

Substitute Teacher Checklist

Name _____

First Time Substitute Applicants must submit the following completed documents:

- Letter of Recommendation (**Signed by School Principal**)
- Personnel Information Form
- Application for Substitute Teacher's License
- Money Order (\$30.00 – Made Payable to: **ALSDE**)
- Federal W-4 Form
- State of Alabama Form A-4
- Employment Eligibility Verification (Form I-9)
- Direct Deposit Form completed with Voided Check
- Proof of Fingerprint Completed (Copy of State Issued Background Check Clearance Letter)
- Copy of Social Security Card
- Copy of Valid Driver's License or ID card (Front and Back)
- Copy of High School Diploma or Higher Education
- Copy of ECBOE Issued Substitute Training Certificate

For persons already holding a Valid Teaching Certificate or Substitute Certificate, please submit the following completed documents:

All documents listed above with the exception of:

- Application for Substitute Teacher License
- Money Order (\$38.00 – Made Payable to: **ALSDE**)
- A copy of your Teaching Certificate or Substitute Certificate
- A copy of your Human Resources Online Training Certificate
- Copy of Valid Driver's License or ID card (Front and Back)

For Office Use Only

Reviewed & Accepted by: _____ Date _____

The completed packet sent to the Payroll Office by: _____ Date _____

Escambia County Board of Education

Superintendent of Education

P.O. Box 307 | 301 Belleville Ave.

Brewton, AL 36427 • 0307

Personnel Office (251) 867-6251

www.escambia.k12.net



SUBSTITUTE RECOMMENDATION LETTER

TO: Escambia County Schools Payroll/Insurance Department

FROM: _____

REF: Substitute Recommendation Letter

DATE: _____

Please add _____ to the substitute list for the checked categories:

☐ Substitute Teacher (see the requirements below)

☐ Substitute Aide

☐ Substitute Custodian

☐ Substitute Secretary

☐ Substitute Bus Driver

☐ Substitute Bus Shop Worker

☐ Substitute Maintenance Worker

☐ Substitute Lunchroom Worker

☐ Other Substitute: _____

Substitutes: YOU MUST POSSESS AT MINIMUM A HIGH SCHOOL DIPLOMA OR EQUIVALENT

Please bring all documentation to the Brewton Central Office (301 Belleville Ave., Brewton, AL)

A completed substitute recommendation letter*

Proof of graduation from high school or G.E.D. equivalent

Proof of Bachelor's Degree or Nursing Certificate if applicable

A valid and current driver's license

Social Security Card (cannot be laminated or metal)

Voided check to comply with mandated direct deposit

\$30.00 money order or cashiers check for processing Substitute Certificate **

* Substitute recommendation letter must be completed by an Escambia County Principal

** Must have either a money order from the U.S. Post Office or a cashier's check from your bank, made payable to the Alabama State Department of Education (AL SDE). For information pertaining to Fingerprint processing go to www.cogentid.com/AL

Schools/WorkLocations: YOU MUST CONFIRM THE SUBSTITUTE TEACHER YOU ARE RECOMMENDING POSSESSES AT MINIMUM A HIGH SCHOOL DIPLOMA OR EQUIVALENT

NOTE: You cannot use the substitute until they have been placed on the substitute list. If the substitute is used before being placed on the substitute list you will be billed for the amount paid to them.



PERSONNEL INFORMATION FORM

(Please Print Clearly)

DATE: _____

NAME: _____
(Please Use Name As Shown On Social Security Card)

ADDRESS: _____
(City) (State) (Zip)

PHONE NUMBER: _____
(Include Area Code)

CELL NUMBER: _____
(Include Area Code)

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

MARITAL STATUS: _____ MALE / FEMALE: _____ RACE: _____

POSITION: _____

.....

- Have you ever worked for the Escambia County Board of Education? _____

- If yes, in what position: _____



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):

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"> <tr> <td> Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male </td> <td> Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander </td> </tr> </table>				Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander
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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.*

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.

OMB No. 1545-0074

2023**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) <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.)

Step 3: Claim Dependent and Other Credits	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	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

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

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



Employer Completes Next Page



DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM
ESCAMBIA COUNTY BOARD OF EDUCATION

The Escambia County Board of Education **MANDATES** direct deposit of payroll checks for **ALL NEW** employees. Please attach a voided check for deposit into your checking account. We have an "EMPLOYEE PORTAL" for providing you with your payroll information. Please go to our Web Site and click on the picture that has the caption "Employees", to access the portal. You may change this service by completing this same form and marking "Change Direct Deposit". All changes must be in the payroll office by the 15th of each month for a "Pre-Note" to be sent to your bank to confirm the information provided is acceptable.

We also offer multi location for direct deposit. If you have another bank or credit union you have a deduction to, we can do this on the same deposit. We have been instructed to inform you, if you have payments made automatically from these accounts, you must speak with a representative from your bank to discuss procedures for continuing the auto payment feature.

Employee Name: _____	SSN# _____
Work Location (School): _____	Email _____
Main Bank Account Bank Name: _____	Routing # _____ (Circle One) Checking / Savings Account # _____
**** The remainder of your check, after subtracting the 2 nd and 3 rd account amount will be deposited into your main account.	Must Circle Checking or Savings For each account.
2 nd Bank Account (Optional) Bank Name: _____ Amount to deposit (2 nd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____
3 rd Bank Account (Optional) Bank Name: _____ Amount to deposit (3 rd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____

NEW – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education (Board) to deposit my paycheck directly into my checking/savings account. I am providing the necessary and required bank account information as well as a voided check. I understand that this direct deposit will continue until I request in writing that it be discontinued or all payments due me have been received.

