

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Subject Area(s): \_\_\_\_\_

Date Filed: \_\_\_\_\_

KRS 160.380 requires applicants to provide picture identification (i.e. Driver's license, etc.). Please attach below. Kentucky law does not allow us to consider your application without picture identification.

DRIVER'S LICENSE  
(Photo Identification)  
GOES HERE

**Bell County School District  
Substitute Teaching Employment  
Instructions and Application**

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PO Box 340  
PINEVILLE, KENTUCKY 40977

Phone: 606-337-7051 Fax: 606-337-1412

Visit our Web Site: <http://www.bell.kyschools.us>

For this type of employment, state law requires a national and state criminal history background check and have a letter, provided by the individual, from the cabinet for health and family services stating the employee is clear to hire based on no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records maintained by the cabinet for health and family services as a condition of employment.

**Drug testing is a condition for employment**

***Thank you for your interest in substitute teaching in the Bell County School District.***

**Applications –**

Any person wishing to seek employment in the Bell County School System must have a completed application on file in the district office. All required pre-requisites must be met before a person can begin employment and receive payment from the board of education.

**Record Check -**

Current Criminal Record Check. This requires the taking of your fingerprints and a check in the amount of **\$52.00** payable to the Bell County Board of Education. One record check will be sent to the FBI and the other to the Kentucky State Police.

**Central Registry Check –**

Any person wishing to seek employment in the Bell County School System must have completed a Central Registry Check with the Cabinet for Health and Family Services for Child Abuse/Neglect. The cost for this is **\$10.00**.

**Verification of Employment Eligibility Form -**

Must be completed at Central Office and presented to the Personnel Office with required forms of identification. KRS 160.380 requires a photo identification to be submitted for any applicants after 6/20/05.

**Medical Exam (includes TB skin test) -**

Attached is a medical exam form along with an authorization form to have your required exam done. Medical examinations performed within a ninety (90)-day period prior to initial employment will be accepted and may be performed by: a licensed physician, physician assistant (PA), or advanced registered nurse practitioner

**Drug Screening-**

As of 7/1/05, school Board Policy requires a pre-employment drug screen. The cost for this is **\$52.00**.

**Drug Free/Alcohol Free Policy is ATTACHED**

**W-4 and K-4 Withholding Forms -**

For pay purposes-Attached. Questions should be addressed to the Bell County School District Finance Director.

Federal and state employee's withholding exemption certificates. U.S. law requires that, if hired, you must furnish your social security card\* and one of the following documents within 72 hours of starting work (Furnish to Finance Director-Payroll Office)

- A card issued by Federal, State or local government showing your identity
- Driver's license, or state issued I.D. card with photo
- School I.D. card with photo
- Current INS Forms with employment authorization stamp
- U.S. passport
- Voter's registration card
- U.S. military card or other draft card

\*If you do not have a social security card, you may present an original or copy of a U.S. birth certificate, or Department or State Forms FS-545 or DS-1350 or INS Forms I-327, I-571, I-197, I-179.

**Official Transcript (required of all substitute teachers) -**

High School Diploma, GED or College Transcript

**Certifications -**

**Certified** - an official copy of your Kentucky teaching certificate is required. The Kentucky Education Professional Standards Board issues a five year Certificate for Substitute Teaching to applicants who: (A) Hold a valid statement of eligibility for a Kentucky teaching certificate; or (B) Have previously held a Kentucky certificate for classroom teaching for which the completion of a 4-year teacher preparation program and a B.A. degree were required

**Statement of Eligibility** - holders of a statement of eligibility are eligible for a Five-Year Substitute Teaching Certificate. A TC-2 form must be completed and mailed to:

**Emergency Certified** - An emergency certificate for substitute teaching shall be required by the Education Professional Standards Board. Local school districts shall secure a board order number each spring for the anticipated number of EC substitutes for the upcoming school year. (Not before March 1<sup>st</sup>) Once the school district has made a request for certification with the EPSB, the applicant must complete the online process and if approved, present a copy of their certificate to the director of personnel to place in their employment file. **ALL APPLICANTS FOR AN EMERGENCY SUBSTITUTE CERTIFICATE MUST HAVE A VALID EMAIL ADDRESS.**

To be eligible to substitute teach on an emergency basis, the applicant must:

- A. Have a high school diploma or general education diploma (GED)

**Additional Information -**

The Certificate for Substitute Teaching is valid for substitute teaching; it is not valid for continuous part-time employment for classroom teaching; or as a permanent replacement for a teacher of record for the remainder of the school year. An emergency certificate for full-time or part-time employment **shall not** be issued to individuals who have been judged to be unsatisfactory in the beginning teacher internship established in 16 KAR 7:010.

For additional information you can contact the personnel director at the board of education or the Educational Professional Standards Board, 100 Airport Road, 3<sup>rd</sup> Floor, Frankfort, Kentucky 40601

# BELL COUNTY SCHOOL DISTRICT

## APPLICATION FOR SUBSTITUTE TEACHING EMPLOYMENT

All applications shall require response concerning the relationship of the applicant to the Superintendent or a Board of Education member of Bell County School District. "Relative" shall mean father, mother, brother, sister, husband, wife, son, daughter, aunt, uncle, son-in-law, and daughter-in-law.

