copy of the test report.

Have you applied for a Florida Teacher Certificate? Yes No If yes, please include a copy of the receipt and/or official statement.

Do you have a valid Florida Educator's Certificate? Yes No If yes, please include a copy of the certificate.

Have you completed a Florida Teacher Induction Program? Yes No If yes, which district: _____

Have you ever had a Teacher's Certificate suspended or revoked? Yes No If yes, please explain: _____

Do you have certificates/teaching licenses from other states? Yes No State: _____ Subject/Field: _____

Have you ever had a professional license suspended or revoked or have you ever surrendered a professional license for suspension or revocation? Yes No

If Yes, type of license _____ State _____

Have you resigned from a school district in lieu of disciplinary action, or have you been dismissed for just cause by any school district? Yes No If yes, which district: _____

Section 9 Student Teaching

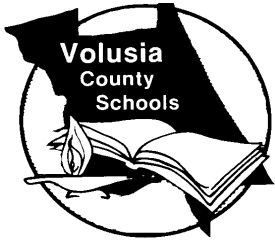
School (include address):	Phone:	Grade/Subject:	Dates (Mo. & Yr.)	Supervising teacher:
	()		From: To:	
	()		From: To:	

Section 10 Salaried Teaching and/or School Administrator Experience			
<i>List all salaried experience. Begin with most recent employment.</i>			
<i>Any periods of unemployment or leaves of absence are to be noted. Attach separate sheet if necessary.</i>			
Name of employer (School & District):	Dates (Mo. & Yr.):	Grade/Subject:	Your supervisor (Name and Title):
	From: To:		
Address and telephone:		Other responsibilities:	Reason for leaving:
Name of employer (School & District):	Dates (Mo. & Yr.):	Grade/Subject:	Your supervisor (Name and Title):
	From: To:		
Address and telephone:		Other responsibilities:	Reason for leaving:
Name of employer (School & District):	Dates (Mo. & Yr.):	Grade/Subject:	Your supervisor (Name and Title):
	From: To:		
Address and telephone:		Other responsibilities:	Reason for leaving:

Section 11 Statement of Candidate	
<i>In the space below, or on a separate sheet of paper, respond to the following questions (RESPONSE REQUIRED).</i>	
What is your mission in education?	
Describe your beliefs about the education process.	

Section 12		
<i>All applicants MUST read, date and sign below.</i>		
<i>I understand that obtaining employment through false or willful misrepresentation of facts may be grounds for dismissal in the event this application results in my employment. I understand that prior to receiving authorization to work in the School District of Volusia County, a security clearance (fingerprinting and substance screening) will be required. I understand that this application will expire one year from the date it is accepted, unless I notify Personnel Services to continue my application as active.</i>		
<i>I certify that all information given on this application is true and complete to the best of my knowledge.</i>	Date:	Signature (applicant):

FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION THAT PERTAIN TO YOU WILL RESULT IN YOUR APPLICATION NOT BEING ACCEPTED



The School District of Volusia County
 Division of Personnel Services
 200 North Clara Avenue
 DeLand, Florida 32721-2118
 (386) 734-7190

OATH OF LOYALTY

I, _____ a citizen of the State of Florida and the
 United States of America, and being (or to be) employed by, or an officer of

THE SCHOOL DISTRICT OF VOLUSIA COUNTY, FLORIDA

and a recipient of public funds as such employee or officer hereby solemnly swear or affirm that I
 will support the Constitution of the United States and of the State of Florida.

I further affirm that I will support the vision of the School Board that:

***Through the individual commitment of all, our students will graduate with the knowledge,
 skills, and values necessary to be successful contributors to our democratic society.***

(Vision Statement - School Board approved and adopted April 14, 1992)

Signature:	Date:

THIS FORM MUST BE NOTARIZED

(a notary is available in the Division of Personnel Services)

**STATE OF FLORIDA
 COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before
 me this _____ day of _____,
 20____, by _____,
 who is personally known to me or who has produced
 _____ as identification
 and who did/did not take an oath.

_____ Notary Public, Commission No. _____

_____ (Name of notary typed, printed or stamped)

The School District of Volusia County
VETERAN'S PREFERENCE CLAIM FORM

Instructions: Complete ONLY if you are claiming Veteran's Preference.

Subsection 1.01(14) Florida Statute defines the term "Veteran" as one who has served in the active military and who is discharged under honorable conditions only, or who later received an upgraded discharge under honorable conditions notwithstanding any action by the Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served during one of the following periods of wartime service (documentation of such service must be provided at time of application).

Please check appropriate statement as it applies to you:

- | | |
|--|--|
| <input type="checkbox"/> World War II: December 7, 1941 to December 31, 1946 | <input type="checkbox"/> Persian Gulf: August 2, 1990 to January 2, 1992 |
| <input type="checkbox"/> Korean Conflict: June 27, 1950 to January 31, 1955 | <input type="checkbox"/> Armed Forces Expeditionary Medal |
| <input type="checkbox"/> Vietnam Era: February 28, 1961 to May 7, 1975 | <input type="checkbox"/> Global War on Terrorism Expeditionary Medal |

Also, please check the following appropriate statement as it applies to you:

- *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. Department of Veterans Affairs and the Department of Defense; or
- *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 (evidence of the marriage must be provided); or
- 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,
- *The unmarried widow or widower of a veteran who died of a service-connected disability.

*A statement of disability certification from the Department of Veterans Affairs must be submitted at time of application.

- Yes No I am claiming Veteran's Preference. (Attach DD214 form.)
- Yes No Have you ever been employed in a full-time capacity by the State of Florida or any political subdivision of the state to include public school districts?
- Yes No Are you a resident of the State of Florida? (Veteran's Preference is only available to Florida residents.)