CHANGE – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education to change the information above on the direct depositing of my paycheck to my checking/saving account.

***** By signing this authorization I also understand the Board, in the event of my death, will continue to deposit all amounts due me to the account identified on this form until all amounts due me have been deposited.**

Employee Signature

Date

Send Original document to Payroll Department. No copies or facsimiles will be accepted.

ESCAMBIA COUNTY BOARD OF EDUCATION
SALARY SCHEDULE {EFFECTIVE JULY 1, 2021 - JUNE 30, 2022}
(Amended: March 17, 2022 Board Meeting)

SUBSTITUTES (Regular School Term)

TEACHERS:			
DEGREED TEACHER (Minimum 4 year (Bachelor) Degree)	110.00	PER DAY	
NON-DEGREED	80.00	PER DAY	
NURSES:			
REGISTERED NURSE	70.00	PER DAY	
LPN AIDE	50.75	PER DAY	
SUPPORT PERSONNEL	7.25	PER HOUR	
BUS DRIVERS (ROUTES):			
BUS DRIVERS - REGULAR	75.00	PER DAY	
BUS DRIVERS - SPECIAL NEEDS	75.00	PER DAY	
BUS DRIVERS (EXTRA RUNS):			
SPECIAL NEEDS (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
CAREER TECH (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
CAREER TECH (MID-DAY/3RD RUN ONLY)	12.50	PER DAY	
ALTERNATE SCHOOL (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
BAND/ATHLETIC RUNS / SCHOOL-TO-SCHOOL / 1-WAY ONLY)	10.00	PER DAY	

EXTRA-CURRICULAR PROGRAMS: PERSONNEL / SUBSTITUTES

EXTRA-CURRICULAR / SUMMER PROGRAMS: TEACHERS (CERTIFIED)	22.50	PER HOUR	
EXTRA-CURRICULAR / SUMMER PROGRAMS: AIDES	11.25	PER HOUR	
EXTRA-CURRICULAR / SUMMER PROGRAMS: NURSE (RN)	18.50	PER HOUR	
EXTRA-CURRICULAR / SUMMER PROGRAMS: NURSE (LPN)	15.00	PER HOUR	
EXTRA-CURRICULAR / SUMMER PROGRAMS: BUS DRIVERS	32.00	PER ROUND TRIP	
SUMMER MAINTENANCE	9.50	PER HOUR	
SUMMER FOOD SERVICE PROGRAM MANAGER	20.00	PER HOUR	
SUMMER FOOD SERVICE PROGRAM WORKER	12.00	PER HOUR	
SATURDAY SCHOOL TEACHERS	25.00	PER HOUR	
SATURDAY SCHOOL AIDES	15.00	PER HOUR	
LEAD TEACHERS/SITE COORDINATORS	25.00	PER HOUR	
COMMUNITY EDUCATORS	15.00	PER HOUR	
EXTRA-CURRICULAR PROGRAMS: DATA PROCESSING/CLERICAL	15.00	PER HOUR	
COLLEGE WORKERS/TUTORS (earned at least 48 semester hours)	10.00	PER HOUR	
STUDENT WORKERS/TUTORS	7.25	PER HOUR	

STIPENDS

{OFF-CONTRACT STIPEND RATES}

ALL CERTIFIED EMPLOYEES	100.00	PER DAY	
ALL CERTIFIED EMPLOYEES	50.00	PER 1/2 DAY	
ALL NON-CERTIFIED EMPLOYEES	50.00	PER DAY	
ALL NON-CERTIFIED EMPLOYEES	25.00	PER 1/2 DAY	



Original

**Alabama State Department of Education
Educator Certification Section**

**Registering for a Criminal History
Background Check with Fieldprint**

Applicants will need:

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

Be sure your applicants follow the required sequence below. If they do not, they will not be able to complete the process successfully.

Step 1: Create an AIM Account

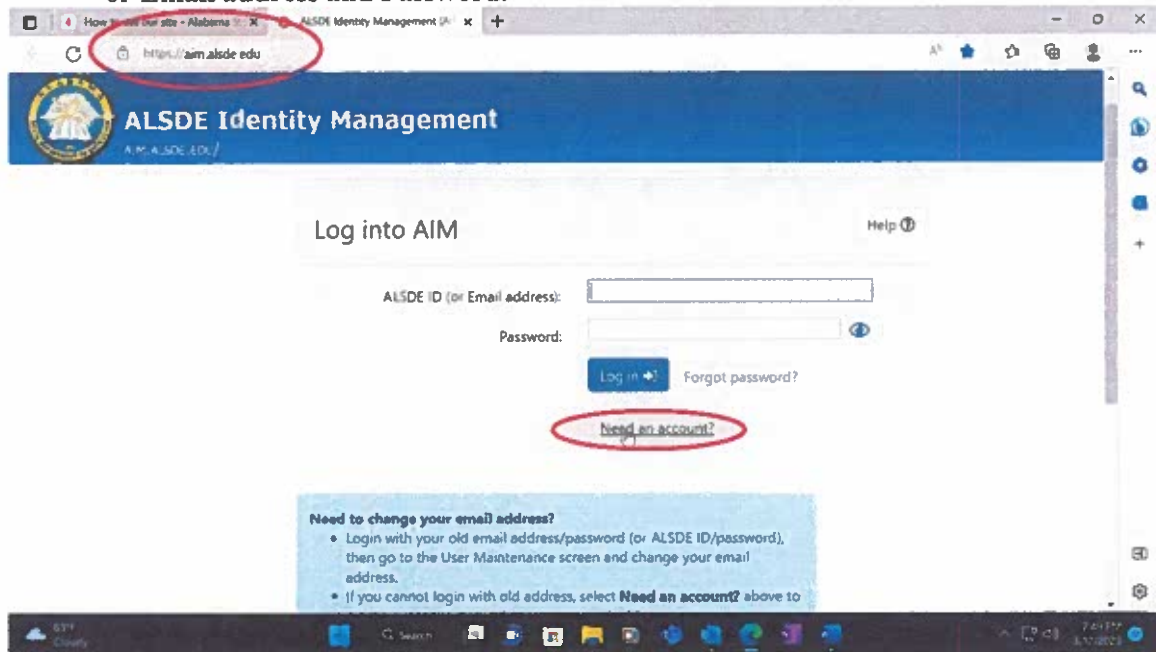
Step 2: Complete Background Check Registration in AIM

