



**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.....\$55.00
- \*Two Years College/Three Years.....\$60.00
- \*College Degree.....\$65.00

**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.

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: \$48.15**, Nonrefundable fee. This process is now being handled by **Cogent Systems**.  
[https://www.aps.gemalto.com/al/index\\_adeNew.htm](https://www.aps.gemalto.com/al/index_adeNew.htm)  
(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)**

2.

# 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:

- All Schools
- Asbury Elem.  Asbury High
- BMPS(Union G.)  BMES (Grassy)  BMHS
- Claysville  DAR Elem.  DAR Middle  DAR High
- Sloman  Douglas Elem.  Douglas Mid.  Douglas High
- Marshall Tech.  Special Needs Preschool (Comm. Ed.)

Please list days and times you are available to substitute:

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

3.

**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)

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

FORM A-4

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 align="center"><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"                  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 _____	



# 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	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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

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

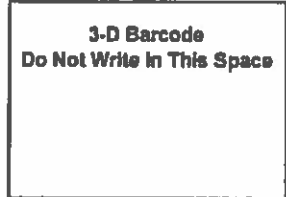
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

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

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

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



**Employer Completes Next Page**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	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>OR</b>	<b>AND</b>	
1. U.S. Passport or U.S. Passport Card	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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (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.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
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	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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**  
Telephone: (334) 353-8567

This section must be completed by the employing Alabama school system or nonpublic/private school.	
School System Code:	0 4 8
Nonpublic/Private	
School Code:	- - - - -

**APPLICATION FOR A SUBSTITUTE LICENSE**

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

**The applicant CANNOT submit this application to the Educator Certification Section.**

This application is to be completed for individuals seeking *initial issuance or reissuance* of a Substitute License. **Application forms and supporting documents are not accepted by fax or e-mail.**

An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

**Application Fee REQUIRED**

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 this application.

**Background Check REQUIRED**

Applicants for initial certification, additional certification, and certificate renewal **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 of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at [https://www.aps.gemalto.com/al/index\\_adeNew.htm](https://www.aps.gemalto.com/al/index_adeNew.htm) or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background checks have been completed and whether they are suitable and fit to teach under state law at <http://tcert.alsde.edu/Portal/Public>.

**APPLICANT COMPLETES:** The purpose for submission of this form is:

- Issuance of my first Substitute License **OR**
- Reissuance of my Substitute License. A Substitute License **cannot** be reissued until the year it expires. Initial here \_\_\_\_\_ to confirm that <http://tcert.alsde.edu/Portal/Public> has been checked to verify that the Substitute License expires this year or has already expired.

**APPLICANT COMPLETES: 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"/>						
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%;"> <b>Ethnic Origin (choose one)</b>  <input type="checkbox"/> (01) Hispanic Latino  <input type="checkbox"/> (02) Not Hispanic Latino             </td> <td style="width: 50%;"> <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> <tr> <td colspan="2"> <b>Gender (choose one)</b>  <input type="checkbox"/> (F) Female      <input type="checkbox"/> (M) Male             </td> </tr> </table>				<b>Ethnic Origin (choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	<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>Gender (choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	
<b>Ethnic Origin (choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	<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>Gender (choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male									
<input type="text"/>	<input type="text"/>								

**APPLICANT COMPLETES: RECORD OF EDUCATION** (Graduation from high school or the completion of an Alabama State Department of Education approved equivalent is required.)

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



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

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

**APPLICANT COMPLETES: 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."

**APPLICANT COMPLETES: 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. I understand that 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

**THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:**

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

**Marshall County Board of Education**

School System/Nonpublic/Private 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 a certificate of attendance will not meet this requirement. 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 background clearance.

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

**Cindy L. Wigley**

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

**256-582-3171**

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

\_\_\_\_\_  
Date

**Check to be certain that all portions of this form have been completed and all signatures have been obtained. Incomplete forms will no longer be returned to the school system or eligible nonpublic/private school.**

- **A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.**
- **If a fee was submitted, the fee will be retained and entered to the individual's file.**

**FINGERPRINT SITE INFORMATION**

Web Site	Go to <a href="https://www.aps.gemalto.com/al/index_adeNew.htm">https://www.aps.gemalto.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 along with a valid Driver's License when <u>appointment is scheduled</u> .
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>Thursday 8:00-11:30 (by appointment only)</b> <b>256-891-1183 ext. 201 (Anna Olvera)</b>  Applicant <u>must call to schedule appointment for fingerprinting, after they have registered online</u> . Walk-in's will not be taken.
Addition Information	If applicant prefers to pay with a money order, they need to bring the money order for <b>\$48.15</b> , payable to Cogent Systems when they are scheduled for printing.  Please see <a href="https://www.aps.gemalto.com/al/index_adeNew.htm">https://www.aps.gemalto.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.
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



