

BALDWIN COUNTY BOARD OF EDUCATION  
HUMAN RESOURCES DEPARTMENT  
2600 North Hand Ave  
Bay Minette, Alabama 36507

**SUBSTITUTE APPLICATION REQUIREMENTS**

**This Employer Participates in E-Verify**

The following documents are required to be on file in the Human Resources Department for each substitute employee.

**REQUIRED FORMS**

**FOR**

**Certificated, Degree/Non-Degreed, Classified**

Application, Copy of Social Security, Copy of current driver's license, Three (3) mailed reference forms, A-4, W-4, Tuberculosis Statement, Drug Free, Proof of Fingerprinting (*see attached*)

*\*If you were previously fingerprinted by the Baldwin County Board of Education or the Alabama State Department, you do **NOT** need to be fingerprinted again.*

**APPLICATION TYPE 1 (Additional required items)**

**Certificated Substitute Teachers (Must be 21 years of age)**

- 1) **A Valid Alabama Teaching Certificate (\$104/Day)** Valid Alabama Teaching Certificate must be on file in the Human Resources Department before applicant can receive the certificate \$104.00 rate. **Administrative (\$229/day)** Valid Alabama Administrative Certification for administrative vacancies and a minimum of one-year administrative experience is required to receive the \$229.00 rate.
- 2) **A College Transcript with Bachelors degree or higher.** Official transcripts are required to be in a sealed envelope and must have degree and date conferred to receive the degree rate of pay.

**APPLICATION TYPE 2 (Additional required items) (Teaching in a Classroom without a teaching certificate)**

**Degreed/Non-Degreed Substitute Teachers (Must be 21 years of age)**

- 1) A **photocopy** of your high school Diploma or equivalent (\$68.00/day).
- 2) A **College Transcript with Bachelors degree or higher (\$83.00/day)**. Official transcripts are required to be in a sealed envelope and must have degree and date conferred to receive the degree rate of pay.
- 3) **\$30 money order or cashier's check** made payable to the **Alabama Department of Education** (Issuance of the substitute license—Non-refundable) or pay online at [www.alabamainteractive.org/education](http://www.alabamainteractive.org/education). A copy of your receipt must accompany your application.
- 4) **Substitute Teacher's license form**

**APPLICATION TYPE 3 (Additional required items)**

**Classified Substitutes**

(Include: Cafeteria, Aide, LPN, LPN Aide, Janitorial, Office, Bus Drivers, Canteen Workers, Extra Work, and Honorary Paid Volunteers)

- 1) **High school diploma or equivalent** excluding Cafeteria Workers, Custodians and Bus Drivers substitutes.

Pay Rates:

**\*\*BUS DRIVERS**

**Regular Route:**

**Daily Mileage Rates**

0 – 60 \$ 55.54

61+ 65.64

**Special Route:**

**Daily Mileage Rate**

0 – 40 \$ 34.34

41 + 50.50

**LPN SUPPORT & SCHOOL BOOKKEEPER**

\$12.48 per hour

**RN/SOCIAL WORKERS/THERAPISTS**

\$13.00 per hour

**ALL OTHER SUPPORT**

\$8.85 per hour

Applications are accepted by **APPOINTMENTS ONLY**. Appointments made only after you have been fingerprinted and three (3) references are received. Please call (251) 937-0306 ext. 1912 to schedule your appointment. Please bring the required items and forms on day of your appointment.

**NO FAXED DOCUMENTS ACCEPTED**

# Alabama Applicant Processing Service (AAPS) Fingerprinting Overview

## STEP 1 – REGISTRATION

---

Alabama applicants **MUST** be registered online prior to arriving at a fingerprint location  
Currently only Alabama State Department of Education (ALSDE) applicants may use AAPS

### Option 1 - Online Registration – [www.cogentid.com](http://www.cogentid.com) select your state (Alabama)

- o DO NOT use [www.cogentid.com/al](http://www.cogentid.com/al)
- o Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CANNOT be corrected and is the responsibility of the applicants.  
Changes to incorrect registration data MAY be corrected online or by telephone prior to fingerprint submission.

