



Welcome to Chilton County Schools! We are pleased to have you apply as a substitute. Please read over this packet carefully. All substitute applicants must be 21 years old or have completed 60 college credit hours.

Once **ALL** items are completed you may hand deliver to the Board of Education.

You are required to have copies of the following:

- Sub Application
- Supplement CIT
- \$30.00 Cashier's Check or Money Order (payable to ALSDE) with application for sub license
- Drivers License
- Social security card
- High School diploma/ College or GED certificate
- Fingerprint receipt through COGENT/GEMALTO
- W-4
- A4 form
- Form I-9
- Direct Deposit Form

**Link for Congent Background Check:**

Log in: <https://www.aps.gemalto.com>

Click: register online

Check the box and enter your electronic signature.

Website will walk you through the steps to register.

Debit or Credit card available for payment online.

At the end of the process, you will be given the option of printing a document.

Take that document with you to: The UPS Store 136 Marketplace Circle Suite B, Calera, AL 35040 (next to PUBLIX)

Website: store [6068@theupsstore.com](mailto:6068@theupsstore.com) Phone # 205-668-4822

- In state fingerprint applications cost \$50.25
- Out of state fingerprint application cost \$58.25

**When the required paperwork is received, we will submit it to the ALSDE for a substitute license. Once license and background is clear, your name will be submitted at the next board meeting (3rd Tuesday of each month). If approved, you will receive an email from Frontline and you will need to set up an account to be able to accept jobs. Please allow 5 days after the board meeting to receive your email from frontline. If you have any questions please call 205-280-3000.**

**SUBSTITUTE TEACHER/SUPPORT/BUS DRIVER AND AIDE APPLICATION**

DATE \_\_\_\_\_

D.O.B \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

(PLEASE PRINT NAME AND MAILING ADDRESS)

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL GRADUATION \_\_\_\_\_ YES \_\_\_\_\_ NO PLEASE ATTACH COPY OF DIPLOMA OR TRANSCRIPT

**SUBSTITUTE POSITION (S) DESIRED:**

\_\_\_\_\_ TEACHER (SUBSTITUTE LICENSE REQUIRED) \_\_\_\_\_ CNP \_\_\_\_\_ CLERICAL

\_\_\_\_\_ TEACHER AIDE (SUBSTITUTE LICENSE REQUIRED) \_\_\_\_\_ CUSTODIAN

\_\_\_\_\_ NURSE (NURSING LICENSE REQUIRED)

\_\_\_\_\_ BUS DRIVER (DRIVER'S LICENSE NUMBER IS REQUIRED) \_\_\_\_\_

\_\_\_\_\_ BUS AIDE

The fee for the Substitute's Teacher's License is \$30.00 made payable to the Alabama State Department of Education. Only money orders will be accepted.

References : (No Relatives)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## SUPPLEMENT CIT

### DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF APPLICANT FOR EDUCATOR CERTIFICATION

Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

**Applicant:** \_\_\_\_\_  
Title (e.g., Mr., Mrs.)      First      Middle      Maiden      Last Name      Suffix (e.g., Jr., Sr.)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM      DD      YYYY

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      **E-mail:** \_\_\_\_\_

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. Acceptable forms of documentation for proving citizenship or lawful presence status can be found on Charts A and B on page 2 of this form.

**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 citizenship by submitting a photocopy of **Item** \_\_\_\_\_ as listed on **Chart A**.

*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.*

**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 photocopy of **Item** \_\_\_\_\_ as listed on **Chart B**.

*If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.*

**Choose one as appropriate:**

- I am a student at an Alabama college or university \_\_\_\_\_, **AND/OR**  
*Name of Alabama College/University*
- I am an applicant for Alabama certification

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 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 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)*.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Proof of United States Citizenship Documentation List***Code of Alabama 1975, Section 31-13-29(g)***Chart A**

United States citizenship may be demonstrated 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>
		<b>Acceptable Documentation List</b>
	<b>A</b>	An <b>Alabama</b> driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	<b>B</b>	A birth certificate indicating birth in the United States or one of its territories
	<b>C</b>	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
	<b>D</b>	United States naturalization documents or the number of the certificate of naturalization
	<b>E</b>	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
	<b>F</b>	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	<b>G</b>	A consular report of birth abroad of a citizen of the United States of America
	<b>H</b>	A certification of citizenship issued by the United States Citizenship and Immigration Services
	<b>I</b>	A certification of report of birth issued by the United States Department of State
	<b>J</b>	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	<b>K</b>	Final adoption decree showing the person's name and United States birthplace
	<b>L</b>	An official United States Military record of service showing the applicant's place of birth in the United States
	<b>M</b>	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
	<b>N</b>	AL-verify
	<b>O</b>	A valid Uniformed Services Privileges and Identification Card
	<b>P</b>	Any form of ID authorized by the Alabama Department of Revenue

**Proof of Lawful Presence in the United States Documentation List***Code of Alabama 1975, Section 31-13-3(10)***Chart B**

Lawful presence may be demonstrated 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>
		<b>Acceptable Documentation List</b>
	<b>A</b>	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	<b>B</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
	<b>C</b>	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
	<b>D</b>	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

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: \_\_\_\_\_

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.

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

Date \_\_\_\_\_

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

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

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):

Form with fields for Title, First, Middle, Maiden, Last, Suffix, 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, and FOR STATISTICAL PURPOSES ONLY (Ethnic Origin, Race, Gender).



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:

- 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>
<b>Acceptable Documentation List</b>		
	<b>A</b>	An <b>Alabama</b> driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	<b>B</b>	A birth certificate indicating birth in the United States or one of its territories
	<b>C</b>	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
	<b>D</b>	United States naturalization documents or the number of the certificate of naturalization
	<b>E</b>	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
	<b>F</b>	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	<b>G</b>	A consular report of birth abroad of a citizen of the United States of America
	<b>H</b>	A certification of citizenship issued by the United States Citizenship and Immigration Services
	<b>I</b>	A certification of report of birth issued by the United States Department of State
	<b>J</b>	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	<b>K</b>	Final adoption decree showing the person's name and United States birthplace
	<b>L</b>	An official United States Military record of service showing the applicant's place of birth in the United States
	<b>M</b>	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
	<b>N</b>	AL-verify
	<b>O</b>	A valid Uniformed Services Privileges and Identification Card
	<b>P</b>	Any form of ID authorized by the Alabama Department of Revenue

**OR**

- 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>
<b>Acceptable Documentation List</b>		
	<b>A</b>	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	<b>B</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
	<b>C</b>	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
	<b>D</b>	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.*

## Employee's Withholding Certificate

**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.**

<b>Step 1: Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**TIP:** If you have self-employment income, see page 2.

**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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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)
ADDRESS	CITY
	STATE
	ZIP CODE

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).



**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):**

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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

**STOP**    Employer Completes Next Page    **STOP**

# Direct Deposit Authorization

Attention: PAYROLL DEPARTMENT



The Chilton County Board of Education requires all payroll checks to be set up as direct deposit. Please provide the requested information along with your signature giving us authorization to deposit your check. The form will be processed the current month if received by the 15<sup>th</sup>. The first check will pre-note to verify the account information is accurate which means you will receive a live check the first month. Direct deposits will begin the following month.

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Information	
Name of Institution:	_____
City: _____	State: _____ Zip: _____
Routing Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	_____
Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Required: Attach a voided blank check to validate account information. We will also accept a letter from your institution with your account information.

