

**SUBSTITUTE TEACHER
APPLICATION FOR EMPLOYMENT
CUMBERLAND COUNTY BOARD OF EDUCATION**

The Board of Education considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE TYPE OR PRINT. Complete the entire application. You must complete all questions. Applications with missing information may not be considered for a substitute position.

Date of Application-		
How Did You Learn About Board Employment?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number
home:	cell:	- -
Must supply a valid up to date Teaching License number in order to receive Certified Substitute Pay.		
Tennessee Teaching License:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number _____

EMPLOYMENT PREFERENCES

Choose the school/s you want to sub for: **ALL** _____ (no need to mark any others if this option is chosen)

High Schools: CCHS___ SMHS___ Phoenix___

Elementary Schools: Brown___ Crab Orchard___ Homestead___ Martin___ North___
Pleasant Hill___ Pine View___ South___ Stone___

Check grade levels that you feel best prepared to teach: K-3 _____, 4-6 _____, 7-8 _____, 9-12 _____

Briefly state why you want to work as a Substitute teacher: _____

Have you been a substitute teacher in Cumberland County Schools? Yes No

Have you completed the required orientation? Yes No

Have you been fingerprinted thru the TBI and FBI? (see below) Yes No

A copy of fingerprint results must be submitted to or already on file at the Cumberland County BOE before being permitted to substitute in any school.

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		

Comments: Include explanation of any gaps in employment.

Best time to contact you at home is: _____:_____ am pm

Have you ever filed an application with the Board before? _____Yes _____No
If yes, give date _____

Have you ever been employed with the Board before? _____Yes _____No
If yes, give date _____

Do you have a family member working for the Board? _____Yes _____No
If yes, state name, relationship, and location _____

Are you currently employed? _____Yes _____No

May we contact your present employer? _____Yes _____No

Are you prevented from becoming lawfully employed in this country because of
Visa or Immigration Status? _____Yes _____No
Proof of citizenship or immigration status will be required upon employment

Date available for work ______________

Are you currently on "lay-off" status and subject to recall? _____Yes _____No

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. <small>You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</small>

ADDITIONAL INFORMATION Other Qualifications Summarize special job-related skills, qualifications or licenses acquired from employment or other experience.

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant _____

Requesting Agency:

Cumberland County Board of Education
368 Fourth Street
Crossville, TN 38555

Releasing Agency:

I, the undersigned do hereby authorize the release of the following specific information to authorized Personnel Department employees pursuant to initial or continued employment and other related personnel actions. (Check all required items)

YES NO

___ ___ Education records, certification and endorsements.

___ ___ Reports of teaching experience.

___ ___ Social History data for purpose of citizenship determination, employment eligibility certification, health and dental coverage.

___ ___ Reference check information related to employment screening.

___ ___ Health, driving records, drug screening results (as required for employment) and criminal background checks (conducted per TCA 49-5-413).

___ ___ Specify _____

I understand that no information may be redisclosed by either agency to any other individual or agency without the undersigned written consent. Further, this authorization will be automatically revoked upon termination of employment.

I HAVE READ THE ABOVE AND ASSERT THAT THIS AUTHORIZATION FOR RELEASE OF INFORMATION IS GIVEN FREELY, VOLUNTARILY AND WITHOUT CONCERN.

Applicant

Date

Social Security Number

Dept. of Personnel Staff Member

SUBSTITUTE TEACHER APPLICATION
CUMBERLAND COUNTY BOARD OF EDUCATION
_____ **School Year**

1. I am aware that I must complete the required orientation and have a TBI and FBI fingerprint background check prior to being approved as a substitute teacher.
2. I recognize that if I am approved, the Board of Education may request my services as a substitute teacher at the schools I have indicated.
3. I have not been convicted of a felony in any state of the United States.
4. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence or insubordination.
5. I am a citizen of the United States, or have obtained the proper work credentials.
6. Approval as a substitute teacher is for **one year only**. I am responsible for reapplying no later than **July** of each year to be considered for reemployment in a subsequent school year.
7. Fingerprints will be required to be redone if there is there is a 12 month break in service.
8. I understand that misrepresentation of any of the above statements or an unsatisfactory criminal background check (conducted per TCA 49-5-413) may subject me to loss of opportunity for employment, and loss of position if employed. Also, that acceptance of an offer of employment does not create a contractual obligation upon the Board of Education to continue employment in the future.

Signature of Applicant

Date

Return to:

Cumberland County Board of Education
368 Fourth Street
Crossville, TN 38555

NOTICE IF MAILING THIS APPLICATION:

YOU WILL NEED TO PROVIDE THE DOCUMENTS NEEDED FOR THE I-9 FORM. A LIST OF ACCEPTABLE DOCUMENTS ARE ON THE I-9 FORM. YOU MAY BRING THEM BY THE CENTRAL OFFICE LOCATED AT ADDRESS ABOVE OR BRING WITH YOU TO THE ORIENTATION. FAILURE TO PROVIDE THESE DOCUMENTS WILL STOP THE APPLICATION FROM BEING PROCESSED AND YOU WILL NOT BE PUT ON THE SUBSTITUTE LIST.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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 □□□-□□-□□□□	E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

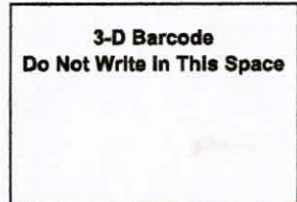
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State ▼	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write In This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State <input type="text" value=""/>
				Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
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. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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"/>
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 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

CUMBERLAND COUNTY, TENNESSEE
Direct Deposit Authorization/Agreement

Checking Account

Enter All Information -Incomplete Forms will Be Returned

NEW _____ CHANGE _____

NAME _____ SOCIAL SECURITY _____

NAME OF BANK/CREDIT UNION _____

BANK ADDRESS _____

CHECKING ACCOUNT # _____

I hereby authorize the Cumberland County Finance Department and/or their agents to initiate electronic deposits and, as necessary, debit corrections (withdrawals) to previous deposits, to the above account.

I understand:

1. Direct deposit status may not be activated for up to two (2) payrolls following a test transaction for new or change authorization.
2. I must submit a new authorization form if I change my account (name, institution, branch, type account, etc.) or close my account.
3. If my financial institution rejects my deposit for any reason, my pay may be delayed until my financial institution returns the rejected deposit to the Cumberland County Finance Department.
4. I understand all communication must be in writing – verbal communication is not acceptable.
5. Direct Deposit status may be suspended or rescinded by the Cumberland County Finance Department, and payment made by county warrant (check), if necessary to meet payroll deadlines or under any other conditions.

This authorization replaces any previously made by me and is to remain in effect until changed by submission of a new Direct Deposit Authorization/Agreement form.

Signature _____ Date _____

ATTACH VOIDED CHECK HERE
(DO NOT ATTACH A DEPOSIT SLIP)

Finance Department Use Only:

Date Received: _____ Bank ID#: _____

Pre-Note Date: _____ Inputted By: _____