

BALDWIN COUNTY BOARD OF EDUCATION
HUMAN RESOURCES DEPARTMENT
2600 North Hand Avenue
Bay Minette, Alabama 36507

SUBSTITUTE RENEWAL REQUIREMENTS

This employer Participates in E-Verify

REQUIRED FOR ALL SUBSTITUTES:

1. Substitute Renewal Application*
2. Drug-free Workplace Statement*
3. Photocopy of current driver's license
4. Photocopy of Social Security Card if there have been any changes in your name.

ADDITIONAL FORMS REQUIRED FOR SUBSTITUTE TEACHERS

Substitute Teachers ***WITHOUT VALID PROFESSIONAL ALABAMA TEACHING CERTIFICATION*** must renew their substitute teaching license by:

1. Completing the attached Application for a Substitute Teacher's License*
2. Submitting the \$38 Substitute Teacher License fee - paid through the Alabama State Dept. of Education Teacher Certification Online Payment System at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). Be sure to print your receipt. **OR** you may pay with a cashier's check or money order made payable to Alabama Dept. of Education. ***Personal checks or cash will not be accepted.***

OR,

Substitute Teachers who hold ***VALID ALABAMA PROFESSIONAL TEACHING CERTIFICATION***:

1. Verify that you are in the process of certification renewal by completing the attached *Checklist for Substitute Teachers with Expiring Professional teaching Certification**.

*form prints with *Renewal Application Packet*

PLEASE MAIL ALL PAPERWORK TO:
Baldwin County Public Schools
Attention: Substitutes
2600 North Hand Avenue
Bay Minette, Alabama 36507

Extra Work Agreements:

| | | |
|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Coaches | <input type="checkbox"/> After School Childcare | <input type="checkbox"/> Other |
|----------------------------------|---|--------------------------------|

Do you limit your annual earnings because of Social Security benefits or other reasons? Yes No

If yes, please explain and specify the maximum you may earn. _____

Additional Information

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

If you answer "yes" please provide details of conviction including date and place of conviction. **A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.**

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Baldwin County Public School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district.

I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

**BALDWIN COUNTY PUBLIC SCHOOL POLICY INFORMATION ON THE
DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Baldwin County Board of Education regulations dealing with a drug/alcohol-free workplace.

The use, possession, distribution, or manufacturing of drugs or alcohol, and/or being under the influence of drugs or alcohol in the workplace is a violation of Board policy. These prohibited activities adversely affect health, safety and productivity, as well as public confidence and trust. Drug or alcohol use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #4.2.6 and 4.2.7

In order to protect the health, welfare and safety of students, all employees are prohibited from possessing, using, consuming, manufacturing, or distributing illegal controlled substances and alcohol while on Board property or while attending any Board sponsored or sanctioned event, program, activity, or function.

Employees who are intoxicated or impaired by the use, consumption or ingestion of any illegal controlled substance or alcohol are not permitted to be on school property, or to attend or participate in any Board sponsored or sanctioned event, program, activity, or function. Employees who violate this policy will be subject to all notification, referral, suspension, placement, re-admission, and other provisions set forth in Ala. Code § 16-1-24.1 and 24.3 (1975).

Policy # 5.20.2

In addition to activities identified in other policies, rules, and procedures, Board employees are prohibited from the following:

- a. Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration in excess of the standard set by the Federal Highway Administration (FHWA);
- b. Being on duty or operating a vehicle while possessing alcohol
- c. Consuming alcohol while performing safety-sensitive functions;
- d. Consuming alcohol within eight (8) hours following an accident for which a post-accident alcohol test is required, or prior to undergoing a post-accident alcohol test, whichever comes first;
- e. Refusing to submit to an alcohol or controlled substance test required by post-accident, random, reasonable suspicion, or follow-up testing requirements;
- f. Consuming alcohol or being under the influence of alcohol within eight (8) hours of going on duty, operating, or having physical control of a vehicle;
- g. Reporting for duty or remaining on duty when using any controlled substance, except when instructed by a physician who has advised the driver and the Board that the substance does not adversely impact the performance of any safety-sensitive duty;
- h. Reporting for duty, remaining on duty, or performing safety sensitive functions with controlled substances in the employee's system.

