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HARDIN COUNTY BOARD OF EDUCATION

155 Guinn Street

Savannah, Tennessee 38372

**APPLICATION FOR SUBSTITUTE TEACHER**

Nam\_e:

Address: \_ Street or Box City State Zip

Home Phone: Alternate/Cell Phone: \_

Date of Birth: .Sex: Male

Female

Social Security Number \_

**Check One**

Do you have a high school diploma? Do you have a GED diploma?

Yes No

Yes No

Do you have college training? Yes No

Name of College or University ---------

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you presently in college? |  | Yes |  | No |
| Do you have a college degree? |  | Yes |  | No |
| Do you have a teacher's certificate: (Attach copy with application) |  | Yes |  | No |

If Yes, name your area(s) of endorsement. \_ Number of Years Experience as a teacher \_ Number of Years Experience as a substitute teacher \_

**References**

**Names Address Telephone**

Please indicate the school (s) in which you will be available:

Hardin County High School

Hardin County Middle School

East Hardin Elementary

Northside Elementary

Parris South Elementary

Southside Elementary

West Hardin Elementary

Date Application Completed Signature of Applicant

**ALL APPLICANTS MUST COMPLETE W-4 (IRS FORM) AT EDUCATIONAL CENTER WHEN SUBMITTING APPLICATION**

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**HARDIN COUNTY SCHOOLS SAVANNAH, TENNESSEE**

**APPLICATION FOR EMPLOYMENT**

It is understood and agreed that any misrepresentation by me in this application will be just cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I *give* the employer the right to investigate all references and secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any consideration for employment on a basis prohibited by local, state, or federal law.

I **understand that in filling a temporary position** I **have no expectancy of continued employment but shall be considered for initial employment to fill other vacancies.**

**Signature: Date:**

**TITLE IX COORDINATOR**

**Title: Ryan Miller**

**Mailing address: 155 Guinn Street, Savannah, TN 38372 Phone number: (731) 925-3943 ext. 2240**

**Email:** [**ryan.miller@bctnschools.com**](mailto:ryan.miller@bctnschools.com)

Hardin County Schools does not discriminate on the basis of sex in any education program or activity.

Such non-discrimination is required by Title IX and federal regulations. The requirement not to discriminate extends to admission and employment.

Inquiries about the application of Title IX and its implementing regulations to the district may be referred to the Title IX Coordinator, to the Assistant Secretary of Education, or both.

Hardin County Schools grievance procedures and grievance process, including: how to report or file a complaint of sex discrimination; how to report or file a formal complaint of sexual harassment, and how the district will respond can be found in Hardin County Board policy 6.3041.

Form **W-4** ►

City or town, state, and ZIP code

Address

Employee's Withholding Certificate

0MB No.1545-0074

D<,partmenl *of* lhe Treasury

lnlernaf He1/enue Service

Complete Form W-4so that your employer can withhold the correct federal income tax from your pay.

* Give Form W-4to your employer.

►

Your withholding is subject to review by the IRS.

**(0)22**

**)Step 1:**

**Enter Personal Information**

1. Firsl name *and* middle initial l Last name

(cl 0 Single or Married fifing separately

0 Married fifing jointly or Qualifying widow(er)

1. Social security number

* Does your name match the name on your soci:il security card? If not. to ensure you gel

credit for your earnings, contact SSA at 800-772-1213 orgo to [*www.ssa.gov.*](http://www.ssa.gov/)

0 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [*www.irs.gov/W4App,*](http://www.irs.gov/W4App)and privacy.

Step 2: **Multiple Jobs or Spouse**

**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount ot withholding depends on income earned from all of these jobs.

Do only one of the following.

