

Substitute Teacher Qualifications (Fingerprints must clear before substituting)

1. High school graduate with 2 years of college (64 semester hours or 96 quarter hours) or #2.
2. High school graduate and two letters of recommendations from principals of two different schools in our system.
3. Copy of Transcript or Teacher Certificate, if certified.
4. Original documents that show your identity (driver's license and social security card).
5. \$30.00 postal money order made payable to the Alabama State Department of Education. (Fee effective 09/01/2008)
6. Fingerprinting is done by appointment ONLY. Please refer to back of packet for more information.
7. If you have any questions, please call (256) 543-3512 and ask for Karla Smith or Franchesca Igou.
8. Substitute pay is \$58.00 for substitute teacher and \$60.00 for certified substitute teachers.
9. All substitutes are required to sign up for direct deposit-it is not an option it is mandatory. (Attach void check or direct deposit letter)
10. All substitutes are required to have I.D. badges before entering school property. Call (256) 549-2912 and ask Wanda Tedder to set up an appointment for your badge. The cost is \$2.00.

Gadsden City Board of Education

Teacher Substitute Application

Date: _____

Full Name (First, Middle, Last): _____

Address: _____

City/State/Zip: _____

Contact Telephone#: _____ Social Security #: _____

Date of Birth: _____ Marital Status: _____

Email Address: _____

Certified: Elementary _____ Secondary _____ Special Subject _____

Support: Instr. Aide _____ Secretary _____ Custodian _____ Lunchroom _____

Give three references that have first-hand knowledge of your substitute ability, character and personality.

Name	Address	Position	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grades Preferred: K-5 6-8 9-12 _____

Available: M T W T F or ALL

School Preferred: _____

Past Employer _____ Address: _____

Reason for leaving: _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying widow(er) ☐ 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, 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 of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) 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 ► ☐

TIP: To be accurate, submit a 2021 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: Claim 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 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (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	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)	\$

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 Gadsden City Board of Education	First date of employment	Employer identification number (EIN) 63-6000897
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Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____		EMPLOYEE SOCIAL SECURITY NUMBER _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____		EMPLOYER IDENTIFICATION NUMBER (EIN) _____	
Gadsden City Board of Education		63-6000897	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
1026 Chestnut Street	Gadsden	AL	35901

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

GADSDEN CITY SCHOOLS

Drug-Free Workplace Policy

Drug abuse and use at the workplace are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to school property. Therefore, it is the policy of the Gadsden City Board of Education that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the school workplace is prohibited. Any employee violating this policy will be subject to discipline up to and including termination. The specifics of this policy are as follows:

1. The Gadsden City Board of Education does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on school premises will be subject to discipline up to and including termination.
2. The term "controlled substance" means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack". They also include "legal drugs" which are not prescribed by a licensed physician.
3. Each employee is required by law to inform the Superintendent within (5) days after he or she is convicted for violation of any federal or state criminal drug statute where such violation occurred on the school premises. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The Superintendent must notify the U.S. government agency with which an applicable contract has been made within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such a conviction.
5. If an employee is convicted of violating any criminal drug statute while on the workplace, he or she will be subject to discipline up to and including termination. Alternatively, the Board may require the employee to successfully finish a drug abuse program sponsored by an approved private or governmental institution.
6. As a condition of further employment on any federal government contract, the law requires all employees to abide by this policy.
7. All disciplinary actions under this policy including terminations and/or contract cancellations shall be in accordance with current laws and procedures.

ACKNOWLEDGMENT

I, _____, an employee of the Gadsden City Board of Education hereby certify that I have received a copy of this policy of the Gadsden City Board of Education regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on school property and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment on any federal contract, I must abide by the terms of this policy and will notify the Superintendent of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Signed

Date

AUTHORIZATION FOR AUTOMATIC (ACH) DIRECT DEPOSIT

Originating Company Name: **GADSDEN CITY BOARD OF EDUCATION**

I authorize the above named Originating Company to initiate entries to the account indicated below as follows:

- 1) They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2) They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

Employee Name: _____

Social Security Number: _____

Name of Depository Financial Institution: _____

Location of Depository Financial Institution:

City: _____ State: _____ Zip: _____

Mark either: CHECKING ACCOUNT _____ or SAVINGS ACCOUNT _____

Please enter your bank's routing and account number and staple a VOIDED CHECK below **

Routing Number: _____

Account Number: _____

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE: _____ SIGNATURE: _____

ATTACH VOID CHECK OR DIRECT DEPOSIT FORM

**DO NOT USE A DEPOSIT SLIP because many banks print internal transaction codes instead of routing and transit numbers on their deposit slips. Using an invalid number will prevent your paycheck from being directed to the correct bank causing delay in receiving your funds.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities, including the after hire use of E-Verify to confirm U.S. employment eligibility.



