

SUBSTITUTE INFORMATION PACKET

Limestone County Schools

300 South Jefferson Street Athens, Alabama 35611

Phone 256.232.5353 Fax 256.233.6461

www.lcst12.org

Limestone County Schools

300 South Jefferson Street Athens, Alabama 35611

Phone 256.232.5353 Fax 256.233.6461

www.lcsk12.org

SUBSTITUTE INFORMATION PACKET

Thank you for your interest in substituting for Limestone County Schools. Please complete the documents in the packet and return it, along with any necessary supporting documents to the Human Resources Department of the Limestone County School System. Below is a checklist to help you make sure that you return all necessary documents.

A completed application includes...

- The following completed documents:

- Application
- Form I-9
- W-4 and A-4
- Direct Deposit Form with a voided check

- Copies of the following:

- Valid, current Driver's License
- Social Security Card
- Registration verification for

https://www.aps.gemalto.com/al/index_adeNew.htm background check.

Pay Scale and Pay Salary

Certified Teacher.....	\$70.00/day
Non-Certified Teacher.....	\$55.00/day
Bus Driver.....	\$50.00/day
Nurse.....	\$70.00/day
Lunchroom Worker.....	\$55.00/day
Secretary.....	\$55.00/day
Custodian.....	\$60.00/day
Instructional Assistant/Aide.....	\$55.00/day
Bus Aide.....	\$44.25/day

=====
In addition, **to be a substitute teacher, instructional assistant, or instructional aide**, you must include **one of the following**:

- Copy of your valid, current teaching certificate (if a certified teacher)
- Copy of your valid, current substitute license (if you have one)
- Application for substitute license and copy of high school/college diploma or transcripts showing completion of an Alabama State Department of Education approved equivalent (ex. GED)

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In addition, **to be a bus driver**, you must include:

- Copy of valid, current CDL license

=====
In addition, **to be a nurse**, you must hold a current, valid Alabama Nursing License. You cannot begin substituting until the Human Resource Department has verified your license through the Alabama Board of Nursing.

License number: _____ Name as it appears on your license: _____

Limestone County Schools

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Phone 256.232.5353 Fax 256.233.6461

www.lcsk12.org

SUBSTITUTE APPLICATION

Thank you for your interest in substituting for Limestone County Schools. Please complete pages one and two of this application and return it, along with any necessary supporting documents to the Human Resources Department of the Limestone County School System.

Name _____ Soc. Sec. # _____

Street Address _____ Apt./Unit # _____

City _____ State _____ Zip Code _____

Work Phone (____) _____ Home Phone (____) _____ Cell (____) _____

Email Address: _____

At which school(s) do you wish to substitute? (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> ALL Limestone County School | |
| <input type="checkbox"/> Blue Springs Elementary K – 5 | <input type="checkbox"/> Ardmore High School 6 – 12 |
| <input type="checkbox"/> Cedar Hill Elementary K – 5 | <input type="checkbox"/> Clements High School 6 – 12 |
| <input type="checkbox"/> Creekside Elementary 3 – 5 | <input type="checkbox"/> East Limestone High School 6 – 12 |
| <input type="checkbox"/> Creekside Primary K – 2 | <input type="checkbox"/> Elkmont High School 6 – 12 |
| <input type="checkbox"/> Elkmont Elementary K – 5 | <input type="checkbox"/> Tanner High School 6 – 12 |
| <input type="checkbox"/> Johnson Elementary K – 5 | <input type="checkbox"/> West Limestone High School 6 – 12 |
| <input type="checkbox"/> Piney Chapel Elementary K – 5 | |
| <input type="checkbox"/> Sugar Creek Elementary K – 5 | <input type="checkbox"/> Career Technical Center |
| <input type="checkbox"/> Tanner Elementary School K - 5 | |

In which area(s) do you wish to substitute? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Classroom Teacher |
| <input type="checkbox"/> Bus Aide | <input type="checkbox"/> Custodial/Maintenance |
| <input type="checkbox"/> CNP (Child Nutrition Department) | <input type="checkbox"/> Instructional/Inclusion Assistant |

(Continued on the back)

===== **FOR SUBSTITUTE TEACHING AND INSTRUCTIONAL/INCLUSION ASSISTANT** =====

To be a substitute teacher, instructional assistant, and/or inclusion assistant, you must hold a current, valid teaching certificate or a current valid substitute license.