### Option 2 - Telephone Registration – 866-989-9316

- o Cogent encourages ALL applicants to register online.
- o Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CANNOT be corrected and is the responsibility of the applicants.  
Changes to incorrect registration data MAY be corrected online or by telephone prior to fingerprint submission.

### Option 3 - Out-of-State Applicants/Paper Fingerprint Cards

- o Out-of-State applicants may submit a completed fingerprint card AND a money order or cashier's check in the amount of \$59.40 made out to 3M Cogent. Applicants must register ONLINE prior to mailing in fingerprint cards AND must include their REGISTRATION ID. Submit fingerprint cards to:
  - 3M Cogent  
ALSDE Cards Scan  
5450 Frantz Rd, Suite 250  
Dublin, OH 43016

## STEP 2 – PAYMENT

---

### Fingerprint Fee is \$51.40

- o Applicants may pay online during registration using a debit or credit card
- o No cash, credit card or business checks are accepted at the fingerprint locations.
- o Applicants may pay at the fingerprint site with money order or cashier's check
  - Payments must be made out to **3M Cogent**
  - Payment amount for ALSDE fingerprinting is \$51.40

## STEP 3 – FINGERPRINTING

---

Visit any Cogent fingerprint location in Alabama. See *Print Locations & Hours* at [www.cogentid.com](http://www.cogentid.com)  
Bring valid identification. See *What to Bring* at [www.cogentid.com](http://www.cogentid.com)

**Baldwin County Board of Education**  
**2600 North Hand Avenue**  
**Bay Minette, AL 36507**

(Employee No. \_\_\_\_\_)

**SUBSTITUTE APPLICATION**

**Application Type:** *(See coversheet for details)*

**This Employer Participates in E-Verify**

**Degree/Non-Degree** \_\_\_\_\_

**Certificated** \_\_\_\_\_

**Classified** \_\_\_\_\_

**Personal Information**

**Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Alternative Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**DATA FOR AFFIRMATIVE ACTION (optional)** Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity:  
White Non-Hispanic \_\_\_\_\_ Black Non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American/Alaskan Native \_\_\_\_\_

**Educational Background**

High School Diploma ☐ GED ☐

College or University	Date of Graduation	Degree Held

**Additional Information**

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 \_\_\_\_\_ If you answer "yes" please provide details of conviction including date and place of conviction. A "yes" answer will not automatically  
result in a non-issuance but may result in a request for additional information.

---

**If Degree/Non-Degree or Certificated:**

Do you currently hold an Alabama Teaching Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Valid until \_\_\_\_\_

If no, have you applied for a certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Applied \_\_\_\_\_

Do you limit your annual earnings because of Social Security benefits or other reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and specify  
the maximum you may earn. \_\_\_\_\_

---

**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful  
omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is  
understood that this application and records become the property of the Baldwin County School System, which reserves the right to accept or  
reject it. I further agree to observe all rules, regulations and policies of the district.

I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for  
employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2014. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• 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>B</b> _____
• 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</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> 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 . . . . .	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____				
For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> 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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
► <b>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.</b>		<b>2014</b>			
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> 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"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

THIS FORM MAY BE REPRODUCED.

**Employee:** Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

**Employer:** Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

**Penalties: Section 40-18-73, Code of Alabama 1975.** 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 A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

**Exempt Status: Military Spouses Residency Relief Act.** This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

**Exempt Status: No tax liability.** An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

**CHANGES IN EXEMPTIONS:** You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

**DEPENDENTS:** To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM  
**A-4** REV. 11/10

ALABAMA DEPARTMENT OF REVENUE  
Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
SIGNED	DATE		

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. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer. ....
- 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. ....
- 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. ....
- Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications. ....
- Additional amount, if any, you want deducted each pay period. .... \$
- Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify. ....
- Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify. ....

