

Bremen City Schools

501 Pacific Avenue, Bremen, GA 30110

(770)-537-5508

SUBSTITUTE TEACHER APPLICATION

Date _____

Last Name First Middle

Street Address City State Zip

Phone Number(s)

Current employer: (include address & phone)

Highest education obtained: (attach copy of diploma)

- Valid GA Teaching Certificate Baccalaureate Degree High School
 Expired Teaching Certificate Postsecondary Training GED

Name of school or institutions and completion date

Do you have a paraprofessional license?

Have you attended a substitute teacher workshop? Where?

Grades preferred What days are you available to substitute?

For Office Use Only

- Diploma/Degree
- Document Establishing Identity: Driver's License, Passport or other government photo I.D.
- Background Check
- Document Establishing Employment Eligibility: Social Security Card, Certified Birth Certificate or Certification of Birth Abroad
- I-9 Form
- Substitute Teacher Training Certificate

Additional experience or comments: _____

Why do you want to work for the Bremen City School System? _____

PERSONAL INFORMATION:

YES NO

- Have you ever been convicted of, or pleaded nolo contendere to a violation of any federal, state, county or municipal law, regulation or ordinance? You must include any offense for which a fine of \$100 or more was imposed. Do not include any offense that occurred before your eighteenth birthday. A conviction or plea of nolo contendere is not an automatic bar to employment. Explain below.
- Have you ever been dismissed from employment with a school system? Explain below.
- Have you ever been asked to resign from a school system? Explain below.
- Have you ever been placed on disciplinary probation or been suspended from any position? Explain below.

Explanation: _____

REFERENCES:

_____ Phone _____
_____ Phone _____
_____ Phone _____

AUTHORIZATION STATEMENT: (Read and sign the following statement after completing the application) I understand that this application, transcript, references, and other data are the property of the Bremen City School System and cannot be returned. By filing application for employment with the Bremen City School System, I agree if employed, to abide by all the policies as set forth, or as enacted or revised in the future, by the Bremen City School System. I authorize full investigation of the information given in the application and consent to the representatives of the Bremen City School System contacting my references, and any other individuals in the sole discretion of those representatives. I understand that the Bremen City School System may investigate sources of references other than those given in this application. I understand that all references will be considered private information and will not be disclosed unless required by law. I authorize and agree to cooperate in pre-employment drug screening, medical examinations, or other investigation upon which my employment may be conditioned. I hereby release previous employers and other individuals contacted from any liability for any damage resulting from release of information in connection with this application. I understand that nothing in this employment application, in the statements or policies or the Bremen City School System or the Bremen City Board of Education, or in my communications with any System or Board Official is intended to create an employment contract. No promises of employment have been made to me. I also understand that any misstatement, misleading statement, or omission of any information requested shall be a reason for non-employment or dismissal from employment.

Applicant's Signature _____ Date _____

Social Security Number _____

It is the policy of the Bremen Board of Education not to discriminate on the basis of age, sex, race, color, religion, national origin or other legally-protected status in its educational programs, activities, or employment practices.

State of Georgia
County of Haralson

Bremen City School System

**ACKNOWLEDGEMENT OF
NO RIGHT TO UNEMPLOYMENT BENEFITS**

As an on call substitute employee with the Bremen City School System, I do hereby recognize, understand and agree as follows:

- **I HAVE NO RIGHT TO UNEMPLOYMENT BENEFITS UNDER O.C.G.A. TITLE 34;**
- The substitute position which I am applying for is temporary employment on an "as needed" basis;
- The placement of my name on an approved list of substitute teachers or other substitute positions does not guarantee any work;
- I may be removed with or without cause from the approved substitute list at any time;
- I may stop working as a substitute at any time; and
- I have been informed in writing that under Georgia law, the above stated characteristics of my job make me **INELIGIBLE FOR ANY UNEMPLOYMENT BENEFITS** offered under Title 34. *Campbell v. Poythress*, 216 Ga. App. 834 (1995); *Department of Labor v. Baldwin County Hospital Authority et al.*, 241 Ga. App. 119, 526 S.E. 2d 153 (2000); and *Rockdale County Public Schools v. Michael Thurmond, Commissioner, Georgia Department of Labor* (2010).

SIGNED

DATE

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name Address (Street Name and Number, City, State, Zip Code) Cal Poly State University, San Luis Obispo San Luis Obispo, California 93407		Date (month/day/year)

Section 3. UPDATING AND REVERIFICATION. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
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Affidavit
Verification of Lawful Presence in United States
Pursuant to O.C.G.A. § 50-36-1(e)

By executing this affidavit under oath, as an applicant for public benefits from the Bremen City School District, the undersigned applicant verifies one of the following with respect to my citizenship status:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____, (*ex., driver's license, birth certificate, state I.D. with photo, military I.D., or list type of document issued by federal immigration agency*)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE _____ DAY OF
_____, 20____.

NOTARY PUBLIC

My Commission Expires: _____



Bremen City Schools

A Quality Balanced Education With The Personal Touch

Dr. David Hicks, *Superintendent*

Mr. Daryl Sellers, *Board Chairperson*

PROSPECTIVE EMPLOYEE STATEMENT OF AUTHORIZATION Certified and Classified Positions

I understand that in the event I am offered a position with the Bremen City School System, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211(E)(1).