All school system employees are subject to a criminal background check. By filing this application for employment, I give consent to the representative of Gadsden City Schools to contact references, previous employers, schools attended, court officials, and law enforcement authorities.

I understand that any misstatement or omission of any information requested shall be a reason for non-renewal of contract or dismissal from employment.

The application, transcript, references and any other application information are the property of Gadsden City Schools and will not be returned to the applicant. This application will be considered active for three years.

Applicant's Signature

Date

It is the policy of the Gadsden City Schools that no person shall be denied the benefits of any education program or activity on the basis of race, color, handicap, creed, national origin, age or sex.

Discrimination Contacts:

Dr. Donna Smoots, Section 504 Compliance Officer. P.O. Box 184, Gadsden, AL 35902 or call (256)543-3512



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name Gadsden City Board of Education	
Employer's Business or Organization Address (Street Number and Name) 1026 Chestnut Street		City or Town Gadsden	State AL	ZIP Code 35901

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Policy Regarding the Legal and Ethical Use of Technology Resources, Electronic Mail, and the Internet

INTRODUCTION

To ensure that students receive a quality education and that employees are able to work in a professional and intellectually stimulating environment, it is policy of Gadsden City Schools to provide all students and employees with the opportunities to access a variety of technology resources.

The creation of a large and varied technology environment demands the technology usage be conducted in legally and ethically appropriate ways, consistent with the instructional goals of the Gadsden City Schools.

Thus, it is the intention of the Gadsden City Schools that all technology resources will be used in accordance with any and all school system policies and procedures, as well as local, state and federal laws and/or guidelines governing the usage of technology and its component parts. Additionally, it is implied that all students and employees of the Gadsden City Schools will use the provided technology resources so as not to waste them, abuse them, interfere with or cause harm to other individuals, institutions, or companies. Gadsden City School technologies may not be utilized for personal gain.

POLICY STATEMENT

The primary goal of the technology environment is to support the educational and instructional endeavors of the students and employees of the Gadsden City Schools.

Individuals may only use accounts, files, software, and the computer resources that are assigned to those individuals under their password.

Individuals must take all reasonable precautions to prevent unauthorized access to accounts and data and any other unauthorized usage within and outside The Gadsden City Schools.

Duplication of any copyrighted software is prohibited unless specifically allowed for in the license agreement.

According to the license agreement, a backup copy of all purchased software programs should be made and, thus, become the working copy.

All original copies of software programs, including those purchased with departmental funds, and hardware will be stored in a secured place. For security and insurance purposes, access to original software shall be limited to the building principal and/or his designee. System wide software will be housed at the Board of Education.

If a single copy of a software program is purchased, it may only be used in one computer at a time. Multiple loading or down-loading the contents of one disk into multiple computers, (19887 Statement on Software Copyright) is NOT allowed. Individuals are not authorized to make copies of any software or data without the knowledge of the building

principal and/or his designee. Any questions about copyright provisions should be directed to the System Technology Coordinator.

Illegal copies of software may not be created or used on school equipment.

Individuals are expected to report any violations of this policy and/or problems with the security of any technology resources to the Principal or the System Technology Coordinator.

Any use of technology resources that reduce the efficiency of use for others will be considered a violation of this policy.

Students and employees of the Gadsden City Schools must not attempt to modify technology resources, utilities and/or configurations, or change the restrictions associated with their accounts, or attempt to breach any technology resources security system, including internet content filtering, either with or without malicious intent.

Network access shall not be used to affect individual computers or the network in any of the above ways.

The Principal of each school will be responsible for establishing specific practices to enforce this policy at individual schools.

The legal and ethical practices of software and hardware usage will be taught to all students and employees in the system (i.e. during computer lab orientation, faculty meeting, etc.)

This policy will be prominently displayed in all rooms throughout the system that contains one or more computers.

