

ATTENTION SUBSTITUTES

The following documents must be turned in to personnel BEFORE you will be allowed to substitute:

- Completed application
- Copy of driver's license
- Copy of social security card
- Copy of diploma (GED) or higher degree
- Ethics Certificate (instructions attached)
- Fingerprints (will be done in personnel after attending the AESOP in-service)

****APPLICATION MUST BE TURNED IN TO PERSONNEL PRIOR TO IN-SERVICE****

Please note:

- Once you have attended the in-service and your fingerprints have been done there is usually a 48 hour wait before our office receives your final fingerprint results. Once we are able to print these you will be sent your user ID and pin number by mail.
- The name on your social security card **must** match all paperwork. You **must** use the name on your social security card to sign in at the schools where you will sub. If you do not use the name on your social security card there will be a delay in receiving your check.
- This is only a **substitute** application. If you would like to apply for full-time employment you must fill out a different application as jobs open. You can find vacancies posted on our website at www.vpsb.net. Support positions are also posted in the classifieds of the Sunday Meridional.
- Pay for substitutes are as follows:

Sub Teacher:	\$55.00 per day with a high school diploma
	\$65.00 per day with a 4 year college degree
	\$75.00 per day with a valid teaching certificate

Sub Paraprofessional:	\$55.00 per day
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Sub Janitor:	\$7.25 per hour
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Sub Cafeteria Technician:	\$7.25 per hour
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Sub Bus Driver:	\$64.43 per day
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Sub Bus Monitor:	\$45.44
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ATN# _____

POSITION APPLYING FOR: _____

FIRST NAME: _____

LAST NAME: _____

MIDDLE INITIAL: _____ SUFFIX: (CIRCLE ONE) II III IV V JR SR

ALIAS: MAIDEN NAME OR OTHER NAME USED: _____

RACE: (CIRCLE ONE) ASIAN BLACK AMERICAN INDIAN UNKNOWN WHITE

SEX: FEMALE OR MALE DATE OF BIRTH: ___/___/___

STATE OF BIRTH: _____

HEIGHT: ___ FT ___ INCHES

HAIR COLOR: (CIRCLE ONE) BALD BLACK BLONDE/STRAWBERRY BROWN GRAY/PARTIALLY GRAY

RED/AUBURN SANDY WHITE OTHER

EYE COLOR: (CIRCLE ONE) BLACK BLUE GREEN BROWN GRAY HAZEL MULTICOLORED

WEIGHT: _____

DRIVERS LICENSE #: _____ STATE: _____

SOCIAL SECURITY: _____-_____-_____

STREET NUMBER: _____

STREET NAME: _____

APARTMENT NUMBER: _____

CITY: _____

ZIP CODE: _____

PLEASE RETURN FORM TO PERSONNEL

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/Revised 10/2015

Vermilion Parish School Board

AGENCY, BUSINESS OR INDIVIDUAL NAME

220 S Jefferson St.

MAILING ADDRESS

Abbeville

La

70510

CITY

STATE

ZIP CODE

NOTICE:

**PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH
(STATE)

PLACE OF BIRTH

RACE / SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

**There is no charge for
fingerprints.**