I further understand I am responsible for the \$50.00 processing fee associated with the criminal background check. This fee must be paid by cash, cashier check or money order made payable in advance of fingerprinting to the Tallapoosa Police Department. Contact Mark Worthy at 770-574-7211 to schedule fingerprinting.

I agree and consent for such a background check and investigation to be conducted and agree to hold harmless the school system and all officials, representatives, and employees of the foregoing from any and all claims which may arise from the school district's use of information obtained from the criminal background check.

I further understand that effective 1/1/1995 if I am offered a position that requires a Commercial Driver's License (CDL) that I will be subject both initially and randomly to alcohol and drug screening in accordance with O.C.G.A. 20-2-1120 through 20-2-1122.

I hereby authorize the Bremen Board of Education to receive any criminal background history pertaining to me which may be in the files of any state, or criminal agency in Georgia.

Name (Print or Type)

Address

City, State, Zip

Sex

Race

Date/Birth

Social Security Number

Applicant Signature

Date

Notary Signature/Seal/Expiration of Commission

Date

FOR YOUR INFORMATION

WE MUST HAVE THE FOLLOWING INFORMATION PRIOR TO PROCESSING YOUR APPLICATION:

Diploma or degree (copy)

Document establishing employment eligibility such as a social security card, certified birth certificate or certification of birth abroad (copy)

Document establishing identity such as a driver's license, passport or other government photo I.D. – school photo I.D.'s are accepted (copy)

Completion of a background check with Tallapoosa Police Department (there is a \$50 fee for processing)

Completion of the Acknowledgement of No Right to Unemployment Benefits form
I-9 form

Substitute Teacher Training

All substitute teachers without a valid or expired teaching certificate must complete a substitute teacher workshop. If you have had the workshop through another school system, please provide us with a copy for your file.

You may register for the workshop through the Northwest Georgia RESA website: www.nwgaresa.com

Upon completion of this workshop please provide us with a copy of your certificate.

Pay rate for substitute teachers:

Postsecondary training/High School Diploma/GED Certificate - \$50.00 per day.

Baccalaureate Degree/Expired Teaching Certificate/Valid Georgia Teaching Certificate - \$70 per day.



Bremen City Schools

Bremen City Schools... Excellence in all we do!

Dr. David Hicks, *Superintendent*

Daryl Sellers, *Board Chairperson*

September 30, 2013

To: Bremen City School Substitutes
Fr: Bremen City Schools
Re: Marketplace Notice

As your employer, we are working hard to implement the provisions of the new federal health care reform law. The Patient Protection & Affordable Care Act (PPACA) was passed by Congress and signed by the president in March of 2010. In its current form, the law has resulted in a steady stream of regulations as various government agencies issue employer requirements under the law. You are required as an individual to comply with the "individual mandate" beginning January 1, 2014. At that time, most Americans will be required to purchase health insurance coverage that meets certain minimum standards. If you do not purchase such coverage, you will pay an additional tax on your 2014 personal income tax return filed in 2015.

Although you are not eligible for benefits through BCS but because Bremen City Schools issues you a W-2, BCS is required to provide you with the attached information. As noted in the Marketplace Notice, you can visit www.HealthCare.gov for more information.

Enclosure



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact <http://dch.georgia.gov/shbp-plan-documents>.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Bremen City Schools		4. Employer Identification Number (EIN) 58-6002541	
5. Employer address 501 Pacific Avenue		6. Employer phone number 770-537-5508	
7. City Bremen	8. State GA	9. ZIP code 30110	
10. Who can we contact about employee health coverage at this job? suzanne.robinson@bremencs.com			
11. Phone number (if different from above)		12. Email address suzanne.robinson@bremencs.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:

Employees that meet the eligibility provisions established in Ga. Comp. R. & Regs. Section 111-4-1-.04 and as set forth in the SHBP statutes governing the Plan, O.C.G.A. Section 45-18-1, O.C.G.A. Section 20-2-881, and O.C.G.A. 20-2-911.
 - With respect to dependents:
 - We do offer coverage. Eligible dependents are:

(1) legally married spouse, as defined by Georgia law; (2) natural or legally adopted children or Stepchildren, under age 26; (3) other children under 26; (4) natural children, legally adopted children or stepchildren 26 or older from categories 2 and 3 above who are physically or mentally disabled prior to age 26, and are primarily dependent on the Enrolled member for support and maintenance. +
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Bremen City Schools

Excellence...In All We Do

David J. Hicks, *Superintendent*
Daryl Sellers, *Board Chairperson*

September 30, 2013

To: Bremen City School Substitute
From: Bremen City Schools
Re: Verification of Receipt

My signature below signifies that I have received the following documentation for my notice and review:

- a. Memo of Marketplace Notice from Bremen City School System
- b. A Three Page Form (OMBN. 1210-0149) Pertaining General Information Pertaining to PPACA, Information About Health Coverage Offered by Your Employer

Print Name: _____

Signature: _____

Date: _____