



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number 		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

OMB No. 1545-0074

2023

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) ☐ Single or Married filing separately		
☐ Married filing jointly or Qualifying surviving spouse		
☐ 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)



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

[Reset Form](#)

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).

City of Chickasaw Board of Education New Hire Form

Name: _____ Date: _____
(Last, First, Middle Initial)

Emergency Contact Information

Name: _____

Home Phone: _____ 2nd Phone: _____

Relationship: _____

Direct Deposit Information

Bank Name: _____

Routing # _____ Account # _____

Submit a Voided check or an official document from your banking institution giving your account number and routing number to the HR Director, Renee Reaves.

New Hire Check Disbursement (FRIST YEAR ONLY)

☐ I wish to have my annual salary disbursed over thirteen (13) checks **(Beginning August)**.

☐ I wish to have my annual salary disbursed over thirteen (12) checks. **(last day of September)**.

Authorization for Sick Leave Bank Participation

I want to become a member of the Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed in the bank.

YES ☐

NO ☐

Alabama State Department of Education
Educator Certification Section
 5215 Gordon Persons Building
 Post Office Box 302101
 Montgomery, AL 36130-2101
 Telephone: (334) 694-4557
www.alabamaachieves.org/



This section must be completed by the
 employing Alabama school system or
 nonpublic/private school.

School System Code: _____

Nonpublic/Private
 School Code: _____

SUPPLEMENT EXP

GENERAL INFORMATION

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

This supplement is to be completed to verify professional educational work experience.

Professional educational work experience is full-time educational employment in:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- A State Department of Education;
- A professional education association;
- A college or university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic/private school (grades P-12);
- An Alabama charter school (grades P-12);
- A nonpublic/private school or charter school (grades P-12) outside of Alabama that was regionally accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with this form;
- A federally operated grades P-12 school (e.g., Department of Defense Education Activity, Bureau of Indian Affairs, etc.);
- A Head Start Program under the legal jurisdiction of a public school system when the experience was earned; **OR**
- A childcare facility below Kindergarten (Age 5) that was accredited by the National Association for the Education of Young Children (NAEYC) when the experience was earned.

Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as an aide, clerical worker, or substitute teacher will NOT be considered.

For meeting eligibility requirements through the certificate reciprocity approach, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered.

PERSONAL DATA

Legal Name as it appears on government-issued identification.

TO BE COMPLETED BY THE APPLICANT

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)	

PURPOSE OF SUBMISSION

TO BE COMPLETED BY THE APPLICANT

- ☐ Meeting eligibility or completion requirements through an alternative certificate approach.
- ☐ Meeting eligibility requirements through the certificate reciprocity approach.
- ☐ Issuance of a _____ certificate.
- ☐ Other _____

Name: _____

Social Security Number: _____

EMPLOYMENT VERIFICATION**TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER, OR ASSOCIATION DIRECTOR**

Name of School System, Nonpublic/Private School, College/University, or Association

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full-Time / Part Time	If Part-Time, List Hours per Week
					☐ Full Time ☐ Part Time	
					☐ Full Time ☐ Part Time	
					☐ Full Time ☐ Part Time	
					☐ Full Time ☐ Part Time	

ATTESTATION OF EMPLOYMENT VERIFICATION**I confirm the information provided on this form pertaining to this individual is accurate and truthful.**A notary seal must be affixed to this form, OR the business card of the authorized official must be attached.

Sworn to and subscribed before me this _____ day of _____

 Signature of:
 Superintendent **or** Headmaster
 College/University Human Resources/Payroll Officer
 Association Director

Seal and Signature of Notary Public

My Commission Expires: _____

Typed or Printed Name

Position Held

School System, Nonpublic/Private School, College/University, Association

Address

City/State/ZIP Code

Telephone Number

Date

DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. AT THE APPLICANT'S REQUEST, THE EMPLOYER MAY FORWARD THIS FORM TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.



CHICKASAW CITY SCHOOL SYSTEM

201 N. Craft Hwy. Chickasaw, Alabama 36611
(P) 251.452.2256 ext 12101
(Fax) 251.380.8380

**EXECUTIVE ADMINISTRATIVE ASSISTANT
CERTIFICATION SPECIALIST**

Patricia M. Shelly

SUPERINTENDENT

David Wofford

TEACHER CERTIFICATION DEMOGRAPHIC FORM

☐ New Teacher

☐ Transferring Teacher

If you are coming from another school system please put your email address from last school system.

Previous Email Address _____

☐ Disproportionality Certification (Lee vs Macon) Yes / No

If yes you must provide us with a copy of your certificate.

Print Full Name: _____ Date: _____

Alias (Maiden) Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone#: (____) _____ Cell Telephone#: (____) _____

Please list last Alabama Professional Certificate(s) / License(s) / Permit Issued?

<i>Name(s) of Certificate(s)</i>	<i>Area of Certificate</i>	<i>Valid Period</i>	<i>Name in Which Certificate</i>
<i>Professional, Alternative, Emergency</i>		<i>M/D/YR - M/D/YR</i>	<i>Was Issued (Maiden)</i>

EDUCATION

School/College	Degree Earned	Enrollment Date	Graduation Date