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.) .....	
EMPLOYER NAME	EMPLOYER STATE ID

EMPLOYER FEIN

**Baldwin County Public Schools**  
Human Resources Department  
2600 N. Hand Avenue  
Bay Minette, AL 36507

**SUBSTITUTE REFERENCE FORM**

<b>TO BE COMPLETED BY APPLICANT (Please Print)</b>	
Name: _____	Social Security #: _____
Street Address: _____	
City: _____ State: _____ Zip: _____	
<p>In applying for employment with the Baldwin County Public School System, I hereby give permission for inquiries of references concerning my past performance and character. I hereby authorize parties who receive requests to give full and complete information as may be requested by the Baldwin County Public School System. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.</p>	
Signature of Applicant: _____ Date: _____	

<b>TO BE COMPLETED BY PERSON PROVIDING REFERENCE (Please Print)</b>	
Name: _____	Position: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone: _____	
<p>The above named person has submitted an application for an instructional position with the Baldwin County Public School System and has given your name as a reference. Please complete the form and return to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.</p>	
Signature of Reference: _____ Date: _____	

PLEASE RATE THE FOLLOWING:	Excellent	Good	Average	Below Average	Unknown
Punctual					
Dependable					
Thorough in his/her work					
Completes the task					
Cooperates with fellow workers					
Accepts assignments					
Works without supervision					
Trustworthy/Honest					
Accepts criticism					
<b>I would _____ would not _____ employ this individual in my system.</b>					
<b>Comments:</b>					

**Baldwin County Public Schools**  
Human Resources Department  
2600 N. Hand Avenue  
Bay Minette, AL 36507

**SUBSTITUTE REFERENCE FORM**

<b>TO BE COMPLETED BY APPLICANT (Please Print)</b>	
Name: _____	Social Security #: _____
Street Address: _____	
City: _____ State: _____ Zip: _____	
<p>In applying for employment with the Baldwin County Public School System, I hereby give permission for inquiries of references concerning my past performance and character. I hereby authorize parties who receive requests to give full and complete information as may be requested by the Baldwin County Public School System. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.</p>	
Signature of Applicant: _____ Date: _____	

<b>TO BE COMPLETED BY PERSON PROVIDING REFERENCE (Please Print)</b>	
Name: _____	Position: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone: _____	
<p>The above named person has submitted an application for an instructional position with the Baldwin County Public School System and has given your name as a reference. Please complete the form and return to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.</p>	
Signature of Reference: _____ Date: _____	

PLEASE RATE THE FOLLOWING:	Excellent	Good	Average	Below Average	Unknown
Punctual					
Dependable					
Thorough in his/her work					
Completes the task					
Cooperates with fellow workers					
Accepts assignments					
Works without supervision					
Trustworthy/Honest					
Accepts criticism					
<b>I would _____ would not _____ employ this individual in my system.</b>					
<b>Comments:</b>					

**Baldwin County Public Schools**  
Human Resources Department  
2600 N. Hand Avenue  
Bay Minette, AL 36507

**SUBSTITUTE REFERENCE FORM**

<b>TO BE COMPLETED BY APPLICANT (Please Print)</b>	
Name: _____	Social Security #: _____
Street Address: _____	
City: _____ State: _____ Zip: _____	
<p>In applying for employment with the Baldwin County Public School System, I hereby give permission for inquiries of references concerning my past performance and character. I hereby authorize parties who receive requests to give full and complete information as may be requested by the Baldwin County Public School System. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.</p>	
Signature of Applicant: _____ Date: _____	

<b>TO BE COMPLETED BY PERSON PROVIDING REFERENCE (Please Print)</b>	
Name: _____	Position: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone: _____	
<p>The above named person has submitted an application for an instructional position with the Baldwin County Public School System and has given your name as a reference. Please complete the form and return to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.</p>	
Signature of Reference: _____ Date: _____	

<b>PLEASE RATE THE FOLLOWING:</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unknown</b>
Punctual					
Dependable					
Thorough in his/her work					
Completes the task					
Cooperates with fellow workers					
Accepts assignments					
Works without supervision					
Trustworthy/Honest					
Accepts criticism					
<b>I would _____ would not _____ employ this individual in my system.</b>					
<b>Comments:</b>					



**TUBERCULOSIS STATEMENT**

**BALDWIN COUNTY BOARD OF EDUCATION**

**Administrative Services  
2600 North Hand Avenue  
Bay Minette, AL 36507**

**Do you currently have infectious tuberculosis?    ☐ Yes    ☐ No**

**Have you ever had infectious tuberculosis?    ☐ Yes    ☐ No**

**By signing below, you are certifying the above information is true, accurate and complete to the best of your knowledge.**

---

**SIGNATURE**

---

**DATE**

---

**PRINTED NAME**

---

**SOCIAL SECURITY NUMBER**

**Return to the above address.**

**BALDWIN COUNTY PUBLIC SCHOOL POLICY INFORMATION ON  
THE DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Baldwin County Board of Education regulations dealing with a drug-free workplace.