All Gadsden City Schools technology resources, regardless of purchase date or location, are subject to this policy.

Any questions about this policy, its interpretation, or specific circumstances shall be directed to the System Technology Coordinator. Violations of this policy will be handled in a manner consistent with comparable situations requiring disciplinary action, including, but not limited to: (1) loss of access: (2) additional disciplinary action to be determined at the individual school in line with the Code of Student Conduct for the Gadsden City Schools or other board policy: and (3) legal action, when applicable.

ELECTRONIC MAIL

The Gadsden City School System provides access to electronic mail for many of its employees and some student classes. That access is for their use in any educational and instructional business that they may conduct. Staff personal use of electronic mail is permitted as long as it does not violate Gadsden City School policy or adversely affect others. All contents and usage of electronic mail should be the property of the Gadsden City School System.

INTERNET

Information from electronic sources alters the educational environment by opening unlimited resources. The intent of the Gadsden City Schools is to provide access to resources available via the Internet with the understanding that faculty, staff, and students will access

and use information that is appropriate for their various curricula. The Gadsden City Schools have taken precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials. We believe that the valuable information and interaction available on this world-wide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the District. Internet access is provided to allow students to conduct research and to communicate with others. Students will gain access to the Internet by agreeing to communicate with others. Students will gain access to the Internet by agreeing to conduct themselves in a considerate and responsible manner and by providing the written permission of parents.

All school rules and guidelines for appropriate technology usage shall apply to usage of the Internet. Because communications on the Internet are, often, public in nature, all users should be careful to maintain appropriate and responsible communications.

To maintain system integrity and to insure that the system is being used responsibly, the Gadsden City Schools reserve the right to review files and network communications. Users should not expect that files stored on the Gadsden City Schools servers will always be private.

All home pages (starting point for a group or individual directory of Internet sites and/or other information) will be reviewed by the System Technology Coordinator for approval before being publicly posted.

Students will be allowed to conduct independent research and communicate on the Internet upon the receipt of the appropriate permission forms. Permission is not transferable, and therefore, may not be shared.

Internet access is a privilege, not a right. All internet users are expected to act in a considerate and responsible manner.

The following are not permitted on any Gadsden City Schools Network or the Internet:

1. Sending, displaying, or downloading offensive messages or pictures
2. Using obscene language
3. Harassing, insulting, or attacking others
4. Damaging computers, computer systems, or computer networks (this includes changing workstation and printer configurations)
5. Violating copyright laws
6. Using other user passwords
7. Trespassing in other user files, folders, or work
8. Intentionally wasting limited resources, or
9. Plagiarizing

PLAGIARISM

Definition: To steal and pass off (the ideas or words of another) as one's own: use (another's production) without crediting the source.

(n.d.). Retrieved Dec. 15, 2005, from Merriam-Webster Online Dictionary Web site:

<http://www.m-w.com/cgi-bin/dictionary?book=dictionary&va=plagiarized>.

Plagiarism is expressly prohibited by students and staff of the Gadsden City Schools.

INTERNET SAFETY

1. Students are not to access inappropriate matter on the Internet and World Wide Web.
2. Students are not to use school system equipment or resources to electronically communicate with individuals for non-instructional purposes. This includes e-mail correspondence, chat rooms, instant/real time messenger services, or any other form of electronic direct communication. Such contacts may only be made with the approval and supervision of school system personnel and be conducted solely for instructional purposes.
3. Students are prohibited from participating in any unauthorized access ("hacking") of computer systems or any other unlawful technological activities.
4. Students and school system employees are prohibited from the unauthorized electronic disclosure of personal student information such as name, home address, phone number, age, or race.
5. The Gadsden City Schools have taken filtering and supervisory precautions to restrict intentional or accidental access to inappropriate sites on the internet.

Ref: TITLE XVII—Children's Internet Protection Act.

TECHNOLOGY RESOURCES AGREEMENT

I have read, understand, and agree to abide by the above policies of the Gadsden City Schools Regarding the Legal and Ethical use of Technology Resources, Electronic mail and the Internet.

Print Name

Signature

Date



**ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION**

Telephone: (334) 694-4557

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

School System Code: 1 4 4

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.

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

I am requesting this Substitute License for _____

First

Middle/Maiden

Last

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.