Do you hold a current, valid teaching certificate? _____ Yes _____ No

Do you hold a current, valid substitute license? _____ Yes _____ No

If you do NOT have a current, valid teaching certificate or a current, valid substitute license, you will need to complete an Alabama State Department of Education Application for a Substitute License. Additional information and a copy of this form can be found on the ALSDE website or from the Limestone County Schools' central office. The Application for a Substitute License, along with documentation that you completed high school and/or college must be submitted with this application to the Limestone County Schools' Human Resources Department.

===== **FOR BUS DRIVER** =====

To be a bus driver, you must hold a current, valid CDL license. **A copy of your license will have to be submitted to the Limestone County Schools' Human Resources Department before you can begin substituting.**

===== **FOR SCHOOL NURSE** =====

To be a school nurse, you must hold a current, valid Alabama Nurse License. **You cannot begin substituting until the Human Resource Department has verified your license through the Alabama Board of Nursing.**

License number: _____ Name as it appears on your license: _____

===== **BACKGROUND CHECK** =====

To be a substitute in the Limestone County School System, you must complete a background check. The background consists of being fingerprinted through the Alabama Department of Education. Register online at https://www.aps.gemalto.com/al/index_adeNew.htm and follow the directions for the State of Alabama. Registration verification must be included with this application.

By my signature I affirm that all information given on this application is accurate. I understand that any false statement or misrepresentation of fact in this application constitutes sufficient grounds for denial of employment or dismissal if employed.

I hereby attest that I am of good moral character. I have not been found guilty of nor have I entered a plea of nolo contendere to any felony or misdemeanor, prohibited under the provisions of The Alabama Code or under similar statutes of other jurisdictions.

It shall be the policy of the Limestone County Board of Education to recruit and select for employment the best qualified applicant for each position without regard to race, color, creed, national origin; nor shall any person be denied employment solely because of age, sex, marital status, or handicap, except as provided by law or policy. If you need reasonable accommodations in completing this application due to a disability as defined by the Americans With Disability Act of 1990, please contact the Human Resources Department at the address and phone number listed at the top of this application.

Applicant's Signature _____ Date _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STCPI *Employer Completes Next Page* STCPI



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			Receptionist	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Wales	Kimberly	Limestone County Bd of Ed		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
300 South Jefferson Street		Athens	AL	35611

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial	Last name	2 Your social security number
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Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
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5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5
6 Additional amount, if any, you want withheld from each paycheck	6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 only if sending to the IRS.) Limestone County Board of Education 300 South Jefferson Street Athens, AL 35611	9 Office code (optional)	10 Employer identification number (EIN)



ALABAMA DEPARTMENT OF REVENUE
 50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300
www.revenue.alabama.gov



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I - To be completed by the employee

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY
	STATE ZIP CODE

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below.
5. Additional amount, if any, you want deducted each pay period. \$
6. This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables).

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

LIMESTONE COUNTY BOARD OF EDUCATION
300 South Jefferson Street
Athens, Alabama 35611
(256) 232-5353 (PH)
(256) 233-6461 (FX)

DIRECT DEPOSIT AUTHORIZATION

Direct Deposit will help you in many ways.

- » It saves trips to your financial institution.
- » It saves time in depositing checks; No long payday lines to wait in.
- » It eliminates the possibility of lost, stolen or forged checks.
- » It means you get your money deposited to your account even if you're on vacation or away from the job on business or illness.