Step 3: Create Fieldprint Account

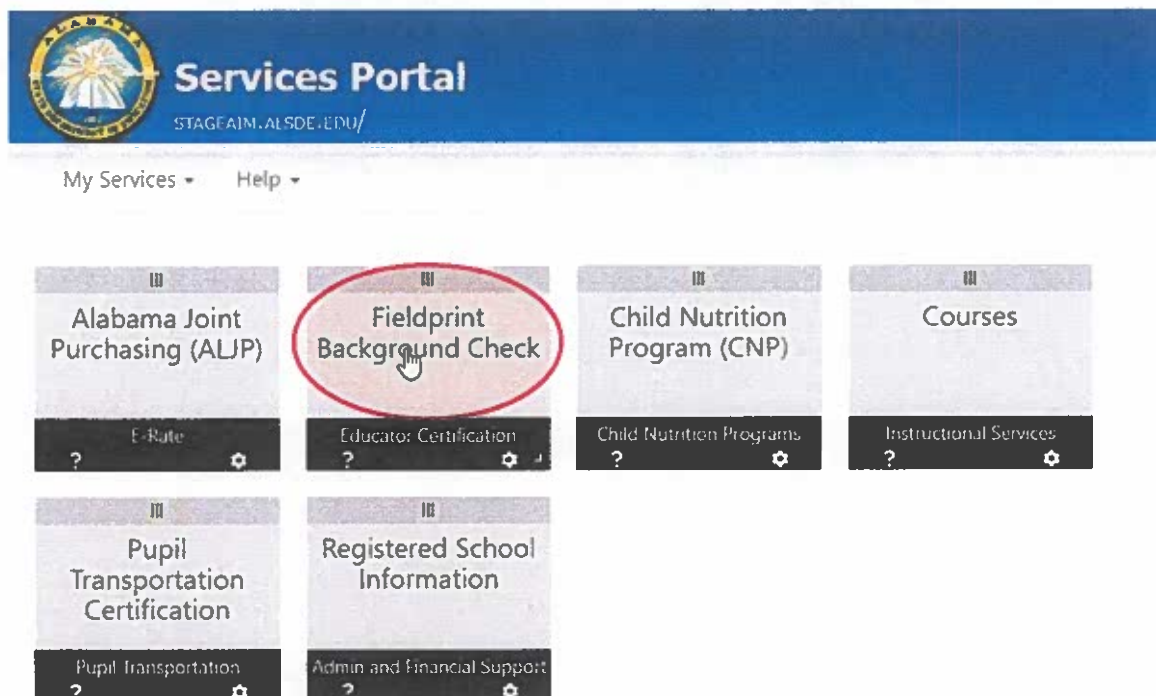
Step 4: Complete authorization forms, schedule appointment, and fee payment

Step 5: Report for fingerprint appointment

1. Start by visiting our ALSDE Identity Management website at <https://aim.alsde.edu> and select "Need an account?." Follow the prompts to complete your AIM account.
Note: Existing AIM users should simply log into AIM by entering their ALSDE ID# or Email address and Password.



2. After AIM account is created, log in to AIM and select the 'Fieldprint Background Check' tile as shown below.



2.1 Press 'Set' button under Educator certification and Criminal history Background checks

AIM Demographics

The following information is required for accessing various ALSDE applications, for assignment in the Education Directory, to properly update teaching certificates and bonds, and for background checks.

Please provide accurate and complete information. Required sections are indicated by an asterisk (*) to the right of the section name.

You must select an account type

Account Type

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Account Type	Required Information	Action
Educator Certification and Criminal History Background Checks	Select this option if you: <ul style="list-style-type: none"> are applying for an Alabama certificate, license, or permit, are attempting to complete a criminal history background check, or are updating personal information with Educator Certification. 	Set
Researcher	Select this option if you: <ul style="list-style-type: none"> need access to public data applications, or are accessing data through a memorandum of understanding (MOU) with ALSDE. 	Set
Public	Select this option if you: <ul style="list-style-type: none"> need access to public data applications. 	Set

Note: It is the applicant's responsibility to provide accurate information. Failing to do so may result in a significant delays of the background check review. The user will need to keep up with the ALSDE ID# assigned in AIM. That number will be referenced when attempting to schedule an appointment with Fieldprint.

