

BREMEN CITY SCHOOLS

501 Pacific Avenue • Bremen, GA • 30110 • 770-537-5508

SUBSTITUTE TEACHER APPLICATION

LAST NAME FIRST MIDDLE DATE

STREET ADDRESS CITY STATE ZIP

TELEPHONE NUMBER EMAIL ADDRESS

CURRENT EMPLOYER: _____

HIGHEST EDUCATION OBTAINED

- VALID GEORGIA TEACHING CERTIFICATE BACCALAUREATE DEGREE HIGH SCHOOL
 EXPIRED TEACHING CERTIFICATE POSTSECONDARY TRAINING GED

NAME OF SCHOOL OR INSTITUTION AND COMPLETION DATE _____

DO YOU HAVE A PARAPROFESSIONAL LICENSE? _____

HAVE YOU ATTENDED A SUBSTITUTE TEACHER WORKSHOP? _____ WHERE? _____

GRADES PREFERRED _____ DAYS AVAILABLE TO SUBSTITUTE _____

FOR OFFICE USE ONLY

- DIPLOMA/DEGREE
 DOCUMENT ESTABLISHING IDENTITY: DRIVER'S LICENSE, PASSPORT, GOVERNMENT PHOTO ID
 DOCUMENT ESTABLISHING EMPLOYMENT ELIGIBILITY: SOCIAL SECURITY CARD, CERTIFIED BIRTH CERTIFICATE OR CERTIFICATION OF BIRTH ABROAD
 BACKGROUND CHECK
 I-9 FORM
 SIGNED AFFIDAVIT – VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
 SIGNED ACKNOWLEDGEMENT OF NO RIGHTS TO UNEMPLOYMENT BENEFITS
 SUBSTITUTE TRAINING CERTIFICATE (**NOT REQUIRED WITH A VALID OR EXPIRED TEACHING CERTIFICATE**)

ADDITIONAL EXPERIENCE OR COMMENTS: _____

WHY DO YOU WANT TO WORK FOR THE BREMEN CITY SCHOOL SYSTEM? _____

HAVE YOU IN THE PAST OR DO YOU CURRENTLY HAVE STUDENTS ENROLLED IN 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

NAME RELATIONSHIP YEARS KNOWN TELEPHONE

NAME RELATIONSHIP YEARS KNOWN TELEPHONE

NAME RELATIONSHIP YEARS KNOWN TELEPHONE

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.

INSTRUCTIONS – PLEASE READ

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

- DIPLOMA OR DEGREE (COPY)
- DOCUMENT ESTABLISHING IDENTITY: DRIVER'S LICENSE, PASSPORT OR OTHER GOVERNMENT PHOTO I.D.
- DOCUMENT ESTABLISHING EMPLOYMENT ELIGIBILITY: SOCIAL SECURITY CARD, CERTIFIED BIRTH CERTIFICATE, OR CERTIFICATION OF BIRTH ABROAD
- BACKGROUND CHECK (THERE IS A \$50 FEE FOR THE BACKGROUND CHECK)
- I-9 FORM
- SIGNED AFFIDAVIT – VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
- SIGNED ACKNOWLEDGEMENT OF NO RIGHT TO UNEMPLOYMENT BENEFITS
- SUBSTITUTE TEACHER TRAINING CERTIFICATE (**NOT REQUIRED WITH A VALID OR EXPIRED TEACHING CERTIFICATE**)

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 - \$52.00 per day.

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



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

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page



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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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 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 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