Here's how Direct Deposit works:

On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been transferred to your financial institution. The amount of the deposit will appear on your bank statement.

The authorization form, which is provided below, gives the Limestone County Schools authority to deposit your net pay to your account. Please complete the form below.

All you need to do is:

1. Mark the box before type of account to indicate whether your net pay will be deposited in your checking or savings account.
2. Fill in your name, social security number, work location, financial institution name and account number, sign and date.

~~✖~~ ~~✖~~ 3. Attach a voided check for verification of the financial institution information. ~~✖~~ ~~✖~~

EMPLOYEE'S AUTHORIZATION

Please fill out and return to the Payroll Department
Be sure to sign the form!

I authorize the Limestone County Board of Education and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking account

Savings account

This authority will remain in effect until I have cancelled it in writing

PLEASE PRINT

Employee's Name _____

Work Location _____

Bank or Credit Union and Address _____

Account Number _____

SSN _____

Employee's Signature _____

Date _____

**ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION**
Telephone: (334) 353-8567



This section must be completed by the employing Alabama school system or nonpublic/private school.

School System Code: **042**

Nonpublic/Private School Code: _____

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking *initial issuance or reissuance* of a Substitute License. **Application forms and supporting documents are not accepted by fax or e-mail.**

An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

Application Fee REQUIRED

A **\$30.00 NONREFUNDABLE application fee is required.** The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). **Personal checks or cash will not be accepted.** The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany this application.

Background Check REQUIRED

Applicants for initial certification, additional certification, and certificate renewal **who have not been cleared** by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at https://www.aps.gemalto.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background checks have been completed and whether they are suitable and fit to teach under state law at <http://tcert.alsde.edu/Portal/Public>.

APPLICANT COMPLETES: The purpose for submission of this form is:

- Issuance of my first Substitute License **OR**
- Reissuance of my Substitute License. A Substitute License **cannot** be reissued until the year it expires. Initial here _____ to confirm that <https://tcert.alsde.edu/Portal/Public> has been checked to verify that the Substitute License expires this year or has already expired.

APPLICANT COMPLETES: PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code				
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				
Cell Telephone	Home Telephone	Work Telephone	E-mail Address						
() <input style="width:100%;" type="text"/>	() <input style="width:100%;" type="text"/>	() <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>						
Social Security Number	Date of Birth (mm-dd-yyyy)	FOR STATISTICAL PURPOSES ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align:top;"> Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino </td> <td style="width:50%; vertical-align:top;"> Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander </td> </tr> <tr> <td colspan="2"> Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male </td> </tr> </table>				Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	
Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander								
Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male									
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>								

APPLICANT COMPLETES: RECORD OF EDUCATION (Graduation from high school or the completion of an Alabama State Department of Education approved equivalent is required.)

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE
<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>

APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)

- Yes No I declare that I am a citizen of the United States; **OR**
- Yes No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

APPLICANT COMPLETES: PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION

Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g., court certified copies of judgment, conviction, and sentencing).

READ CAREFULLY

- Yes No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education**?
- Yes No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education**?
- Yes No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- Yes No Have you ever resigned from a position rather than face disciplinary action?
- Yes No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
- Yes No Are you the subject of a pending investigation involving a criminal act?

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.

Date

Signature of Applicant

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for _____
First Middle/Maiden Last

LIMESTONE COUNTY SCHOOLS

School System/Nonpublic/Private School

I have verification of graduation from high school or the completion of an Alabama State Department of Education approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

Signature of Superintendent/Nonpublic/Private School Administrator

Dr. Thomas Sisk

Typed or Printed Name

256-232-5353

Telephone Number Date

Check to be certain that all portions of this form have been completed and all signatures have been obtained. Incomplete forms will no longer be returned to the school system or eligible nonpublic/private school.

- **A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.**
- **If a fee was submitted, the fee will be retained and entered to the individual's file.**