2.2 Enter Race and Ethnicity details and select 'Save' and then 'Continue to Citizenship.'

Race and Ethnicity

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Race Black or African Amer...
Field is required

Ethnicity Not Hispanic/Latino
Field is required

Save

Continue to Citizenship

Continue

2.3 Enter Citizenship details and select 'Save' and then 'Continue to Phone Numbers.'

The screenshot shows the 'Citizenship' section of a registration form. On the left is a sidebar with a list of steps: Account Type, Ethnicity/Race, Citizenship (highlighted), Phone Numbers, Home Address, Characteristics, Birth Details, Background Check, State Identification, and RSA ID. The main content area is titled 'Citizenship' and contains a blue informational box stating: 'These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.' Below this is a question 'Are you a legal United States citizen?' with a dropdown menu showing 'Yes'. A red circle highlights a blue 'Save' button. Another red circle highlights a green 'Continue to Phone Numbers' button with a right arrow. At the bottom left of the main area is a green 'Continue' button with a right arrow.

2.4 Enter Phone Number details and select 'Continue to Home Address.' **Note:** At least one phone number is required for registration.

The screenshot shows the 'Phone Numbers' section of the registration form. The sidebar on the left has the same list of steps, with 'Phone Numbers' highlighted. The main content area is titled 'Phone Numbers' and contains the same blue informational box as the previous screen. Below the box is a table with phone number entries. The first row is labeled 'Home' and has an 'Add' button. The second row is labeled 'Work' with the number '334.123.4567' and has 'Edit' and 'Delete' buttons. The third row is labeled 'Cell' with the number '334.312.1669' and has 'Edit' and 'Delete' buttons. A red circle highlights a green 'Continue to Home Address' button with a right arrow at the bottom right of the form.

Type	Phone Number	Actions
Home		<button>Add</button>
Work	334.123.4567	<button>Edit</button> <button>Delete</button>
Cell	334.312.1669	<button>Edit</button> <button>Delete</button>

2.5 Enter/Edit Home Address details and select 'Continue to Characteristics.'

Home Address

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.
Home address is required.

123 West Street
Montgomery, AL 36116
US: United States of America

[Edit](#)

[Continue to Characteristics](#)

Navigation Links: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, **Home Address**, Characteristics, Birth Details, Background Check, State Identification, RSA ID

2.6 Enter Characteristics and select 'Save' and then 'Continue to Birth Details'

Characteristics

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Eye Color	Brown	Field is required.
Hair Color	Black	Field is required.
Height (Feet)	6	Field is required.
Height (Inches)	11	Field is required.
Weight (Pounds)	187	Field is required.

[Save](#)

[Continue to Birth Details](#)

Navigation Links: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address, **Characteristics**, Birth Details, Background Check, State Identification, RSA ID

2.7 Enter Birth Details and select 'Save' and then 'Continue to Background Details.'

The screenshot shows the 'Birth Details' form in the 'My Profile' section. The form includes fields for Country (United States of America), State (Alabama), and a 'Save' button. A red circle highlights the 'Save' button. Below the form is a 'Continue' button. The left sidebar shows navigation options: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address, Characteristics, Birth Details (selected), Background Check, State Identification, and RSA ID.

2.8.a Applicant selects the position type he or she is seeking.

Account Type

Ethnicity/Race

Citizenship

Phone Numbers

Home Address

Characteristics

Birth Details

Background Details

State Identification

RSA ID

Continue

Background Check

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Scenario	Authority
You are applying for a Professional Educator Certificate, a Professional Leadership Certificate, Alternative Certificate Career and Technical Certificate, or an Emergency Certificate.	Authority: A.A. Code §6-22A-5(d), 1975
You already hold a certificate or license as an educator, school bus driver, substitute, or a Professional Leadership and are seeking public employment in a new local school system (including public charter schools).	Certificate or Licensed Applicant for Public Employment Authority: A.A. Code §6-22A-5(a), and d, 1975
You are applying for a Substitute Teacher License.	Substitute Teacher License Authority: A.A. Code §6-22A-5(d), 1975
You are seeking employment at a public or private school in a position that does not require you to hold any license or certification. Examples include but are not limited to the following: secretary, instructional aide, custodian, janitor, room worker, bus aide, contractor, etc. This includes for-certified and non-certified applicants for employment at public or private schools.	Non-Certified or Non-Licensed Applicant for Public or Nonpublic Employment Authority: A.A. Code §6-22A-5(a), (b), and (c), 1975
You are applying for a School Bus Driver Certificate.	School Bus Driver Certificate Authority: A.A. Code §6-22A-5(d), 1975
You attend an Alabama College or University and are seeking admission to an Educator Preparation Program. If you are enrolled in an Educator Preparation Program in the state of Alabama, please do not continue this process. Contact the Alabama State Department of Education, Office of Educator Certification, for more information at: (334) 694-4557.	Educator Preparation Program Authority: A.A. Code §16-23-152, 1975

2.8.b Applicant selects School System/IHE/Nonpublic school with which they are affiliated.

Note: Type the name of the LEA/Institution/Nonpublic school or engage the drop down arrow to see an alphabetical listing.

