

Position: Substitute Teacher

Name: _____

- Skyward
- Fingerprinted
- Subscribe to FP
- Upload SBEC
- Picture for Badge
- Substitute Training
- Insurance Decline
- Copies to Amy

- Application
- Personal Contact/Payroll Information
- W-4
- Ethnicity
- Direct Deposit
- I-9 (Employment Eligibility Verification)
- DPS CCH Verification
- Criminal History Record Addendum
- Student Confidentiality
- Drug Free Acknowledgement Form
- Social Security Statement
- Personnel Data Form
- Reasonable Assurance Letter

Important information that must be returned with this packet:

- Drivers License
- Social Security Card
- Voided Check



IMPORTANT! The following documents ARE required: Valid Teaching Certificate or High School Diploma or GED, Driver License, Social Security Card, and Birth Certificate, Proof of Fingerprinting, Voided Check. Please bring them when returning this application.

DATE _____

APPLICATION FOR SUBSTITUTE TEACHER
 BULLARD INDEPENDENT SCHOOL DISTRICT
 P.O. BOX 250
 BULLARD, TX 75757
 (903) 894-6639

Principal Initial _____
 Approval yes _____ no _____

APPLICANT INFO _____
 (Last) (First) (MI)

 (Street) (City/State) (Zip)

 (Phone) (Cell Phone)

EDUCATIONAL TRAINING
Institution Degree or Diploma Date

WORK EXPERIENCE

 (Phone #)

 (Phone #)

 (Phone #)

Do you hold a **VALID** teaching certificate? No _____ Yes _____ / _____ State

If you are a retired teacher, are you **currently receiving TRS benefits**? _____ Yes _____ No

Are you retired and currently drawing Social Security? Yes _____ No

Name Address Phone Position

REFERENCES

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor) and/or received probation or deferred adjudication? Yes No
 If yes, please explain:

Please check campus preference All Early Childhood Primary Elementary Intermediate Middle High

If you are not available M-F, PLEASE list your available day's _____

BULLARD INDEPENDENT SCHOOL DISTRICT
Personal Contact/Payroll Information

Date: _____

Name: _____ / _____ / _____
Last First Middle

Street Address: _____

City State Zip Telephone

Cell Phone

Mailing Address: _____

(if different from above) Street/P.O. Box State Zip Telephone

_____ Date of Birth

_____ Social Security #

Driver's License:

_____ State Number _____ Class Restrictions Expires

Personal email: _____ Gender: Female Male

Marital Status: Married Single Divorced Widowed Separated

Spouses Name: _____ Contact # _____

Please check if you are currently receiving: TRS Social Security ERS UT A&M

If you are a retired teacher, are you currently receiving TRS benefits? _____ Yes _____ No

Are you retired and currently drawing Social Security? _____ Yes _____ No

Do you hold a **VALID** teaching certificate? No _____ Yes _____ / _____ State

.....
Office use only:

Position: _____ FT/ PT / Sub

Years of Experience: _____

Start Date: _____

Degree: N B M D

Criminal History Completed: _____

Degree Rec'd Date: _____

Paperwork given to Business Office _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

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

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Student/Staff Name (please print)

_____ (Parent/Guardian)/(Staff) Signature

_____ Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- _____ Hispanic / Latino
- _____ Not Hispanic/Latino

Race – choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Observer signature:

Campus and Date:

**Bullard Independent School District
1426 B South Houston Street
Bullard, TX 75757
Phone: 903-894-6639
Fax: 903-894-9291**

DIRECT DEPOSIT ENROLLMENT FORM

Direct deposit allows the employee to automatically deposit their payroll check to the financial institution of their choice electronically. The money will be deposited into your account on the same date that you would normally receive your paycheck. The employee can view a voucher in lieu of a paycheck in TruTime (substitutes will receive a voucher in the mail). All information printed on a regular check stub will appear on the voucher (this includes wages, deductions, and sick leave balances). Please complete the information below and return this form with a voided check to Stephanie Yates in the BISD Administration office.

***PLEASE PRINT ALL INFORMATION**

Employee Name: _____

Social Security Number: _____

Bank Name: _____

Bank's Address: _____

City, State & Zip _____

Bank's Phone Number: _____

Routing Number: _____

(This number is preprinted at the bottom of your check in the left corner.)

