## **Personnel Department** SCHOOL BOARD OF LEVY COUNTY **480 MARSHBURN DRIVE BRONSON, FLORIDA 32621**

Phone - 352-486-5231 FAX - 352-486-5237

## SUBSTITUTE REFERENCE FORM

Section I: To be completed by Applicant						
App	licant:		Social S	Security Number:		
has are	applied for a <u>substitute</u> po applicable): [teacher; [tea ice worker; [groundskeep	osition with thacher aide;	ne School Board secretary/clerica	of Levy County in Il; [bus attendan	the following capacit; [bus driver; [cus	
	tion II: To be complete complete this form.)	ed by curre	nt or former <u>b</u>	oss or <u>supervi</u>	<b>SO</b> r. (If you did not sup	ervise this person, do
Nan	ne:		F	Phone Number (	) -	
Name:Phone Number ( )						
Address: Relation to Applicant:						
Signature: Date:						
Agency:						
2. What were dates of employment? (from and to)						
3. Title of Applicant's positionFull-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	Excellent	Satisfactory	Needed	Unsatisfactory	Unknown
	Qualities		_	Improvement	_	
J	ob Skills/Quality of work					
Α	bility to work with others					
	bility to learn					
	ependability/Follows					
	rough with assigned					
	uties					
	ttitude/Cooperative					
	udgment/Common Sense					
	itiative					
	motional Stability					
	haracter					
L	eadership ability					
	bility to work with children					
	a friendly and					
	nderstanding manner					
Oth	er Comments:					