

To: Substitute Child Nutrition Applicants

We appreciate your interest in becoming an employee with the Chula Vista Elementary School District.

In order to complete an application packet, please come to the Chula Vista Elementary School District ESSC building at 84 East J Street along with this checklist and the numbered items below in the following order:

1. _____ This checklist certifying your completed application along with date and signature at the bottom.
2. _____ \$76.00 Cashier's Certified Check or Money Order for fingerprint processing, made payable to SDCOE.
3. _____ Completed application. Applications can be obtained on our website OR at the front desk of our main office.
4. _____ Original U.S. High School Diploma, GED (or foreign equivalent), Military (DD214), or AA degree or higher with official transcripts.
5. _____ Original Social Security Card **AND** Driver's License or ID, Resident Card, Work Visa (Resident Card and Work Visa only if applies to your Citizenship status).
6. _____ Original Tuberculosis clearance dated within the last 60 days from U.S. doctor or clinic. If the clearance looks like a copy or print out it must be stamped by doctor's office or clinic.

When you present the above items, you will then be given a fingerprinting form to complete and turn in along with the above documents. Then you will be required to complete the following items:

7. _____ Physical scheduled and cleared through our medical provider Sharp Reese-Stealy.
DATE: _____ TIME: _____ CLEARED: _____
8. _____ Valid Food Handler's Card (if you do not have one, please let us know and you can obtain one through CVESD but can only be used with our district.)
9. _____ Training through our Child Nutrition Services Department (We schedule once you clear your physical).
DATE: _____ CLEARED: _____
10. _____ Yellow LiveScan receipt returned to District office.

Once we receive your yellow LiveScan receipt, your application will then be processed as a Substitute.

By signing below, I certify the following: All items in the checklist above are complete and attached to my application. I have passed the applicable test and completed all requirements for the position. I understand that Human Resources will not process an incomplete application packet and/or until all three completed confidential recommendation forms have been returned.

_____ Printed Name

_____ Signature

_____ Date