Gadsden City Board of Education

School System/Nonpublic/Private School

Date

Tony Reddick, Superintendent

Typed or Printed Name

Signature of Superintendent/Nonpublic/Private School Administrator

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 (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 Alabama State Department of Education (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 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 <https://tcert.alsde.edu/Portal>.

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

Social Security Number: _____ - _____ - _____

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

APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS

This section is to be completed in compliance with *Ala. Code § 31-13-(29)(c)(1)* which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section.

Choose **ONE** as appropriate:

1. I hereby declare that I am a citizen of the United States. (*check one*) ☐ Yes ☐ No
 I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents.
Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i>
Acceptable Documentation List		
	A	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of birth abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official United States Military record of service showing the applicant's place of birth in the United States
	M	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

OR

2. I hereby declare that I am an alien lawfully present in the United States. (*check one*) ☐ Yes ☐ No
 I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents.
Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i>
Acceptable Documentation List		
	A	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	B	Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance
	C	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
	D	A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

Name: _____

Social Security Number: _____ - _____ - _____

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 Alabama certification will not be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the ALSDE that I am not lawfully present in the United States, the ALSDE will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 31-13-7(h).

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

Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not 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.*

GADSDEN CITY SCHOOLS

2021-2022

<u>SCHOOLS</u>	<u>PHONE</u>	<u>ADDRESS</u>	<u>PRINCIPAL</u>
<u>ELEMENTARY</u>			
Oscar Adams	256-492-4952	919 Raley St.	Mrs. Tomasina Smitherman
Eura Brown	256-546-0011	1231 Alcott Rd.	Mrs. Katie G. Holland
Donehoo	256-546-3604	1109 E. Broad St.	Mr. Ernest Calloway
Floyd	256-546-0836	601 Black Creek Rd.	Ms. Nicole Chester
Mitchell	256-546-2711	1501 Noccalula Rd.	Mrs. Leanne Reed
Striplin	256-546-8616	600 Cleveland Ave.	Mr. Anthony Ash
Thompson	256-546-7011	2236 Goldenrod Ave.	Ms. Patrice Maxwell
Walnut Park	256-546-4665	3200 Walnut St.	Mrs. Kristen Woods

MIDDLE

Emma Sansom	256-546-4992	2210 W. Meighan Blvd.	Ms. Jacqueline Tiller
Gadsden	256-547-6341	612 Tracy St.	Mr. Chance Goodwin
Litchfield	256-492-6793	1109 Hoke St.	Mr. Charlie Parker

HIGH

Gadsden City	256-543-3614	1917 Black Creek Rd.	Mr. Kevin Young
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SECONDARY ALTERNATIVE

Gadsden Alternative	256-547-5446	607 South 12 th St.	
Gadsden Literacy	256-549-2953	801 E. Broad St.	

Fingerprinting Process

Step 1 – Registration

Option 1 - Online registration – <https://www.aps.gemalto.com/AL> (case sensitive)

Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CAN NOT be corrected and is the responsibility of the applicant. Changes to incorrect registration data MAY be corrected online or by telephone prior to fingerprint submission.

Option 2 – Telephone registration – 866-989-9316

***Step by step instructions available upon request**

Step 2 – Payment

Fingerprint fee is \$48.15 (in-state applicants); \$56.15 (out-of-state applicants)

Applicants may pay online during registration using a debit or credit card.

Applicants may pay at the fingerprint site with money order or cashiers check. Payments must be made to Gemalto Cogent. No cash, credit card or business checks are accepted at the fingerprint locations.

Step 3 -- Call and schedule an appointment

**Noccalula Academy, LLC
1223 Noccalula Road
Gadsden, AL 35904
256-442-4960
Monday-Friday
6:30 am – 5:30 pm**

*****For other locations closest to you visit registration website and select *Locations & Hours***

Identity Information

Primary document: valid picture identification document (drivers license)

Secondary documents:

**State Government issued Certificate of Birth
Military ID card (000 10-2)
Certificate of Citizenship (N560)
Certificate of Naturalization (N550)
INS-I-551 Resident Alien Card issued since 1997
INS-I-688 Temporary Resident Identification Card
INS-I-688B, I-766 Employment Authorization Card**

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

**Utility bill (address)
Voter Registration card
Vehicle Registration card/title
Paycheck stub with name/address
Cancelled check or bank statement**

If you have any questions, please call Franchesca Igou (256-549-2948) or Karla Smith (256-549-2907)