# Phone System Instructions for Substitutes

1.800.942.3767

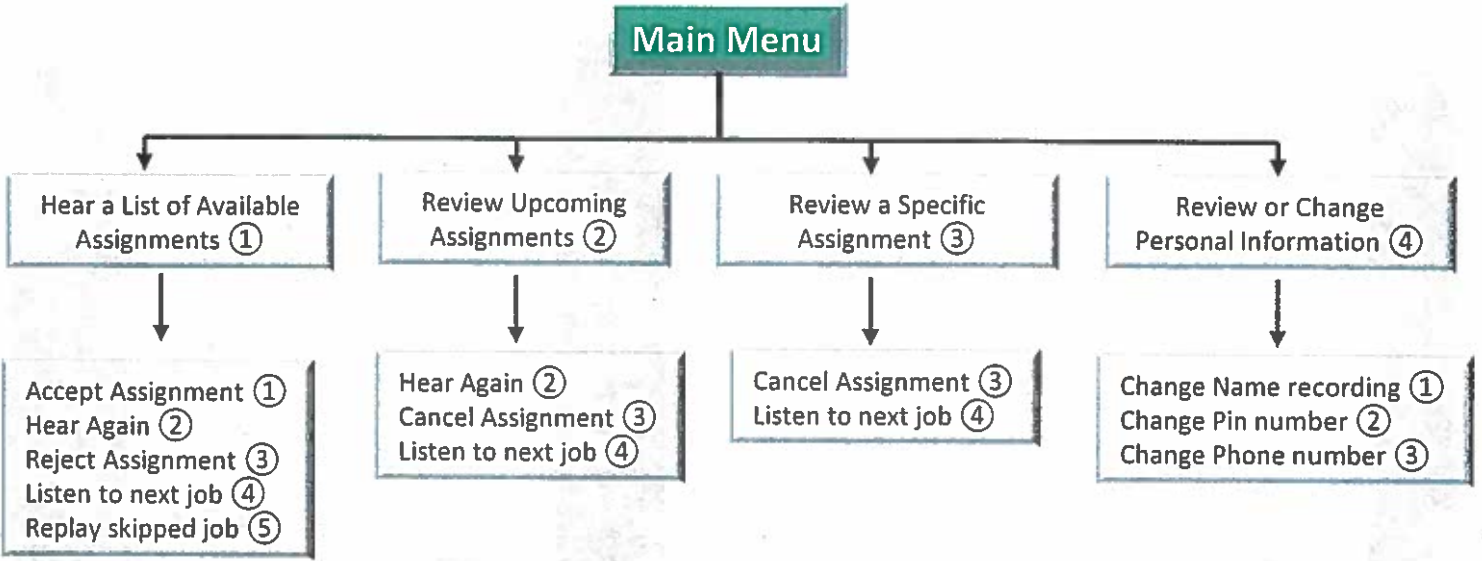
## Learn how to:

- ☐ Search for jobs by phone
- ☐ Respond when the system offers you a job
- ☐ Personalize the phone system



www.FrontlineK12.com/Aesop

### Main Menu



## Aesop Phone Menu at a Glance

### When you call Aesop

To Review or Change your Personal Information, Press ④

- To review or change your name recording, Press ①
- To change your Pin number, Press ②
- To change your phone number, Press ③

### Special Things to Note

#### When Aesop calls you:

- The phone number that appears on Caller ID is: 1-800-942-3767.
- Typically, Aesop will not leave a message on your home answering machine.
- Please say "hello" in order for Aesop to begin the phone call.
- If you are sick and wish not to work, Press ② - To Prevent Further Calls Today.
- If two or more substitutes have the same phone number it is to your advantage that you both voice-record your names. Aesop will then play the voice recording at the beginning of the phone call and you can enter the correct Pin number.

1.800.942.3767

 Please note that some options may not be available to you.

Aesop will ask you to enter the confirmation number.

- To cancel this assignment , Press ③
- To listen to the next assignment, Press ④
- To return to the Main Menu, Press ⑥

**To Review or Cancel a Specific Assignment, Press ③**

Aesop will now read off all the details of the assignment.


- To hear this again, Press ②
- To cancel this assignment , Press ③
- To listen to the next assignment, Press ④
- To return to the Main Menu, Press ⑥

• To review your assignments for the next 7 days, Press ③

• To return to the previous menu, Press \*

**To Review or Cancel your Upcoming Assignments, Press ②**


**When you call Aesop**

 When you have successfully accepted an assignment Aesop will play back the confirmation number.

