



Marshall County Board of Education  
12380 U.S. Hwy. 431 S.  
Guntersville, AL 35976

### SUBSTITUTE TEACHER APPLICATION

#### General Information:

1. Complete the information requested below and on all forms attached.
2. You are not eligible to substitute in the Marshall County Schools until you are notified in writing by the Personnel Office. Your information will be sent to all schools and a copy mailed to you.
3. We have implemented a new automated service that will greatly simplify and streamline the process of notifying you when your services are needed in the District.
4. Payroll checks are usually sent to the school where substituting begins, unless other arrangements have been made with the Personnel Office.
  - \*High School Graduate/One Year of college.....\$54.38
  - \*Two Years College/Three Years.....\$55.00
  - \*College Degree.....\$60.00

#### Alabama Certified Teacher or Substitute who hold a valid Substitute (License) Certificate:

1. Copy of social security card and driver's license.
2. Copy of your State of Alabama Teacher's Certificate or Substitute Certificate
3. Complete a Personal Data card.
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms).
5. Direct Deposit – Must have voided check attached.
6. Complete Employment Eligibility Verification.
7. Return all material to the Personnel Office.

#### For those who DO NOT HAVE a State of Alabama Teacher's Certificate or a valid Substitute Teacher's (License) Certificate:

1. Copy of social security card and driver's license.
2. Copy of one of the following: a high school diploma, GED, or College/University diploma, two-year or four-year program.
3. Complete a Personal Data card.
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms).
5. Direct Deposit form – Must have voided check attached.
6. Complete Employment Eligibility Verification.
7. Complete the Application for a Substitute Teacher's License, Part 1 and Part 2. (Part 2 of 2 has to be completed on line and printed out). Please go to the web address below:  
<http://www.alsde.edu/sec/tc/Substitute%20License/Forms/AllItems.aspx>

#### 8. **\$30** – Nonrefundable fee for **Substitute Teacher's License** (valid for 5 years).

- a. Submit 1 cashier's checks or money orders payable to **ALABAMA STATE DEPARTMENT OF EDUCATION** or you can pay on line at [www.alabamainteractive.org/education/](http://www.alabamainteractive.org/education/)
- b. If paying on line, Please provide a copy of the payment confirmation sheet that you receive.

#### 9. **Fingerprint Process: \$49.65** Nonrefundable fee. This process is now being handled by **Cogent Systems**. (See attached information).

10. Please return all paperwork to the Personnel Office at the Marshall County Board of Ed. completed information will be sent to Alabama State Dept. of Education. Please allow at least 2 weeks for processing.

(over)

3.

# PERSONAL DATA FOR SUBSTITUTE TEACHERS

MARSHALL COUNTY SCHOOLS, Guntersville, Alabama

Date \_\_\_\_\_

NAME \_\_\_\_\_  
(As it appears on your Social Security Card)

SOCIAL SECURITY NUMBER \_\_\_\_\_

If you do not have a Social Security Card, you must make application for one immediately. When this card is obtained, it should be brought to the Superintendent's Office immediately. Substitutes can not be added to payroll with out a card.

ADDRESS \_\_\_\_\_  
Street Town State Zip Code

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARE YOU A HIGH SCHOOL GRADUATE? \_\_\_\_\_ COLLEGE? (Years Completed) \_\_\_\_\_

FINGERPRINTS CLEARANCE DATE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

VALID PERIOD OF SUBSTITUTE OR TEACHING CERTIFICATE (Circle One) 7/01/ \_\_\_\_\_ - 6/30/ \_\_\_\_\_

Your information will be sent to all schools.

Please check the schools below if you would like to be put on that schools preferred list:

- |                                      |  |                                       |   |   |
|--------------------------------------|--|---------------------------------------|---|---|
| <input type="checkbox"/> All Schools | <input type="checkbox"/> Asbury Elem.  | <input type="checkbox"/> Asbury High  | <input type="checkbox"/> BMPS(Union G.) | <input type="checkbox"/> BMES (Grassy)  |
| <input type="checkbox"/> BMMS        | <input type="checkbox"/> BMHS          | <input type="checkbox"/> Claysville   | <input type="checkbox"/> DAR Elem.      | <input type="checkbox"/> DAR Middle     |
| <input type="checkbox"/> DAR High    | <input type="checkbox"/> Douglas Elem. | <input type="checkbox"/> Douglas Mid. | <input type="checkbox"/> Douglas High   | <input type="checkbox"/> Marshall Tech. |
| <input type="checkbox"/> Sloman      | <input type="checkbox"/> Alternative   | <input type="checkbox"/> Comm. Ed.    |   |   |