If active service: Branch of Service: _____
 Date of Entry: _____ Date of Discharge: _____

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____	Date: _____
-------------------------	--------------------

THIS FORM MUST BE NOTARIZED
(A notary is available in the Personnel Services Division)

STATE OF FLORIDA
COUNTY OF VOLUSIA

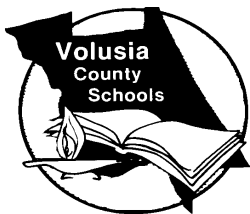
The foregoing instrument was acknowledged before me this _____ day of _____, by _____, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary Public, Commission No. _____
 (Name of notary typed, printed or stamped)

Upon acceptance of full-time employment with a covered employer, Veteran's Preference entitlement is thereby expired.

If an applicant claiming Veteran's Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

The School District of Volusia County complies with State Statutes on Veteran's Preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, disability, marital status or sexual orientation.



The School District of Volusia County
 Division of Personnel Services
 200 N. Clara Avenue
 DeLand, Florida 32721-2118

APPLICANT DATA

Last name (as it appears on social security card)
First name, MI (as it appears on social security card)

APPLICANT REFERENCE

Please type or print in black ink only.

Name of reference:
Address of reference:
Telephone of reference during business hours:

I am submitting an application for a position with the School District of Volusia County, Florida. I cannot be considered for employment until my references are on file. Please complete this reference form, seal it in an official company or agency envelope bearing the logo or name and return to me. It is my responsibility to include the sealed envelope containing the reference when I submit my application.

To the supervisor: Please respond to each item listed.

Name of your school/company:	Your position/title:	Position applicant held under your supervision:
Dates employed (Month/Day/Year)	Why did applicant leave your employment?	
From: To:		

Please rate this candidate in the areas listed below. A scale of 1-5 is provided with 5 representing a rating of excellent and 1 representing a rating of poor.

Please check the correct box:

Poor					Excellent	
	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resourcefulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambition/initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty/judgment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health, vigor, energy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enthusiasm for job/position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation/helpfulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promptness/dependability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Value of individual to organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office, classroom or other organization management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding treatment of students/fellow employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning and preparation

Company policy does not permit any response other than verifying dates of employment.

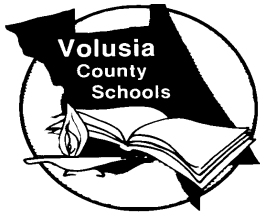
 Signature

Would you re-employ applicant? Yes No

Is there any reason this applicant should not work around children? Yes No

Please add any other pertinent information: _____

Signature: _____	Date: _____
------------------	-------------



The School District of Volusia County
 Division of Personnel Services
 200 N. Clara Avenue
 DeLand, Florida 32721-2118

APPLICANT DATA

Last name (as it appears on social security card)
First name, MI (as it appears on social security card)

APPLICANT REFERENCE

Please type or print in black ink only.

Name of reference:
Address of reference:
Telephone of reference during business hours:

I am submitting an application for a position with the School District of Volusia County, Florida. I cannot be considered for employment until my references are on file. Please complete this reference form, seal it in an official company or agency envelope bearing the logo or name and return to me. It is my responsibility to include the sealed envelope containing the reference when I submit my application.

To the supervisor: Please respond to each item listed.

Name of your school/company:	Your position/title:	Position applicant held under your supervision:
Dates employed (Month/Day/Year)	Why did applicant leave your employment?	
From: To:		

Please rate this candidate in the areas listed below. A scale of 1-5 is provided with 5 representing a rating of excellent and 1 representing a rating of poor.

Please check the correct box:

Poor Excellent
 1 2 3 4 5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resourcefulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambition/initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty/judgment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health, vigor, energy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enthusiasm for job/position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation/helpfulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promptness/dependability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Value of individual to organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office, classroom or other organization management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding treatment of students/fellow employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning and preparation

Company policy does not permit any response other than verifying dates of employment.

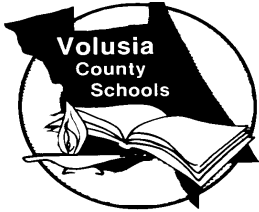
Signature _____

Would you re-employ applicant? Yes No

Is there any reason this applicant should not work around children? Yes No

Please add any other pertinent information: _____

Signature:		Date:	
-------------------	--	--------------	--



The School District of Volusia County
 Division of Personnel Services
 200 N. Clara Avenue
 DeLand, Florida 32721-2118

APPLICANT DATA

Last name (as it appears on social security card)
First name, MI (as it appears on social security card)

APPLICANT REFERENCE

Please type or print in black ink only.

Name of reference:
Address of reference:
Telephone of reference during business hours:

I am submitting an application for a position with the School District of Volusia County, Florida. I cannot be considered for employment until my references are on file. Please complete this reference form, seal it in an official company or agency envelope bearing the logo or name and return to me. It is my responsibility to include the sealed envelope containing the reference when I submit my application.

To the supervisor: Please respond to each item listed.

Name of your school/company:	Your position/title:	Position applicant held under your supervision:
Dates employed (Month/Day/Year)	Why did applicant leave your employment?	
From: To:		

Please rate this candidate in the areas listed below. A scale of 1-5 is provided with 5 representing a rating of excellent and 1 representing a rating of poor.

Please check the correct box:

Poor				Excellent	
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resourcefulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambition/initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty/judgment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health, vigor, energy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enthusiasm for job/position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation/helpfulness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promptness/dependability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Value of individual to organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office, classroom or other organization management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding treatment of students/fellow employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning and preparation

Company policy does not permit any response other than verifying dates of employment.

 Signature

Would you re-employ applicant? Yes No

Is there any reason this applicant should not work around children? Yes No

Please add any other pertinent information: _____

Signature: _____	Date: _____
-------------------------	--------------------