Account Number: _____

This is a (circle one): **Checking** **Savings**

Month/year to begin direct deposit _____

Signature: _____ **Date:** _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 03/31/2019

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

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

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

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

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

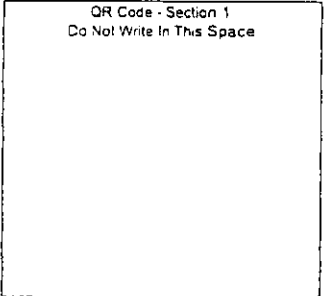
I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number)

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field *(See instructions)*

*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*

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____



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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

BULLARD INDEPENDENT SCHOOL DISTRICT

VOLUNTEER FORM

Criminal History Record Information Addendum
Confidential

The Bullard Independent School District is required by the Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print

Full Name: _____
Last First Middle (Maiden)

Mailing Address: _____
City State Zip

Date of Birth: _____ Driver License #: _____ State _____
(copy required)

Gender: Male Female Social Security #: _____

Ethnicity: Black
 White
 Hispanic
 Other _____

I understand the information I am providing about age, sex and ethnicity will not be used to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information.

Signature Date

Phone Number



Bullard Independent School District
Excellence Through Education

1426B South Houston
Bullard, TX 75757

Phone (903) 894-6639
Fax (903) 894-9291

I, _____ as substitute teacher for Bullard Independent School District, agree to keep student information confidential.

Signature

Date

DRUG-FREE SCHOOLS AND DRUG-FREE WORKPLACE REQUIREMENTS

The district prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, illicit drug, and alcohol, as those terms are defined in state and federal law, in the workplace, on school premises, or as part of the district's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling, or rehabilitation programs or employee assistance programs, termination from employment with the district, and referral to appropriate law enforcement officials for prosecution. * Information on available rehabilitation or employee assistance programs and contacts shall be posted throughout the workplace.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment. As a further condition of employment, an employee shall notify the superintendent's receiving notice from any source of a conviction for any drug statute violation occurring in the workplace, the superintendent of designee shall either (1) take appropriate personnel action against the employee, up to and including termination of employment or referral for prosecution or (2) require the employee to participate satisfactorily in a drug and alcohol abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency. The cost of any such program shall be borne by the employee.

(This notice complies with notice requirements imposed by the federal Drug-Free Workplace Act [20 U.S.C. 3471, 1221e-3(a)(1) and 34 CFR 85.630]; notice requirements imposed by the federal Drug-Free Schools and Communities Act Amendments of 1989 [20U.S.C. 3224a and 34 CFR 86.201]; and notice requirements imposed by the Texas Workers' Compensation Commission rules at 28 TAC 169.2)

I, _____ on
(date) ____/____/____ have read the above and have received a copy for my personal use.

*Information may be obtained in the teacher's lounges or from the administration office.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____
Employer Name Bullard ISD **Employer ID#** 75-6000292

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



BULLARD ISD PERSONNEL DATA FORM

Please complete the following information to update your personnel record.

Name: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver's License Number & State: _____

Campus: _____ Grade/Subject/Position: _____

Personal E-mail: _____

In Case of Emergency Contact:

Name: _____ Phone Number: _____

Public Access Information Election:

The Texas Public Information Act allows employees to elect whether to keep certain information confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Please indicate whether you wish to allow public release of the following information.

	Public Access?	
Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal E-mail Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Social Security Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Signature: _____ Date: _____



LETTER OF REASONABLE ASSURANCE
FOR THE 2022-2023 SCHOOL YEAR

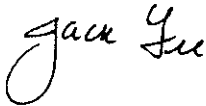
Dear Employee:

This letter provides notice of reasonable assurance of continued employment with the district when each school term resumes after a school break. By virtue of this notice, please understand that you **may not** be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (i.e., lack of school funding, natural disasters, court orders, public insurrections, war etc.).

Nothing contained herein constitutes an employment contract. Your continued employment is on an at-will basis. At-will employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your service on behalf of the children of the district is appreciated, and we hope that you will be able to continue your association with the district.

Sincerely,



Jack Lee
Superintendent

Name (Print)		Date
Signature		Telephone
Address		Cell Phone
City	State	Zip Code