Please list days and times you are available to substitute:

\_\_\_\_\_  
\_\_\_\_\_

4.  
FORM A-4

**STATE** DEPARTMENT OF REVENUE – MONTGOMERY, ALABAMA 36132  
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<p><b>EMPLOYEE:</b> File this form with your employer. Otherwise, he must withhold Alabama Income tax from your wages without exemption.</p> <p><b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.</p>	<p><b>HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS</b></p> <p>1. IF YOU ARE SINGLE, \$1500 personal exemption is allowed.          (a) If you claim full personal exemption (\$1500) write letter "S"          (b) If you claim no personal exemption write figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3)..... _____</p> <p>2. IF YOU ARE MARRIED, \$300 personal exemption is allowed for husband and wife.          (a) If you claim exemption for both spouses (\$3000) write letter "M"          (b) If you claim exemption for yourself only (\$1500) write letter "S"          I If you claim no personal exemption write figure "0" (see note under 1 (b))..... _____</p> <p>3. IF during the year you will provide more than one-half or the support of persons closely related to you (other than spouse) write the number of dependents..... _____</p> <p>4. THIS LINE TO BE COMPLETED BY EMPLOYER:          TOTALEXEMPTIONS: (see Instructions on back)..... _____</p>
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I certify that this withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled.

Date \_\_\_\_\_ 20\_\_\_\_ Signed \_\_\_\_\_

**FEDERAL WITHHOLDING FORM**

**EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE**

Form W-4 Department of Treasury Internal Revenue Service			
1. Type or print your first name and middle Initial _____ Last name _____		1. Your social security number _____	
Home address (number and street or rural route) _____		3. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City or town, state and ZIP code _____		<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.	
4. Total number of allowances you are claiming (from line G or Worksheets attached if they apply)..... _____		4. _____	
5. Additional amount, if any you want deducted from each pay..... _____		5. \$ _____	
6. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: *Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability: AND *This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability: AND *This year if my income exceeds \$500 and includes non wage income, another person cannot claim me as a dependent If you meet all of the above conditions, enter the year effective and "EXEMPT" here..... _____		6. 20 _____	
7. Are you a full-time student? (Note: Full-time students are not automatically exempt..... _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.			
Date _____	Signature _____		

(over)

5.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(CREDITS OR DEBITS)**

I (WE) \_\_\_\_\_

HEREBY AUTHORIZE THE MARSHALL COUNTY BOARD OF EDUCATION to indicate  
credits or debits to my (our) CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ account indicated below  
and the bank named below to credit or debit the amounts of such entries to said account.

\_\_\_\_\_  
Signature

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING & TRANSIT NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the company a reasonable time to act on it.

On pay day you will continue to receive from us your earnings statement which lists your gross pay, deductions and net amount deposited into your account.

Requests by the 15<sup>th</sup> of the month will be tested at the end of that month by processing a pre-notice to the bank. The direct deposit will be effective at the end of the following month.

Please attach a voided check or deposit slip so that we may verify routing & transit number and account number.

Please check the account number and bank name on the first month's check stub for accuracy. The check will be deposited to that bank and account number the second month.

(over)



# 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** (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 Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ▼
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):

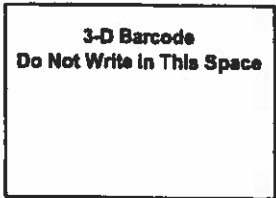
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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;"> <b>3-D Barcodes Do Not Write in This Space</b> </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):				
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"/>
				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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OF</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



ALABAMA STATE DEPARTMENT OF EDUCATION  
**EDUCATOR CERTIFICATION SECTION**  
 5215 GORDON PERSONS BUILDING  
 POST OFFICE BOX 302101  
 MONTGOMERY, AL 36130-2101  
 Telephone: (334) 353-8567 E-mail: [www.alsde.edu/EdCert](http://www.alsde.edu/EdCert)

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

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

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

**APPLICATION FOR A SUBSTITUTE 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 Educator Certification Section. Application forms and supporting documents are not accepted by fax or e-mail.