1. Use the estimator at [*www.irs.gov/W4App*](http://www.irs.gov/W4App)for most accurate withholding for this step (and Steps 3-4); or
2. Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
3. If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . D

►

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

**Step 3:**

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**Dependents**

If your total income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000► \_$ \_

Multiply the number of other dependents by $500

Adthdaemounts above and enter the total here

* -'-$

$

**Step4 (optional):**

**Other Adjustments**

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

1--'-'-t-'-------

4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter

the result here ,...4 ( b) ,\_$ \_

(c) Extra withholding. Enter any additional tax you want withheld each pay period

**4(c)** $

**3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step 5:**  **Sign Here** | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.   * **Employee's signature** (This form is not valid unless you sign **it.)** ► **Date** | | |
| **Employers Only** | Employer's name and address | First date of employment | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 102200 Form **W-4** (2022)

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint­ based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, secµrity clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the appli<;ant's privacy. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

* + Officials must provide to the applicant written notificationl1 that his/her fingerprints will be used to check the criminal history records of the FBI.
  + Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the appiicant submits his/her fingerprints and associated personal information·.2
  + Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the empioyment, licens·e, o other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
  + Officials must advise the applicant that procedures for obtaining a change, correction, or update of an *FBI* criminal history record are set'forth at 28 CFR 16.?4. ·
  + Officials should not deny the employment, license, or other benefit-based on information in the criminal history record ·until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
  + Officials -must use the crimin \_I history record solely for the purpo.l;°e requestelana cannot disseminate the record outside the re eiving department, related agency, or other authorized entity.3 •

The FBI h\_as no objection to officials providing a copy of the applicant's FB·l criminal history record to the

· applicant for review and possible challenge when-the record was obtained.based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the .proce\_dures found at 28 CFR 16.30 through 16.34. It will also allow the *officials* to make a m·ore timely determination of the applicant's suitability.

Each agency should establish ·and document the process/proced.ures it t1tilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that *is* afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews n use of criminal history records for noncriminal justice purposes.

1 Written notification includes electronic not;fication, but excludes oral notification.

*2* See https://[www.fbi.gov/services/cjis/compact-council/privacy-act-statemen](http://www.fbi.gov/services/cjis/compact-council/privacy-act-statemen) t

*3* See 5 U 5.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.2l(c), 20.33(d). 50.12(b) *and*

906 2(d).

NONCRIMINALJUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check tor a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notificatior:i1 that your fingerprints will be used to check the criminal history records of the FBI.

* You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associ;;ited personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.1

If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

* The officials must.advise you that the procedures for obtaini g a .change, correction, or update

of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

* If you have a crimJnal history retard, you should be afforded a reasonable a.mount of time to correct or complete the record (or decline to do *so)* be{ore the officials deny you the employment, license, or other benefit based on information in the criminal history reco d.3

·1' You *have* the right to expect that officials receiving.the resµ\_lts of the cr.imin l history record check will use it only for authorized purposes and wi-11 not retain or disseminate it in violation of federal statute, regulation or executive order,.or rule, procedure or standard established ·by the National Crime Prevention and Privacy Compact Council.4

If agency policy permits, the *officials* may provide you with a copy of your FBI criminal history record for review and possible challenge. I-fgency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this'process may be obtained at

*https:ijwww.fbi.gov/ser.i* ices/ciis/identity-history-sum r,:ia ry-checks'

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied *by* that agency. (See 28 CFR 16.30 through 16.34.)

1 Written notification includes electronic notification, but excludes oral notification.

*1* https://[www.fbi.gov/services/cjis/compact-council/privacy-act-sta](http://www.fbi.gov/services/cjis/compact-council/privacy-act-sta) ternen t

3 See 28 CFR 50 12(b).

4 See 5 U.S.C 552a(b); 28 U 5.C 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.2l(c), 20.33(d) and 906.2(d),

Em .-;::>loyment Eligibility Verification

**D** I\_Jartment of Homeland Security

U.S. c=:::itizenship and Immigration Secvices

users

Form I-9



0MB No. 1615-0047

Expires 10/31/2022

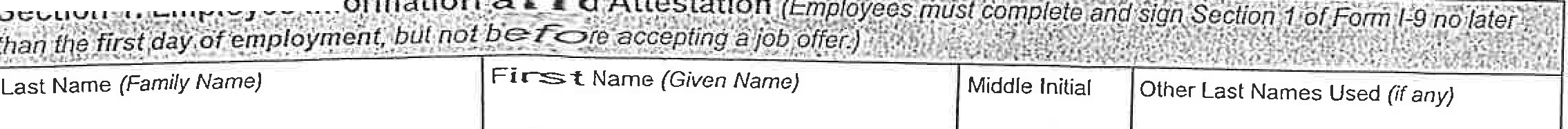
* START HERE: Read instructions carefully bef"\_c::> re comp!eting this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are I l-c3l. l::lle for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to dis .-i ina\_te again\_st work-authorized individuals. Employers CANNOT specify which document(s) an mployec may present to establish employment au th onzaLion and rdenUty. The refusal to hire or continue lo employ an Individual because the ocumenlation presented has a future expiration da t:e- may also constitute illegal discrimination.