Site

- Athens State University (Athens, AL)
- Atmore Christian School (Atmore, AL)
- Atmore Work Release (None Supplied, AL)
- Attala City (Attala, AL)
- Auburn City (Auburn, AL)
- Auburn Classical Academy, Inc. (Auburn, AL)
- Auburn Classical Academy, Inc. (Opelika, AL)
- Auburn Montessori School - The Children's House (Auburn, AL)
- Auburn University (Auburn Univ, AL)
- Auburn University At Montgomery (Montgomery, AL)
- Autauga Academy (Prattville, AL)
- Autauga County (Prattville, AL)
- AINAKE Community School (Birmingham, AL)
- Azalea City Christian (Semmes, AL)
- Barlow County (Bay Minette, AL)

2.8.c Applicant answers questions regarding convictions and then selects 'Save' and

'Continue to State Identification.' **Note:** If the applicants selects 'Yes' a pop-up message will be displayed informing the applicant to send additional information to the ALSDE. A 'Yes' response **does not** prevent the applicant from completing registration.

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

Before your suitability status can be determined, the Certification Office will need additional information. Please mail **OR** email the following information to the ALSDE Certification Office. Be sure to include your ALSDE ID# along with any information you send.

1. A copy of the case action summaries showing the judgements, convictions, and sentencing or other outcome of your cases.
2. A notarized personal explanation regarding the circumstances surrounding your cases. You should include the dates involved, the places of conviction, final outcome, and any other factors that should be considered.

ALSDE Certification Office Mail address:

PO Box 302101

Montgomery, AL 36130-2101

BGR@alsde.edu

Field is required

Save

Continue to State Identification

2.9 Enter State Identification details and select 'Save' and 'Continue to RSA ID.'

State Identification / Driver License

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Type: Driver License
Field is required.

State: AL: Alabama
Field is required.

Number: 123456
Field is required.

Expiration Date: 3/31/2023
Field is required.

Save

Continue to RSA ID

2.10 Enter RSA ID details and select continue. Note: RSA ID number is optional. If you do not have, or do not know your RSA ID number simply select 'No' and 'Continue' to complete your AIM registration. Note: The user will be immediately transferred to the Fieldprint Welcome screen.

RSA ID

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Do you have a RSA ID?
Yes No

Continue

Finished: Go to Services Portal

3. Select 'Sign Up' to begin. **Note: The applicant has been transitioned to Fieldprint.**

fieldprint

Welcome to Fieldprint®

Sign Up
For new users, please select "Sign Up" below to create a new account and schedule an appointment.

Returning User Login
For existing users, please select "Log In" below to check appointment status, view and print receipts or reschedule an existing appointment.

Sign Up

Log In

3.1 User will review Fieldprint Authorization form and select 'I Agree.'

3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures

You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at customerservice@fieldprint.com. Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-SIGN Act.

4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and email or other electronic addresses. In order to update your information, contact us via email at customerservice@fieldprint.com.

5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128-bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the "I Agree" button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: customerservice@fieldprint.com or call 888-672-8918.

You can download the "Consent Agreement" as a PDF file

 Consent Agreement.pdf (130 KB) [Download](#)

I do not agree

I Agree

[Terms & Conditions](#)
[eConsent](#)

[Fieldprint Privacy Policy](#)
[Biometric Disclosure](#)

[FBI Privacy Act Statement](#)
[FBI Noncriminal Justice Applicants Privacy Rights](#)

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3.2 User enters information to create including Username, Password, and Security Questions and selects 'Continue.' **Note: Please record your password and security questions and answers securely. Answers to security questions cannot be duplicated.**

Create Account

Please fill in the following fields to create an account

★ — Required Fields

Email*	<input type="text" value="e.g. example@domain.com"/>
Username*	<input type="text"/>
Password*	<input type="password"/> Show
Confirm Password*	<input type="password"/> Show
First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Mobile Phone Number*	<input type="text"/>

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1*	Select one
Answer 1*	<input type="text"/> Show
Security Question 2*	Select one
Answer 2*	<input type="text"/> Show
Security Question 3*	Select one
Answer 3*	<input type="text"/> Show

Back

Continue

3.3 Following the completion of screen 3.2 the user will be taken to the 'Verify Account' screen. **Note: An 8-digit code will be sent to the email account entered on the previous screen. Enter the 8-digit code and select 'Complete Registration.'**

Verify Account

An email has been sent to your provided email address. The subject of the email will be "Fieldprint Scheduling Account Verification" and will arrive from email sender auth@fieldprint.com.

Please follow the directions in the email to continue creating your account.
You may need to check your Junk or Spam folder.

① Please do not close your browser.

If your browsing session closes, please log back in using your username and password and enter the 8-digit Verification Code emailed to you at the email address provided during account creation. This Verification Code will expire after 30 minutes.

★ — Required Fields

Verification Code *

Your 8-digit code

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

3.4 User is returned to the Login screen. Select 'Log In' to continue with registration.

The screenshot shows the Fieldprint welcome screen. At the top left is the Fieldprint logo, and at the top right are links for 'Log Out' and 'Contact Us'. The main heading is 'Welcome to Fieldprint®'. Below this, there are two columns. The left column is titled 'Sign Up' and includes the text 'For new users, please select "Sign Up" below to schedule a fingerprinting appointment.' Below this text is a purple 'Sign Up' button. The right column is titled 'Returning User Login' and includes the text 'For existing users, please select "Log In" below to check appointment status, view and print receipts or reschedule an appointment.' Below this text is a purple 'Log In' button, which is circled in red.

3.5 Provide answer to security question and select 'Continue.' **Note: This Question and Answer was created during account creation with Fieldprint.**

The screenshot shows the Fieldprint login confirmation screen. At the top left is the Fieldprint logo. The main heading is 'Login Confirmation'. Below this, there is a text input field with the label 'What was your childhood nickname?' and a placeholder 'Your Answer'. Below the input field is a checkbox labeled 'Remember this device/computer for future visits'. Below the checkbox is a purple 'Continue' button, which is circled in red.