**A \$30.00 NONREFUNDABLE application fee is required.** The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at [www.alabamainteractive.org/education](http://www.alabamainteractive.org/education) (a \$4.00 transaction fee will be applied). Personal checks or cash will not be accepted. The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Licenses cannot be continued until the year they expire. By initialing here \_\_\_\_\_ I have verified at <https://tcert.alsde.edu/Portal/Public> that my license expires this year.

Applicants applying for substitute licensure who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Cogent Systems may be obtained at [https://www.cogentid.com/al/index\\_adeNew.htm](https://www.cogentid.com/al/index_adeNew.htm) or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background check has been completed and whether they are suitable and fit to teach under state law at <https://tcert.alsde.edu/Portal/Public>.

The Educator Certification Section is unable to determine eligibility for a Substitute License until this completed application, the required \$30.00 nonrefundable fee, and background clearance have been received.

An individual holding a valid substitute license may serve as a substitute teacher in any Alabama school system.

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

**II. RECORD OF EDUCATION**

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**III. 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."



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 educator 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 Educator Certification Section. It is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

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

\_\_\_\_\_  
Date

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

**IV. TO BE COMPLETED BY THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC SCHOOL ADMINISTRATOR:**

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

\_\_\_\_\_  
School System/Nonpublic School

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

\_\_\_\_\_  
Signature of Superintendent/Nonpublic School Administrator

\_\_\_\_\_  
Typed or Printed Name


\_\_\_\_\_  
Telephone Number Date

## FINGERPRINT SITE INFORMATION

Web Site	Go to <a href="http://www.cogentid.com/al/index_adeNew.htm">www.cogentid.com/al/index_adeNew.htm</a> to register and pay online. Once completed, print the registration page with the registration number and bring to fingerprint site when <u>appointment is scheduled</u> .
Addition Information	<p>If applicant prefers to pay with a money order, they need to bring the money order for <b>\$49.65</b> payable to Cogent Systems when they are scheduled for printing.</p> <p>Please see <a href="http://www.cogentid.com/al/index_adeNew.htm">www.cogentid.com/al/index_adeNew.htm</a> for information pertaining to fingerprint processing. Neither Cogent Systems nor this fingerprint site has the means to provide applicants the status of their background check.</p>
Primary Service Location Address	<b>Albertville City Board of Education</b> 107 West Main St. Albertville, AL 35950
Hours of Operations Telephone Number (Applicant Use)	<b>Thursdays, 8:00-11:30</b> <b>256-891-1183 ext. 201 (Angie Croft)</b>
	Applicant <u>must call to schedule appointment for fingerprinting, after they have registered online</u> . Walk-in's will not be taken.
Directions to your facility	<a href="#">See below</a>

### Directions to Cogent Systems Fingerprint Site: Albertville City Board of Education

Estimated Time: 8 minutes      Estimated Distance: 5.73 miles

From   
 Marshall County Supt-Education  
 12380 US Highway 431  
 Guntersville, AL 35976  
 256-582-3171

#### ▼ Directions from A to B:



1: Take US Hwy. 431 South/ AL-1 S.  
5.1 mi




2: Turn RIGHT onto AL Hwy. 75/ N. BROAD ST.  
0.6 mi



3: Turn RIGHT onto AL Hwy. 205/ W. MAIN ST.  
0.03 mi



4: End at 107 W. MAIN ST. (2<sup>nd</sup> building on right, the old Post Office)

To:   
 Albertville City Board of Education  
 107 West Main St.  
 Albertville, AL 35950

**A copy of this letter will be sent to you once you are set up in the payroll and Aesop systems.**

## **Marshall County School District**



Dear Substitute Teacher or Support Worker,

We have the pleasure of notifying you that Marshall County School District has implemented a new automated service that will greatly simplify and streamline the process of notifying you when your services are needed in the District. This service utilizes both the Phone and the Internet to assist you in locating Jobs in the School District for which you work. The administrative office has selected the following hours as standard call times when the service may call for Substitutes: [ 5:00 AM - 11:59 AM; 4:00 PM - 9:00 PM ]. The Phone number we have on record for you is \_\_\_\_\_.

### **Things to note:**

\*You may interact with the system either on the Internet at <http://www.aesopeducation.com> or by way of a Toll Free, automated voice instruction menu system at 1-800-942-3767 (1-800-94-AESOP).