In the event of a violation of this policy, the employee shall be removed immediately from safety-sensitive duties and shall be subject to such further actions, including disciplinary action up to and including termination, as deemed appropriate by the Superintendent and the Board.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988, 41 U.S.C. § 801 *et. seq.* and formerly cited as 41 U.S.C.A. § 701 *et. seq.*, is designed to deal comprehensively with the nation’s problem of drug abuse. The Act requires that federal grantees and some recipients of federal contracts certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency, such as the Department of Education. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Individuals with Disabilities Education Act, Dropout Preventions, After School Care programs and others.

Employee Assistance

The Baldwin County Board of Education cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. Should an employee want to seek treatment or rehabilitation services or speak with someone regarding ongoing drug or alcohol use, the Baldwin County Board of Education encourages its employees to seek counsel through the Baldwin County Board of Education Employee Assistance Program (EAP). Through the Baldwin County Board of Education EAP, the Baldwin County Board of Education provides, at no cost to you, an opportunity for employees to discuss substance abuse and other personal or emotional problems through confidential counseling services. To find out more information on how the Baldwin County Board of Education EAP may help you, visit www.americanbehavioral.com or call (800)- 925-5327.

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**ACKNOWLEDGMENT OF
RECEIPT
BALDWIN COUNTY BOARD OF EDUCATION POLICY INFORMATION
ON THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)
Effective March 18,
1989**

TO THE EMPLOYEE:

I, _____, (last 4 digits of SSN) _____ an employee of the Baldwin County Board of Education, hereby certify that I have received a copy of the Board’s policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board’s premises and violation of this policy can subject me to the disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Baldwin County Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

Signature

Date

CHECKLIST FOR SUBSTITUTE TEACHERS WITH EXPIRING PROFESSIONAL TEACHING CERTIFICATION

- I plan to renew my Professional Certification.

Renewal application, fee, and supporting documentation have been submitted to the State Department of Education. Date submitted: _____

- I plan to renew my Professional Certification.

Renewal application, fee, and supporting documentation will be submitted to the State Department of Education. I understand that my application and fee must be received by the ALSDE by **June 30**.

- I do NOT plan to renew my Professional Certification.

I understand that without Professional Certification, I must obtain a Substitute Teaching License by submitting the *Application for a Substitute Teacher's License* and paying the \$30 licensure fee per instructions on the *Substitute Renewal Requirements* page.

Application and money order (or a photocopy of my receipt from www.alabamainteractive.org/education) are enclosed.

Date

Signature



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 re-issuance 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

ALSDE ID: _____

Social Security Number: _____

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 \$38.00 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 (ALSDE) or through the ALSDE Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a transaction fee will be applied).
- The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Neither Personal checks nor cash will be accepted.

BACKGROUND CHECK (Required)

- For applicants seeking initial certification, additional certification, or certificate renewal to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at https://tcert.alsde.edu/Portalhttps://tcert.alsde.edu/Portal.
- For Applicants who have not been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at https://www.alabamaachievers.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
- Applicants may verify receipt of their criminal history results at the ALSDE by visiting https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx. If your results are not located or have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

PERSONAL DATA (Required)

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.

Name: _____

Social Security Number: _____-_____-_____

APPLICANT COMPLETES: PERSONAL DATA
(TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

| | | | | | |
|---|----------|--|----------------------------|---|----------|
| Title (e.g., Mr.) | First | Middle | Maiden | Last | Suffix |
| Street/Apt./P.O. Box/Route and Box | | | City | State | ZIP Code |
| Email Address | | Cell Number | | Work Telephone | |
| Social Security Number | ALSDE ID | | Date of Birth (mm-dd-yyyy) | | |
| FOR STATISTICAL PURPOSES ONLY | | | | | |
| 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 | |

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 (Required)

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

Choose **ONE** as appropriate:

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

| Mark Item Selected | ITEM | <i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i> |
|--------------------|----------|--|
| | A | 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

Name: _____

Social Security Number: _____ - _____ - _____

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 |

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 into the individual’s file.*