The use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is unacceptable since it can adversely affect health, safety and productivity, as well as public confidence and trust. Drug use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #846 Statement

In order to protect the health, welfare and safety of students, no employee will dispense or in any way transfer possession of alcohol or any illegal drug while on school premises, including school vehicles, or at any school-planned activity. Further, no school employee will be under the influence of alcohol, possess, or be under the influence of any illegal drug while on school premises, including school vehicles or at any school-planned activity. Violation of this policy provision will result in suspension or dismissal of the employee.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988 is part of Public Law 100-690, which is designed to deal comprehensively with the nation's problem of drug abuse. The Act, which became effective March 18, 1989, requires that contractors and grantees of federal agencies certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for the programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Handicapped Early Education, Dropout Preventions, and others.

-----  
**ACKNOWLEDGMENT OF RECEIPT  
BALDWIN COUNTY BOARD OF EDUCATION POLICY INFORMATION ON  
THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)  
Effective March 18, 1989**

TO THE EMPLOYEE:

I, \_\_\_\_\_, (last 4 digits of SSN) \_\_\_\_\_ an employee of the Baldwin County Board of Education, hereby certify that I have received a copy of the Board's policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board's premises and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Baldwin County Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ALABAMA STATE DEPARTMENT OF EDUCATION  
TEACHER CERTIFICATION SECTION  
OFFICE OF TEACHING AND LEADING  
5215 GORDON PERSONS BUILDING  
POST OFFICE BOX 302101  
MONTGOMERY, AL 36130-2101  
Telephone: (334) 353-8567 E-mail: [tcert@alsde.edu](mailto:tcert@alsde.edu)**

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

School System Code: \_\_\_\_

Nonpublic School Code: \_\_\_\_

### APPLICATION FOR A SUBSTITUTE TEACHER'S LICENSE

**This application is to be completed for individuals seeking a Substitute License and submitted by the employing county/city superintendent or administrator of an eligible nonpublic school directly to the Teacher Certification Section of the Office of Teaching and Leading. Application forms and supporting documents are not accepted by fax or e-mail.**

A **\$30.00 nonrefundable** application fee is required for issuance of a certificate. Payment may be submitted in the form of a **cashier's check or money order** made payable to the Alabama State Department of Education. Application fees may also be paid through the Alabama State Department of Education Teacher Certification Online Payment System, with a major credit card, at [www.alabamainteractive.org/education](http://www.alabamainteractive.org/education). A \$4.00 transaction fee will be applied. A copy of the receipt verifying the confirmation number and fee(s) paid online must be included with the application packet.

Applicants for initial certification, additional certification, upgrades, and renewals who have not been cleared by both the Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) through the Teacher Certification Section of the Office of Teaching and Leading are required to be fingerprinted for a criminal history background check through the ABI and FBI. Instructions regarding the fingerprinting process through Cogent Systems may be obtained at [www.cogentid.com/AL](http://www.cogentid.com/AL) or by calling (866) 989-9316 (toll free).

If an individual holds a valid Substitute Teacher's License requested by any school system in Alabama, an additional one cannot be issued until the year of the expiration of the current license.