\*The system will call you within the call times specified above.

### **What to do when the system calls you:**

You may be prompted to enter either a PIN number and/or an Identification (ID) number. This information is as follows:

1. ID number – **will be on your specific letter**
2. Pin number - **will be on your specific letter**

\* The system will provide you with the following details of the assignment:

1. School name
2. Date(s) of assignment
3. Room or location where you need to report
4. Start time
5. Any further special instructions left by the absentee.

\* You will then be prompted to either accept or reject the assignment. You will also have the option to reject the assignment as well as all future calls for jobs on the day of the particular assignment. If you accept, the system will issue you a confirmation number that you might need in the event of a follow-up inquiry. **Please remember that you have not accepted the job until you receive a confirmation number.**

*Please note: You may also contact the system to search for available jobs 24 hours a day, 7 days a week on the Internet at <http://www.aesopeducation.com> or on the phone at 1-800-942-3767 (1-800-94-AESOP).*

### **How to contact the system via our website:**

You can also search for and accept available jobs, change personal settings, update your calendar, and Personalize your available to call times by visiting the website at <http://www.aesopeducation.com>. You will be prompted to enter your ID and pin numbers as specified above. Should you experience difficulty using the system, please contact the central office at (256) 582-3171 or [support@aesoponline.com](mailto:support@aesoponline.com). We are confident that your experience will be beneficial and enjoyable.

Thank you,

Darlene Campbell  
[campbelld@marshallk12.org](mailto:campbelld@marshallk12.org)  
(256) 582-3171



1/05/2016

**Marshall County School System**  
12380 U.S. Hwy. 431 S.  
Guntersville, AL 35976-9351  
(256) 582-3171, Fax (256) 582-3178  
wigleycl@marshalk12.org  
www.marshalk12.org

**Asbury Elementary K-6**  
Jean Wilks, Principal  
1966 Asbury Rd.  
Albertville, AL 35951  
256-878-6221  
Fax # 256-878-6205  
[wilksdj@marshalk12.org](mailto:wilksdj@marshalk12.org)

**Asbury High 7-12**  
Amy Childress, Principal  
1990 Asbury Rd.  
Albertville, AL 35951  
256-878-4068  
Fax # 256-878-5233  
[pricea@marshalk12.org](mailto:pricea@marshalk12.org)

**Brindlee Mtn. Primary K-2**  
David McCollum, Principal  
3685 Union Grove Rd  
Union Grove, AL 35175  
256-753-2532  
Fax # 256-753-0021  
[mccollumda@marshalk12.org](mailto:mccollumda@marshalk12.org)

**Brindlee Mtn. Elementary 3-5**  
Amanda Hollaway, Principal  
2233 Shoal Creek Rd.  
Arab, AL 35016  
256-753-2246  
Fax # 256-753-6630  
[hollawayah@marshalk12.org](mailto:hollawayah@marshalk12.org)

**Brindlee Mtn. Middle 6-8**  
Mike Little, Principal  
1050 Scant City Rd.  
Guntersville, AL 35976  
256-753-2820  
Fax # 256-753-2822  
[littlem@marshalk12.org](mailto:littlem@marshalk12.org)

**Brindlee Mtn. High 9-12**  
Brian Pool, Principal  
994 Scant City Rd.  
Guntersville, AL 35976  
256-753-2800  
Fax # 256-753-2802  
[poolb@marshalk12.org](mailto:poolb@marshalk12.org)

**Claysville Elementary K-4**  
Charles Edmonds, Principal  
140 Claysville School Rd.  
Guntersville, AL 35976  
256-582-4444  
Fax # 256-582-4454  
[edmondsc@marshalk12.org](mailto:edmondsc@marshalk12.org)

**D.A.R. Elementary K-4**  
Keith Buchanan, Principal  
6077 Main St.  
Grant, AL 35747  
256-728-2226  
Fax # 256-728-8430  
[buchanank@marshalk12.org](mailto:buchanank@marshalk12.org)

**D.A.R. Middle 5-8**  
Tim Isbill, Principal  
6077 Main St  
Grant, AL 35747  
256-728-5950  
Fax # 256-728-8447  
[isbillt@marshalk12.org](mailto:isbillt@marshalk12.org)