- To accept the assignment, Press ①
- To hear the assignment again, Press ②
- To reject this assignment and not hear it again, Press ③
- To listen to the next assignment, Press ④
- To replay a bypassed assignment, Press ⑤
- To return to the Main Menu, Press ⑥

Aesop will play you a list of up to five available jobs.

**To Hear a List of Available Assignments, Press ①**

 Pressing the star key (\*\*) will always take you back one menu level anywhere in the phone system.

1. Dial 1.800.942.3767
2. Enter your ID number followed by the pound key ('#')
3. Enter your PIN number followed by the pound key ('#')


**When you call Aesop**

• If you select this option then Aesop will never call you again.

**To prevent Aesop from ever calling, Press ⑨**

If you are unavailable, Press ③

**To prevent further calls today, Press ②**

 When you have successfully accepted an assignment Aesop will play back the confirmation number.

- To accept the assignment, Press ①
- To hear the assignment again, Press ②
- To reject but allow additional Calls today, Press ③
- To reject this assignment and prevent additional calls today, Press ④

**Enter your Pin number followed by the pound key ('#')**

Aesop will now read off all the details of the assignment.

Aesop will play you the School District Name and the School Name.

**If you are interested in a job, Press ①**

When you answer the phone, say "Hello" and Aesop will present the following options:

**When Aesop calls you**

**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**  
Clay Webber, Principal  
1990 Asbury Rd.  
Albertville, AL 35951  
256-878-4068  
Fax # 256-878-5233  
[staplerar@marshalk12.org](mailto:staplerar@marshalk12.org)

**Brindlee Mtn. Primary K-2**  
Terry Allen, Principal  
3685 Union Grove Rd.  
Union Grove, AL 35175  
256-857-5120  
Fax # 256-293-4685  
[allents@marshalk12.org](mailto:allents@marshalk12.org)

**Brindlee Mtn. Elementary 3-5**  
Amanda Hollaway, Principal  
2233 Shoal Creek Rd.  
Arab, AL 35016  
256-857-5125  
Fax # 256-857-5126  
[hollawayah@marshalk12.org](mailto:hollawayah@marshalk12.org)

**Brindlee Mtn. High 6-12**  
Mike Little, Principal  
994 Scant City Rd.  
Guntersville, AL 35976  
256-857-5135  
Fax # 256-857-5136  
[littletm@marshalk12.org](mailto:littletm@marshalk12.org)

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

**D.A.R. Elementary K-4**  
Keith Buchanan, Principal  
6077 Main St.  
Grant, AL 35747  
256-857-5140  
Fax # 256-857-5141  
[buchananak@marshalk12.org](mailto:buchananak@marshalk12.org)

**D.A.R. Middle 5-8**  
Tim Isbill, Principal  
6077 Main St  
Grant, AL 35747  
256-857-5145  
Fax # 256-857-5146  
[isbillt@marshalk12.org](mailto:isbillt@marshalk12.org)

**D.A.R. High 9-12**  
Stacy Anderton, Principal  
6077 Main St.  
Grant, AL 35757  
256-857-5150  
Fax # 256-857-5145  
[andertons@marshalk12.org](mailto:andertons@marshalk12.org)

**Sloman Primary K-2 (Douglas)**  
Scott Bonds, Principal  
P.O. Box 270  
Douglas, AL 35964  
200 Bethlehem Rd.  
Horton, AL 35980  
256-593-4912  
Fax # 256-593-4874  
[bondssa@marshalk12.org](mailto:bondssa@marshalk12.org)

**Douglas Elementary 3-5**  
Darren Young, Principal  
P.O. Box 299  
151 Eagle Dr.  
Douglas, AL 35964  
256-593-4420  
Fax # 256-593-4423  
[young.darren@marshalk12.org](mailto:young.darren@marshalk12.org)

**Douglas Middle 6-8**  
, Principal  
P.O. Box 269  
205 Eagle Dr.  
Douglas, AL 35964  
256-593-1240  
Fax # 256-593-1259

**Douglas High 9-12**  
Angie Stapler, Principal  
P.O. Box 300  
225 Eagle Dr.  
Douglas, AL 35964  
256-593-2810  
Fax # 256-840-5489  
[staplerar@marshalk12.org](mailto:staplerar@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, Fed. Programs  
12316 U.S. Hwy. 431 S.  
Guntersville, AL 35976  
256-582-3171, ex.#01017  
Fax # 256-582-3178  
[wisenersl@marshalk12.org](mailto:wisenersl@marshalk12.org)

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