

**THE SCHOOL BOARD OF POLK COUNTY  
SUBSTITUTE REFERENCE FORM  
Human Resource Services  
P.O. Box 391  
Bartow, FL 33831-0391**

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**Print Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ on-line app. # \_\_\_\_\_**

**has applied for a position as a Substitute Teacher with the School Board of Polk County. He/she have given us your name as a reference. Would you mind answering a few questions?**

**(Reference cannot be an immediate family member.)**

**How long have you known the applicant? \_\_\_\_\_**

**In what capacity? \_\_\_\_\_**

**Are you related to the applicant? \_\_\_\_\_**

**If yes, what is the relationship? \_\_\_\_\_**

**Do you know of any reason why we should not hire this person as a substitute teacher for our district?  
\_\_\_\_\_ HR reviewed \_\_\_\_\_**

**What characteristics have you observed in the applicant that you feel will contribute to his/her success as a substitute teacher at a school in our District?**

\_\_\_\_\_  
\_\_\_\_\_

**Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Telephone (home) (\_\_\_\_\_) \_\_\_\_\_ Telephone (work) (\_\_\_\_\_) \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_**

**If employed, please list place of employment and position:**

\_\_\_\_\_

- *The Polk County Public School System is an equal opportunity employer. Discrimination on the basis of race, color, sex, age, religion, national origin, disability or veteran's status is prohibited.*
- *If you require any type of accommodation to complete the employment process due to a disability, please call (863)534-0689.*
- *Please address equity concerns to Patricia Hunter, Senior Coordinator, Equity and Compliance, (863)534-0513.*