**D.A.R. High 9-12**  
Stacy Anderton, Principal  
6077 Main St.  
Grant, AL 35757  
256-728-4238  
Fax # 256-728-8900  
[andertons@marshalk12.org](mailto:andertons@marshalk12.org)

**Sloman Primary K-2 (Douglas)**  
Tenna Anderton, Principal  
P.O. Box 270  
Douglas, AL 35964  
256-593-4912  
Fax # 256-593-4874  
[andertont@marshalk12.org](mailto:andertont@marshalk12.org)

**Douglas Elementary 3-5**  
Terry Allen, Principal  
P.O. Box 299  
Douglas, AL 35964  
256-593-4420  
Fax # 256-593-4423  
[allents@marshalk12.org](mailto:allents@marshalk12.org)

**Douglas Middle 6-8**  
Rita Walker, Principal  
P.O. Box 269  
Douglas, AL 35964  
256-593-1240  
Fax # 256-593-1259  
[walkerm@marshalk12.org](mailto:walkerm@marshalk12.org)

**Douglas High 9-12**  
Scott Bonds, Principal  
P.O. Box 300  
Douglas, AL 35964  
256-593-2810  
Fax # 256-840-5489  
[bondssa@marshalk12.org](mailto:bondssa@marshalk12.org)

**Marshall Technical 9-12**  
Sherman Leeth, Principal  
12312 U.S. Hwy. 431 S.  
Guntersville, AL 35976  
256-582-5629  
Fax # 256-582-2580  
[leeth.sherman@marshalk12.org](mailto:leeth.sherman@marshalk12.org)

**Family & Community Education**  
Stephanie Wisener, Director  
12316 U.S. Hwy. 431 S.  
Guntersville, AL 35976  
256-582-2310  
Fax # 256-582-2397  
[wisenersl@marshalk12.org](mailto:wisenersl@marshalk12.org)




**Marshall Alternative School**  
(See Claysville School)

**Marshall  
County  
School System**

**2016-2017  
School Calendar**

**School Day**  
M,T,TH,F 7:40 - 3:00  
W 7:40 - 1:56

**CALENDAR LEGEND**

Students First/Last Day of Sem	
Out of School	
Teacher PD - No Students	

**Summary of Calendar**

First Sem 86 days
Second Sem 93 days
Total Cal Days 179
Students First Day - Aug 4
Students Last Day May 25

M, T, F = 38,688 Minutes  
W = 11,664 Minutes  
TH = 14,820 Minutes  
Total: 65,172  
(64,800 required)  
6.2 hours over  
(= 1 weather day built in)

If needed, additional days will be in the format of e-learning on:  
January 16, 2017  
February 20, 2017

**August**

Mo	Tu	We	Th	Fr
				5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Aug 1-3 Teacher PD  
Aug 4 First Day for Students

**September**

			1	2
<del>5</del>	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Sept 5 Labor Day- No School

**October**

3	4	5	6	7
10	11	12	13	14
<del>17</del>	<del>18</del>	<del>19</del>	20	21
24	25	26	27	28
31				

Oct 17-19 Fall Break- No School

**November**

	1	2	3	4
7	8	9	10	<del>11</del>
14	15	16	17	18
<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>
28	29	30		

Nov 11 Veteran's Day- No School

Nov 21-25 Thanksgiving- No School

**December**

			1	2
5	6	7	8	9
12	13	14		
<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>
<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>

Dec 15 Students Last Day of Sem  
Dec 16 Teacher PD- No Students  
Dec 19-Jan 2 Holiday - No School

**January**

<del>2</del>				6
9	10	11	12	13
<del>16</del>	17	18	19	20
23	24	25	26	27
30	31			

Jan 2 No School  
Jan 3-4 Teacher PD- No Students  
Jan 5 Students Return  
Jan 16 MLK Day- No School

**February**

		1	2	3
6	7	8	9	10
13	14	15	16	17
<del>20</del>	21	22	23	24
27	28			

Feb 20 President's Day- No School

**March**

		1	2	3
6	7	8	9	10
13	14	15	16	17
<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>
27	28	29	30	31

Mar 20-24 Spring Break- No School

**April**

3	4	5	6	7
10	11	12	13	<del>14</del>
17	18	19	20	21
24	25	26	27	28

April 14 Spring Holiday- No School

**May**

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24		
<del>29</del>	30	31		

May 25 Last Day for Students  
May 26 PD/Flex Day  
May 29 Memorial Day- No School