Date of Birth *(mm/dd!yyW)*

U.S. Social Security Number

DJJ-ITJ - I 1111



ZIP Code

State

City or Town

Apt. Number

Address *(Street Number and Name)*

Employee's E-mail Address

Employee's Telephone Number

L -..>.-===

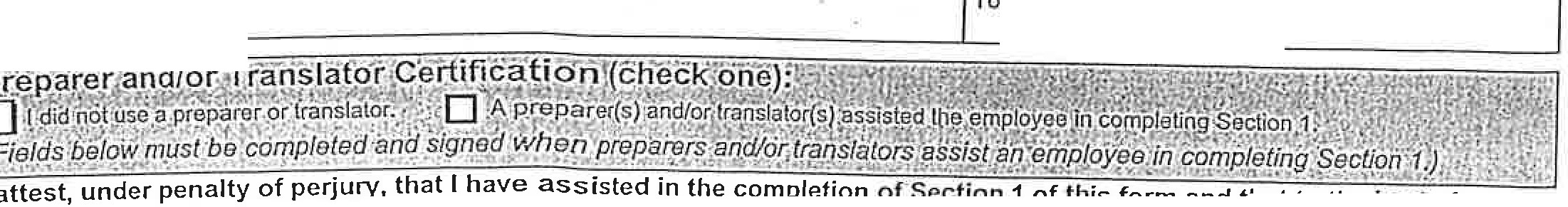
am aware that federal law provides for **irn. P** risonment and/or fines for false statements or use of false documents in

1

connection with the completion of this **form** -

1 attest, under penalty of perjury, that I am ( check oneofthefollowing boxes):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **O** 1, A citizen of the United States | | | | |
| **D** | 2 | \_**A** noncitizen national of the United States *(See instructions)* | |  |
| **O** 3. A lawful permanent resident (Alien Registration Number/USCIS Number): | | | | |
| **0** \_An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy);  4  Some aliens may write "N/A" in the expiration date field. *(See instructions)*  *Aliens authorized to work must ; ovide only one of the following document numbers to complete Form /-9:*  *An Alien Registration Number!USCIS Number OR Form 1-94 Admission Number OR Foreign Passporl Number,*   1. Alien Registration Number/USC!S Number:   **OR**   1. Form 1-94 Admission Number: | | | |  |
| QR Code - Soclion 1  **Do Nol Write In This Space** |
| **OR**  3. Foreign Passport Number:  Country of Issuance: | | |  |
|  |



Signature of Employee

Today's Date *(mmlddlyyyy)*

I attest, under penalty of perjury, that

ion o ec 10n o 1s orm and that to the best of my

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature of Preparer or Translator |  | | I | Today's Date ***(mmlddlyy}"I)*** | |
| Last Name *(Family Name)* | | IFirst Name *(Given Name)* | | | |
| Address *(Street Number and Name)* | City or Town | |  | State | ZIP Code |

*Employer Completes Next Page*

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Page I ofJ

**Application Process with Hardin County Schools**

1. Iffective January 1, 2000, Tennessee state law requires that all hired employees having direct contact with students must submit to a criminal history background check.
2. After the criminal history background check is completed and acceptable, the application for a position with Hardin County Schools will be approved for potential employment.
3. The UPS store located at 245 Wayne Rd Suite A., Savannah, TN is approved as a fingerprint location. You may call them at 731-925-6877 for any further questions. Note: You must schedule an appointment to be fingerprinted

TENNESSEE TAPS FEES AND CODES

**Code**

28TYJ7-School Bus Drivers 28TY9Z-School Cafeteria Workers 28TYNS-Custodial Workers 328TYBF-Substitute Teachers 28TYHT-School Worker - Other 28TYFX-Teachers