#### I. 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.)		
<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>		
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code		
<div style="height: 30px;"></div>			<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>		
Cell Telephone	Home Telephone	Work Telephone	E-mail Address				
<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>	<div style="height: 30px;"></div>				
Social Security Number	Date of Birth (mm-dd-yyyy)	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR STATISTICAL PURPOSES ONLY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Ethnic Origin</b> (choose one)</p> <p><input type="checkbox"/> (01) Hispanic Latino</p> <p><input type="checkbox"/> (02) Not Hispanic Latino</p> <p><b>Gender</b> (choose one)</p> <p><input type="checkbox"/> (F) Female</p> <p><input type="checkbox"/> (M) Male</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Race</b> (choose one or more, regardless of Ethnicity)</p> <p><input type="checkbox"/> (01) White</p> <p><input type="checkbox"/> (02) Black or African American</p> <p><input type="checkbox"/> (04) American Indian or Alaska Native</p> <p><input type="checkbox"/> (05) Asian</p> <p><input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander</p> </td> </tr> </table> </div>				<p><b>Ethnic Origin</b> (choose one)</p> <p><input type="checkbox"/> (01) Hispanic Latino</p> <p><input type="checkbox"/> (02) Not Hispanic Latino</p> <p><b>Gender</b> (choose one)</p> <p><input type="checkbox"/> (F) Female</p> <p><input type="checkbox"/> (M) Male</p>	<p><b>Race</b> (choose one or more, regardless of Ethnicity)</p> <p><input type="checkbox"/> (01) White</p> <p><input type="checkbox"/> (02) Black or African American</p> <p><input type="checkbox"/> (04) American Indian or Alaska Native</p> <p><input type="checkbox"/> (05) Asian</p> <p><input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander</p>
<p><b>Ethnic Origin</b> (choose one)</p> <p><input type="checkbox"/> (01) Hispanic Latino</p> <p><input type="checkbox"/> (02) Not Hispanic Latino</p> <p><b>Gender</b> (choose one)</p> <p><input type="checkbox"/> (F) Female</p> <p><input type="checkbox"/> (M) Male</p>	<p><b>Race</b> (choose one or more, regardless of Ethnicity)</p> <p><input type="checkbox"/> (01) White</p> <p><input type="checkbox"/> (02) Black or African American</p> <p><input type="checkbox"/> (04) American Indian or Alaska Native</p> <p><input type="checkbox"/> (05) Asian</p> <p><input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander</p>						
<div style="height: 30px;"></div>	<div style="height: 30px;"></div>						

#### II. RECORD OF EDUCATION

(Documentation of graduation from high school or the completion of the equivalent of a high school program will be kept on file by the employing county/city superintendent or the administrator of a nonpublic school.):

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

#### III. I PREVIOUSLY HELD PROFESSIONAL CERTIFICATION IN ALABAMA: ☐ Yes ☐ No

#### IV. DECLARATION

##### A. 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."

(continued on page two)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**B. SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL** (Per Alabama Act No. 2012-533)*This section is to be completed for spouses of military personnel who would like to request an expedited review of the certification application packet.*

- ☐ Yes ☐ No I am married to and living with an active duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders.

**PERSONAL DATA OF THE ACTIVE DUTY MEMBER OF THE UNITED STATES ARMED FORCES:**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)

  

Social Security Number	Date of Birth (mm-dd-yyyy)
- -	- -

I understand that this request to review my file on an expedited basis does not exclude me from meeting ANY Alabama teacher certification requirements, including testing.

**C. 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 Teacher Certification Section of the Office of Teaching and Leading and that it is my responsibility to keep all personal data on file in the Teacher Certification Section of the Office of Teaching and Leading 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 CERTIFICATE.**

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Applicant**V. TO BE COMPLETED BY THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC SCHOOL ADMINISTRATOR:**

This request is being made for the scholastic year beginning July 1, 20\_\_\_\_.

In making this application for a Substitute Teacher's License for use in the schools of Alabama, I understand that this license cannot be used as the basis for employing a full-time teacher and that the Substitute Teacher's License will not be issued until the applicant has received a background clearance.

- ☐ I have verification of graduation from high school or the completion of an Alabama Department of Education approved equivalent on file for the above applicant.

\_\_\_\_\_  
Signature of Superintendent/Nonpublic School Administrator\_\_\_\_\_  
School System/Nonpublic School\_\_\_\_\_  
Typed or Printed Name\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Date\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP Code

2600 N HAND AVE  
BAY MINETTE, ALABAMA 36507  
Telephone: 251.937.0306 Fax: 251.937.0318

Retirees of the Retirement Systems of Alabama [RSA] who perform services for Baldwin County Board of Education [the Board], even if that retiree has been hired through a personal services contract, a contract with a third party or as an independent contractor, are subject to certain post-retirement employment restrictions. Post-retirement employment restrictions include:

- \*This wage limitation may be different for a disability retiree.