3.6 Enter ALSDE ID#, Last Name, and DOB and select 'Continue'

The screenshot shows the 'Alabama DOE Demographics' form. On the left is a 'Data Collection' sidebar with a list of items: 'Alabama DOE Demographics' (checked), 'Contact Information', 'Alabama DOE Re-issue', 'Background Disclosure', 'FBI Noncriminal Justice Applicant's Privacy Rights', and 'FBI Privacy Statement and Privacy Notice'. The main form area has a title 'Alabama DOE Demographics' and a subtitle 'Please complete your information for you'. It contains three input fields: 'ALSDE ID#' (with a hint 'e.g. 123456789'), 'Last Name' (with a hint 'e.g. Smith'), and 'Date of Birth' (with a date picker set to 03/20/2023). At the bottom are two buttons: 'Cancel & Start New' and 'Continue'. The 'Continue' button is circled in red.

3.7 Enter contact information and select 'Continue.'

The screenshot shows the 'Contact Information' form. On the left is a 'Data Collection' sidebar with a list of items: 'Alabama DOE Demographics' (checked), 'Contact Information' (selected), 'Alabama DOE Re-issue', 'Background Disclosure', 'FBI Noncriminal Justice Applicant's Privacy Rights', and 'FBI Privacy Statement and Privacy Notice'. The main form area has a title 'Contact Information' and a subtitle 'Required Fields'. It contains several input fields: 'Phone' (with a hint 'e.g. 205-123-4567'), 'Alternate Phone' (with a hint 'e.g. 205-123-4567'), 'Email' (with a hint 'e.g. example@domain.com'), 'Preferred Contact Method' (with radio buttons for 'Email' and 'Phone'), and 'Appointment Reminder' (with radio buttons for 'Email' and 'No'). At the bottom are two buttons: 'Back' and 'Continue'. The 'Continue' button is circled in red.

3.8 Review AL DOE Release form and select 'I agree' then 'Continue.'

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ☒ AL DOE Release
- ☐ Biometric Disclosure
- ☐ HR Nonmonetary Justice Applicant's Privacy Rights
- ☐ HR Privacy Statement and Privacy Notice

AL DOE Release
AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to conduct a criminal history background check and to release my criminal history information to the State Superintendent of Education. I do hereby authorize the release, in whole or in part, of my criminal history information to the State Superintendent of Education and all persons acting in his/her name, in whole or in part, as a consequence of the release of the criminal history information as authorized herein.

If I am an applicant for certification or licensure, or I am a certified or licensed applicant for employment in a public school, or an applicant for employment at a nonpublic school, or an applicant for a teacher education program, I am understanding that the State Superintendent of Education shall provide a suitability determination based on the State Bureau of Investigation and Federal Bureau of Investigation forms of criminal background information reports.

If I am applying for employment at a nonpublic school, nonpublic program in a public school, or I understand that my pattern of employment will be based on my criminal record and pending charges.

I am releasing all of my past employment or employment or work as a student, that opportunity to apply in a public school or nonpublic school upon the information contained in this criminal history background information check.

I understand that a release of criminal history background information may result in my not being hired or if employed, not being promoted or hired.

I am aware that I have the right to obtain a copy of the background check report and to challenge its accuracy and completeness. The procedures for obtaining a criminal background or violation of an FBI identification record are set forth in Rule 29, C.F.R. 5 to 34. I also have a right to obtain a prompt determination as to the validity of such challenge before a decision is made to hire or make by an employer. ORCA is making such a determination which may make a decision regarding my access to employment based upon information in the report. If I have been afforded a reasonable time to dispute the report, or have declined to do so.

I understand that I am entitled to the process of a challenge with applicable statutes that to any possible adverse action taken as a result of information reported from a criminal history background check.

Payment of charges and fees and submission of fingerprints shall be obtained from the person who is being fingerprinted. I have read the foregoing and I agree to the release of my criminal history information as requested herein.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY FROM FINGERPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☐ I agree

Your full name: James Smith
Today's date:

Back **Continue**

3.9 Review Fieldprint Biometric Disclosure form and select 'I agree' then 'Continue.'

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ☒ Biometric Disclosure
- ☐ HR Nonmonetary Justice Applicant's Privacy Rights
- ☐ HR Privacy Statement and Privacy Notice

Biometric Disclosure
State Required Biometric Information Disclosure and Authorization

Please be advised that your fingerprints will be collected, stored, and used in connection with your contract under employment with organization requesting your fingerprints (ORGANIZATION). Such collection, storage, and use of your fingerprints may occur at any time after the company obtains your written authorization, including during the hiring process, as well as during the course of your contract under employment with ORGANIZATION or for volunteer training to the date may be where permitted by an State Employer.

Your fingerprints are being collected and used in order to obtain Criminal History Record Information (CHRI) from State Department and Agency as is permitted with your contract and employment or in training with ORGANIZATION or for training as the case may be.