28TYKR-School Worker Volunteer

**FEE**

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

$37.15 (Previously ($39.15)

The UPS Store 245 Wayne Rd Suite A

Savannah, TN 38372

Phone: (731) 925-6877

Fax: (731)925-5170

Email: store [6516@theupsstore.com](mailto:6516@theupsstore.com) Hours: M-F 8:00 AM -5:30 PM

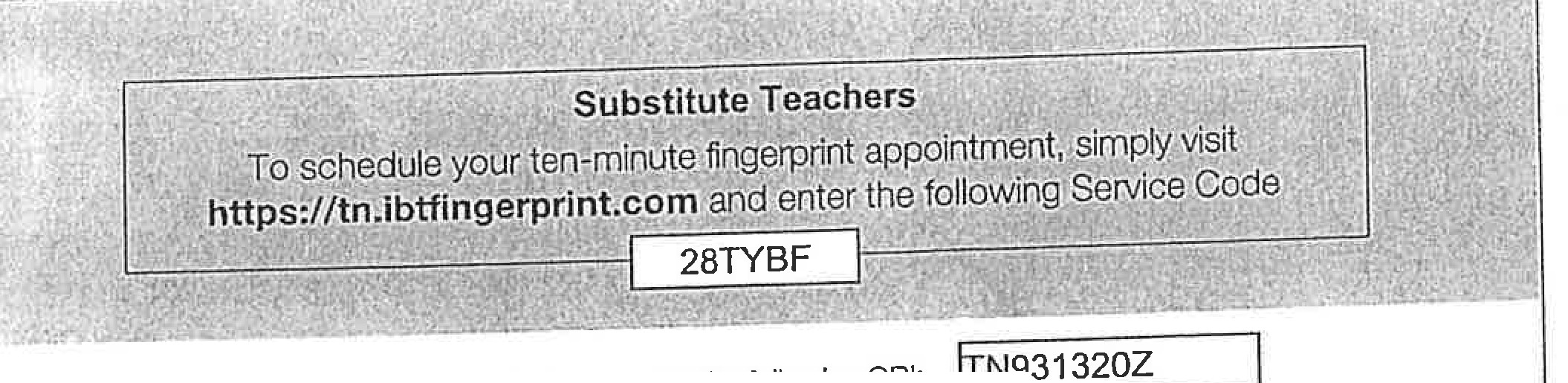
Sat. 9:00 AM -1:30 PM

# State Schools/Colleges Use Only

**dentoGO**

# Tennessee Applicant Processing Services Form

When prompted, please enter the following ORI; **frN931320Z**



Service Code and ORI are unique to your hiring/licensing agency

**Do not Lise these codes for another purpose·**

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As a primary form of pic;t\,Jre ident!ficafio"n, on·e of the followirig valid and unexpirec:I documents is required to be presented to.th·e enrollment agent when 9eln g firigerpri@ted:

* **Driver's License issued by a State or outlying po s ssion of the U.S.**
* **State-ID Card (or outlying possession of the·U.S.) with a seal or logo from State or State Ag-en'cy**
* **Commercial Driver's License issued by a State or outlying possession of the U.S.**
* **U.S. Passpo'tt**

However, in the a,bsence of one of'th se,dopt.lments, aRi;p2a t rriay pr'Q"'.itie,one·o·r m0re Secondary Documents including: . · · ·., ' · ·

* State Government Issued Certificate of Birth
* US Active Duty/Retiree/Reservist Military ID Card (000-10-2}
* Passport · · ·
* Social Se'curity Caret .
* Certific'ate of Gitlzenship (N560)·
* Certificate of Naturalization {N550)
* INS 1-551 Resident Alien Card Issued since 1997
* INS 1-688 Temporary Resident Identification Card
* INS 1-6888, 1-766 Employment Authorization Card

Secondary Documentation must be sypported by at least two of the following:

* Current Utility Bill (Address)
* Voter Registration Card
* Current Vehicle Reglstrc:rtion Card/Title
* Current Paycheck Stub with Name/Address
* Cancelled Check or Current Bank Statement
* Social Security Card

0 Don't have access to the Internet? You can still schedule an appointment by calling 855.226.2937