



Job Application Procedures

Job: **Substitute Teacher**

- Packet contents:
1. Instructions
 2. Application (2 pages)
 3. Current Year Substitute Teacher Training Schedule
 4. Procedures for Fingerprints and Background Checks

Application process:

1. Obtain and complete the **Application Form**.
Note: If you have grade preferences, please note them in the bottom portion of page one of the Substitute Teacher application.
2. Obtain documentation of **High School Education or equivalence**.
3. Obtain documentation of completion of **Substitute Teacher Training**.
4. Obtain **Fingerprints and Background Check**. (Current cost is \$45.00)
NOTE: If you have fingerprints on file with the Board of Education, you will only have to obtain a background check (currently \$20.00). Return it to Personnel or to the Board of Education Secretary.

Return the following to Personnel or to the Board Office Secretary at 96 Perry Street Colquitt, GA 39837. Phone 229-758-5592 FAX: 758-3255:

- a. complete application
- b. proof of High School Education or equivalence.
- c. proof of completion of Substitute Teacher Training
- d. Copy of fingerprints (If you get fingerprints the background check will be picked up by the Personnel Director.)

NOTE: If you have fingerprints on file, you will obtain the background check and return it to Personnel or to the Board of Education Secretary.

Your application will be presented at the next available board meeting for approval. Once approved, your name and number will be added to the Substitute lists.

Note: Hiring is contingent upon a clear background check and Board approval.

Miller County Board of Education

96 Perry Drive
Colquitt, Georgia 39837

Phone: (229) 758-5592; Fax: (229) 758-3255

For Office Use Only:

Background Check

Training

Education

Application for Substitute Teacher

PERSONAL INFORMATION (Please Print. Fill in all blanks. N/A = Not Applicable.)

Name: _____
(First) (Middle) (Last) Social Security Number

PRESENT ADDRESS:

Street / P.O. Box _____ Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email Address _____

EDUCATIONAL BACKGROUND:

School(s) Attended	Location	Degree/Diploma

*EMPLOYMENT HISTORY

Employer	Position	Dates of Employment

To be considered, the following documentation must be provided -

Proof of high school education or equivalence

Proof of completion of the Substitute Training Course

Clear Criminal Background Check

APPLICANT'S SIGNATURE

DATE

1. I understand that in the event I am offered a position with this school system, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211 (e)(1).

I understand that the information obtained from the criminal background check may be used in employment decisions.

I agree and consent for such background check and investigation to be conducted and agree to hold the school system and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims.

2. Have you ever been dismissed/non-renewed from employment with a school system?
 Yes No

If yes, explain:

3. Have you ever been addicted to alcohol or drugs? Yes No

4. Have you ever been convicted by Federal, State, or other law enforcement authorities or pleaded *nolo contendere* for violation of federal law, state law, county or municipal law, regulation, or ordinance? (Do not include minor traffic violations for which a fine of \$50 or less was imposed.) Yes No

If yes, explain:

APPLICANT'S SIGNATURE

DATE



Miller County Board of Education
96 Perry Street
Colquitt, GA 39837
229-758-5592, Ext. 5012



NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- 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 must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 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 afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identityhistory-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

By signing below, I hereby acknowledge that I have completely read and fully understand the NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS.

Name (Print): _____ Signature: _____

Date: _____



Miller County Board of Education
96 Perry Street
Colquitt, GA 39837
229-758-5592, Ext. 5012



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

By signing below, I hereby acknowledge that I have completely read and fully understand the PRIVACY ACT STATEMENT.

Name (Print): _____ Signature: _____
Date: _____