

SCHOOL BOARD OF BREVARD COUNTY

HUMAN RESOURCES SERVICES
2700 JUDGE FRAN JAMIESON WAY
VIERA, FLORIDA 32940

APPLICATION FOR A DISTRICT ISSUED SUBSTITUTE CERTIFICATE

A \$25 processing fee for **SUBSTITUTE TEACHER CERTIFICATE** in the form of a local check (no counter checks) or money order made payable to **THE SCHOOL BOARD OF BREVARD COUNTY** must accompany this application. **THE FEE IS NON-REFUNDABLE.**

| | | |
|----------------------|-------|---------------|
| Applicant Name _____ | _____ | _____ |
| Last | First | Middle/Maiden |

I. PERSONAL INFORMATION

| | | | |
|--|---------------------------------|---|---|
| Social Security Number _____ | Birth Date: _____ | Phone #: _____ | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: _____ | | | |
| Street or Route | City | State | Zip Code |
| Completion of this section is optional: | | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic |
| | | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |

II. ACADEMIC RECORD:

| High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of School: _____ | | | Date of Graduation: _____ | |
|--|-------|-----------------------|------|-------|---------------------------|------------------|
| Name of College(s)/Branch Campus | State | Degree | Date | Major | Sem.Hrs. | Attendance Dates |
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III. TEACHING EXPERIENCE:

| Dates of Employment | Name of School/Employer | State | Subject and Grade Level | Full-Time(F) Part-Time(P) | No. of Months Taught per Year | Public or Private School |
|---------------------|-------------------------|-------|-------------------------|------------------------------|-------------------------------|--------------------------|
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IV. CERTIFICATION STATUS - Please list below any state or district certificates you have held:

| Type | Validity Period | State or District | Subjects Covered |
|------|-----------------|-------------------|------------------|
| | | | |
| | | | |

V. ARREST/REVOICATION RECORD:

| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? SEALED or EXPUNGED records must be reported pursuant to s.943.058,F.S. Failure to answer this question accurately could cause denial of certification. A YES or NO answer is required by Florida Law. If you check the YES box, you must give the information requested for each charge. Please attach a separate sheet if you need more space. | | |
|-------------------------------------|-------|------------------------------------|-----------|--|--|--|
| City Where Arrested | State | Date of Arrest | Charge(s) | Disposition(s) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | Have you ever had a teaching certificate revoked, suspended, or denied by a state other than Florida; or is there any action pending against your certificate or application in another state? (A determination of academic ineligibility is not considered denial of a certificate.) If YES, you must give the state where your certificate was revoked, suspended, or denied, or where action is pending against your certificate or application. _____ STATE | | |

I hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the State of Florida. I understand the Florida Statutes provide for revocation of an Educator's Certificate if evidence and proof are established and that the certificate has been obtained by fraudulent means. I further certify that all information pertaining to this application is true, correct, and complete.

_____ Signature of Applicant

| OFFICIAL USE ONLY |
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| If you need an accomodation to participate in the application/selection process, please notify Human Resources in advance. |