

WAYNE LYLES
Superintendent of Education



BOARD MEMBERS
Carol Hiett, Chairman
Robert Elliott, Vice Chairman
Kelly Armstrong
Monty Darwin
Randy Peppers

DEKALB COUNTY SCHOOLS

SUBSTITUTE APPLICATION

NAME: _____ DATE: _____

(Name as it appears on your social Security Card)

NOTE: If you have married and have not applied for a new card please do so and furnish a copy to the Board of Education payroll department.

ADDRESS: _____
Street City State Zip

SOCIAL SECURITY _____ DOB: _____

EMAIL: _____ PHONE: _____

PRIMARY SCHOOL WHERE TO PLAN TO SUB: _____

SUBSTITUTE EMPLOYMENT DESIRED: (Check Applicable Positions)

_____ Substitute Teacher _____ Assistant/High School Custodian-\$75.00/Day
 _____ \$100.00/Day _____ Clerical - \$75.00/Day
 _____ Aide - \$75.00/Day _____ CNP - \$75.00/Day
 _____ Bus Driver - \$75.00/Day _____ 4-Hr. Extra Custodian - \$45.00/Day
 _____ Store-Hours-Varies @ Each School - \$65.00/Day

LIST SCHOOLS DESIRED

SUBSTITUTE TEACHER INFORMATION

You can apply for a Substitute Teacher's Certificate via the website <http://www.alsde.edu/sites/search/Pages/result.aspx?sub> . The cost is \$38.00 and can be paid online (online payment will require a copy of your receipt) or by cashier's check /money order payable to Alabama State Department of Education (ALSDE) and return with this completed application packet.

EDUCATION	NAME and LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	GRADUATE		SUBJECTS STUDIED
HIGH SCHOOL			YES	NO	
GED OR EQUIVALENT			YES	NO	
COLLEGE			YES	NO	
TRADE, BUSINESS, CORRESPONDENCE			YES	NO	
SPECIAL STUDY, TRAINING, CLINICAL			YES	NO	
CERTIFICATION-CDL			YES	NO	
MAINTENANCE			YES	NO	
MECHANICAL			YES	NO	
OTHER			YES	NO	



P.O. Box 1668 | 306 Main St. W
Rainsville, AL 35986



www.DeKalbK12.org



Phone: (256) 638-6921
Fax: (256) 638-6972

FORMER EMPLOYERS (Please list last four (4) employers, begin with the last one first)				
DATE	EMPLOYER	Position	Reason for Leaving	
(Month/Year)	(Name/Address)			
From-				
To-				
From-				
To-				
From-				
To-				
From-				
To-				
REFERENCES (Please list four persons not related to you whom you have known at least one year)				
NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED

APPLICANT'S AFFIDAVIT – I understand and agree to the following:

1. Information given on this application becomes part of my personnel record and is accurate and complete.
2. I will be held to the same professional and ethical standards as all other employees of the DeKalb County Board of Education.
3. I will abide by all policies set forth in the DeKalb County Board of Education's Policies and Procedures Handbook that apply to my position.
4. In the event that a workshop or in-service training for substitute personnel is offered by this Board of Education, I will attend.
5. Failure to abide by these policies could mean my dismissal from service.
6. Employment with the DeKalb County School System in any substitute, contract or full-time capacity is contingent upon being fingerprinted and obtaining a satisfactory background clearance. Signature of this document constitutes your agreement that, "I understand that I am being employed on an "EMERGENCY TEMPORARY" basis pending the receipt of a satisfactory background clearance. If the results of this background check prove unsatisfactory, I understand that my employment may be terminated." The fingerprint fee of \$46.90 is non-refundable and if subsequent sets of prints are required to obtain clearance the DeKalb County Board of Education will not be responsible for the cost of reprinting.
7. Some substitute positions will be subject to drug testing. Failure to pass the drug test could mean termination of service.

APPLICANT'S SIGNATURE _____

Date _____

(Applicant's signature signifies acceptance of the above stated conditions of employment)

**It is the policy of the DeKalb County School System that no person will be denied employment, be excluded from participation, be denied benefits, or subjected to discrimination in any program or activity, on the basis of sex, race, religion, belief, national origin, disability, ethnic group or age.