Your fingerprints and any information obtained using your fingerprints will be released and stored by Fieldprint, Inc. and will be permanently stored and may be used for three (3) years of your contract with Fieldprint, Inc. In some instances we may retain your fingerprints for less than three (3) years or indefinitely based on the requirements of the laws which may be regulatory or otherwise. For the full retention period for your fingerprint purposes, please contact us at 888-472-6818. You may view Fieldprint, Inc.'s Privacy Policy on the retention and distribution of biometric information. https://www.fieldprint.com/privacy-policy

Authorization to Obtain and Dispose Biometric Information

By signing below, I hereby authorize Fieldprint, Inc. to collect, store, and use my fingerprints, and further authorize Fieldprint, Inc. to collect and use my fingerprints to obtain criminal background information in connection with my State purposes.

By signing below, I further authorize Fieldprint, Inc. to store my fingerprint information, criminal records, and any other information obtained using my fingerprints with ORGANIZATION for the State purposes.

By signing below, I acknowledge and agree that this authorization to obtain and dispose of my biometric information, criminal records, and any other information obtained using my fingerprints, shall remain in effect throughout the course of my employment, or training, and/or hiring as may be applicable with ORGANIZATION where permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY FROM FINGERPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☒ I agree

Your full name: James Smith
Today's date:

Back **Continue**

3.10 Review the FBI Noncriminal Justice Applicant Privacy Rights Statement and select 'I acknowledge...' then 'Continue.'

Data Collection

Alabama L&E Learning app

Learning app data

Authorization

Alabama L&E Learning app

Barrett's ChemoCare

FBI Noncriminal Justice Applicant's Privacy Rights

FBI Privacy Information and Notice (Required)

FBI Noncriminal Justice Applicant's Privacy Rights

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record used for a noncriminal justice purpose (such as an application for employment or a license, an investigation or investigation matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 28.22, unless otherwise authorized.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement states explicitly the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be collected, stored, or reviewed.
- You must be notified in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth in 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be notified a reasonable amount of time to correct or complete the record (the notice is due at) before the records enter the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the official who receives you with a copy of your FBI criminal history record for review and possible correction, if possible, shall give you a copy of the record, you may obtain a copy of the record by submitting a request to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/privacy>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that conducted the fingerprint information in the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request to <https://www.fbi.gov/privacy>. The FBI will then forward your challenge to the agency that conducted the fingerprint information and request the agency to verify or correct the challenged data. Upon receipt of an official communication from that agency, the FBI will make any necessary changes consistent with your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to request that certain information from the records of the criminal history record check will not be released to the public and will not be used in connection with the issuance of federal license, regardless of whether the release or use is required by the National Crime Prevention and Privacy Compact Council.

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA NO CRIMINAL

Como solicitante quien es el sujeto de un historial criminal basado en huellas dactilares para un propósito no criminal (tal como una solicitud para empleo o una licencia, un procedimiento de investigación, autorización de adopción, o seguridad), usted tiene ciertos derechos que se discuten a continuación. Toda notificación es la debe proveer por escrito. Estos obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 28.22, salvo otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presenten sus huellas dactilares e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas dactilares e información relacionada y si se les usará, almacenará, o revisará sus huellas dactilares e información relacionada.
- Se le debe notificar por escrito al momento de recibir el historial criminal, o permitiendo de un historial criminal del FBI según establecido en el 28 CFR 16.34.
- Se le debe que proveer una oportunidad de completar o desafiar la exactitud de la información presentada en un historial criminal del FBI si tiene dicho historial.
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (si para completar historial) antes de que los resultados se ingresen al registro, licencia, o otro beneficio basado en la información presentada en el historial criminal del FBI.
- Si al momento de la política de la agencia, el solicitante le puede otorgar una copia de su historial criminal del FBI para revisarlo y posiblemente completarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas dactilares y una tarjeta al FBI. Puede obtener información relevante a este proceso en <https://www.fbi.gov/privacy>.
- Si decide desafiar la exactitud o completitud de su historial criminal del FBI, usted debe presentar una solicitud a la agencia que condujo la información presentada al FBI. Alternativamente, usted puede enviar una solicitud directamente al FBI presentando su petición por correo electrónico a <https://www.fbi.gov/privacy>. El FBI luego enviará su petición a la agencia que condujo la información presentada, y solicitará que la agencia verifique o corrija la información presentada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio necesario al historial de acuerdo con la información provista por la agencia. (Ver 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de solicitar que se excluyan los resultados de la identificación de su historial criminal de ciertos usos de la información y que no se usen en el otorgamiento de licencias o beneficios, excepto si la ley requiere la liberación o el uso de la información, o reglas presentadas por el National Crime Prevention and Privacy Compact Council.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND, COMPLETING THE APPLICABLE FORMS, IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROVIDE FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM A DOCTOR, P.N., OR THE REQUESTING ORGANIZATION AGENCY.

☒ I acknowledge that I have read, understood, and agree to the above statement.

Back
Continue

3.11 Review the Privacy Act Statement and select 'I acknowledge...' then 'Continue.'

[illegible]

Schedule Appointment and Payment

- 4.1 Enter full address, city, state or zip code and select 'Find' to determine find the Fieldprint locations nearest you and select an appointment date. Next select an 'Find Availability' to schedule an appointment time. **Note: The business name, address, and other information will be displayed.**

fieldprint

English Contact Us

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Fieldprint Location

Please enter an address below to locate nearby Fieldprint locations.

50 North Ripley, Montgomery, AL 36116

Near My Home Address

Find

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure

2 Results for 50 North Ripley, Montgomery, AL 36116

Please use the options below to proceed with scheduling.

× Clear Filter

Sun 19 Mar Mon 20 Mar Tue 21 Mar Wed 22 Mar Thu 23 Mar Fri 24 Mar

Distance Soonest Available Time

Open Map View

1. Fieldprint Site - Bradley Screening

5283 Vaughn Road, , Montgomery AL 36116-

M TU W TH F 08:30 AM - 04:30 PM

- ✓ No Additional Fees
- ✓ ADA Compliant
- ✓ Livescan
- ✓ Expedited Processing
- ✓ Photo
- ✓ I9

5.23 mi

Find Availability

2. Fieldprint Site - PostNet

7806 Vaughn Road, Cornerstone Shopping Center, Montgomery AL 36116-

M TU W TH F 09:00 AM - 03:00 PM

- ✓ No Additional Fees
- ✓ ADA Compliant
- ✓ Livescan
- ✓ Expedited Processing
- ✓ Photo
- ✓ I9

Find Availability

4.2 Select 'Part of day' and time of requested appointment.

fieldprint English Contact Us

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

[Back to 2 Results](#)

Fieldprint Location

Fieldprint Site - Bradley Screening, 5253 Vaughn Road, Montgomery AL 36116

M T U W T H F 6:30 AM - 04:30 PM

5:23 mi

Notice

Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

Required Fields

Available Date * March 20 2023

Part of day * Morning (before 12 PM) 10:00 AM

Continue

4.3 Select 'Debit or Credit Card' or 'PayPal' as your payment option.

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Notice

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge. Your appointment will not be scheduled until payment has been completed.

Date and Time: March 20, 2023 10:00 AM

Location: Fieldprint Site - Bradley Screening, 5253 Vaughn Road, Montgomery AL 36116

Fee Type	Fee
Fieldprint Scheduling Fee	\$ 7.95
FBI Fee	\$ 38.25
Your Total to Pay:	\$ 46.20

Payment Method

PayPal

Debit or Credit Card

Powered by PayPal

4.4 Insert Payment Account Information

<input checked="" type="checkbox"/> Biometric Disclosure	Fee Type	Fee
<input checked="" type="checkbox"/> FBI Noncriminal Justice Applicant's Privacy Rights	Fieldprint Scheduling Fee	\$ 7.95
<input checked="" type="checkbox"/> FBI Privacy Statement and Privacy Notice	FBI Fee	\$ 38.25
	Your Total to Pay:	\$ 46.20

Payment Method

[Schedule Appointment](#)

[Payment](#)

[Cancel](#)

Debit or Credit Card

Card number

Expires CSC

Billing address

First name Last name

Street address

Apt. / ste. / bldg.

City

State Alabama

ZIP code 50620

Phone +1 (312) 694-4557

Email Test@user.com

☒ Ship to billing address

By continuing you confirm you're 18 years or older

Continue

- 4.5 Review appointment details and log out. **Note: Email confirmation of the appointment will be sent. The email will include a list of approved forms of identification that must be presented during your fingerprint appointment. Be sure to review procedures for canceling an appointment, if needed.**

The screenshot shows the Fieldprint website interface. At the top left is the Fieldprint logo. At the top right are links for "English" and "Contact Us". The main content area is titled "Confirmation Details: August Thirty (Appointment #6202095)". Below the title are three links: "Print Confirmation", "Get Directions", and "Download Printable Documents". The appointment details are listed as follows:

- Date and Time: Monday, March 20, 2023 10:00 AM
- Location: Fieldprint Site - Bradley Screening, 5283 Vaughn Road, Montgomery AL 36116

To the left of the details is a sidebar with a list of documents to be reviewed, each with a checkmark:

- Alabama DOE Demographics
- Contact Information
- AI DOE Release
- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Below the list is a QR code and a "QR Code Notice" box that states: "Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records." At the bottom of the page is a map showing the location of the Bradley Screening site, with labels for Vaughn Rd, Vaughn Plaza Rd, The Meadows, Vaughn, Office Park Cir, Carriage Brook, Vaughn Lakes Blvd, and Vaughn Rd. The map is credited to Google.

Payment

Payment Date	Transaction ID	Amount	Fee Type
March 19, 2023 9:02 AM	9U391469RF928533G	\$ 46.20	Fieldprint Scheduling Fee - \$ 7.95 FBI Fee - \$ 38.25

What to Bring to Your Appointment?**① Notice**

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring two valid, unexpired, acceptable forms of ID, your appointment cannot be completed. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly.

Identification required to complete your appointment**Primary ID for Fingerprinting**

- State-issued driver's license
- State-issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- DOD Common Access Card
- Work Visa w/ photo
- Global Entry Card
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- I-766 Employment Authorization Card
- Foreign Passport
- Foreign Driver's License

Secondary ID for Fingerprinting

- State-issued driver's license
- State-issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- Bank Statement/Paycheck Stub
- Utility Bill / Insurance Card
- Credit Card/Debit Card
- Marriage Certificate
- Birth Certificate
- US Dept of Veteran Affairs Card
- Draft Record
- Transportation Worker ID Credential (TWIC Card)
- Certificate of Citizenship
- Certificate of Naturalization
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- DOD Common Access Card
- Work Visa w/ photo

Reschedule or Cancel Minnie Brown Appointment (#6202099)

Please note that once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge. If you need to reschedule your appointment or cancel, please click the corresponded button below or call [877-614-4364](tel:877-614-4364).

If you decide to reschedule your appointment in the future, please return to alabamaprofessionfieldprint.com, log in as an existing user, and click on the Reschedule button to make a new appointment.

Cancel Appointment

Reschedule

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