Are you a relative of the Superintendent?  YES  NO  
 Are you a relative of a member of the Board of Education?  YES  NO  
 If 'yes' to either question, list person and relationship: \_\_\_\_\_

### I. PERSONAL DATA

Full Name \_\_\_\_\_ Soc. Sec. No \_\_\_\_\_  
 Present Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Present Employment \_\_\_\_\_  
 Present Position \_\_\_\_\_  
 Have you ever been employed by the Bell County School District?  YES  NO If 'yes', in what capacity and when?  
 \_\_\_\_\_  
 Have you ever been dismissed from a position?  YES  NO  
 Have you ever been asked to resign from a position?  YES  NO  
 On what date would you be available to work? \_\_\_\_\_

### II. REQUIRED RESIDENCE INFORMATION

**KRS 160.380 REQUIRES RESIDENCY INFORMATION**  
 Identify all states in which you have maintained residence and specify the dates of your residence. If additional space is needed, attach sheet.

State of Residence	Address	From (Date)	To(Date)

### III. CONVICTION QUESTIONS

1. Have you ever been convicted of an offense against the law, other than a minor traffic violation?  YES  NO
2. Have you ever been convicted of or pleaded guilty to a felony?  YES  NO  
 If "yes", explain: \_\_\_\_\_
3. Has a State Agency in any state ever issued a determination, or finding, or cause, or reason to believe or suspect that you had engaged in any physical, psychological, or sexual abuse or neglect of a child?  YES  NO  
 If you answered "YES" to any of the above, explain below or on an attachment, giving date and location.  
 \_\_\_\_\_  
 \_\_\_\_\_

### IV. TEACHER SCHOOL, GRADE LEVEL AND SUBJECT PREFERENCES

Subject (s)							
Grade(s)							
School(s)							

**V. REFERENCES**

**Work Related (Former employee, teacher, coach, etc.)**

Name	Title	Phone	Address, City, State, and Zip Code, (must be complete)

**Personal: Two people NOT associated with the Bell County School System**

Name	Title	Phone	Address, City, State, and Zip Code, (must be complete)

**VI. EDUCATIONAL AND PROFESSIONAL DATA**

<b>High School</b>	Name of School: _____ Address: _____
<b>Undergraduate College or University</b>	Name of School: _____ Address: (City/State): _____ If you have not graduated, what is your major? _____ What area(s) will you be certified in? _____ Dates Attended: _____ Projected Graduation Date, if you are a student: _____ Degree and Program Completed: _____ Date Completed: _____
<b>Master or fifth year College or University</b>	Name of School: _____ Address: (City/State): _____ Degree and Program Completed: _____ Dates Attended: _____ Graduation Date: _____
<b>Rank I/EDS College or University</b>	Name of School: _____ Address: (City/State): _____ Degree and Program Completed: _____ Dates Attended: _____ Graduation Date: _____
<b>Other Endorsement or Certificate</b>	Name of School: _____ Address: (City/State): _____ Degree and Program Completed: _____ Dates Attended: _____ Graduation Date: _____

**Number of Credit Hours Completed as of Application Date: \_\_\_\_\_**

**Are you currently enrolled in classes?  YES  NO      GPA at this time: \_\_\_\_\_**

**VII. TEACHING EXPERIENCE (include substitute experience)**

School Year	Years	Position	Grade/Subject	Name and Address of School and District	Name of Principal

**VII. DRUG/ALCOHOL FREE POLICY**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND YOUR SIGNATURE INDICATES YOU UNDERSTAND AND AGREE TO THE TERMS DESCRIBED.**

**THERE IS IMPORTANT INFORMATION CONTAINED BELOW REGARDING OUR EMPLOYEE DRUG TESTING PROGRAM.**

1. You must complete all sections of this application. If you are unable to complete the information requested in the space provided, please add an attachment. You are also encouraged to submit a resume with the application. Making false statements or omitting information on the application may be grounds for dismissal.
2. Applicants are responsible for notifying the Bell County Public Schools for consideration for vacancies when they occur. Applications will be on file for three (3) years. You should update the application annually. If you wish to withdraw this application, please notify the Bell Co School District.
3. Upon employment, the individual assumes responsibility for the accurate completion of all documents and presentation of documentation as outlined in Kentucky Regulatory Statutes and Kentucky Administrative Regulations: a valid Kentucky teacher's certificate or a Statement of eligibility valid for the subject and grades or administrative position hired, official transcript of all college credits, I-9 form to verify the legal status and work eligibility of all new hires, national and state criminal background checks, medical examination, TB skin test. Employment with Bell County Public Schools is contingent upon satisfactory completion of criminal record checks and pre-employment drug testing.
4. I hereby authorize representatives of the Bell County Public Schools to contact all persons and entities listed on this application and reference forms and to make all other contacts, inquiries and investigations which they deem necessary in order to verify my education, employment, and police history, including but not limited to contacting current/past employers, education institutions, and law enforcement agencies. I hereby consent to the release of any such information by third persons and I understand that the Bell County Public Schools will keep such information in confidential files.
5. I hereby state that all information provided by me in connection with this application for employment is true, correct and complete. I understand that if I am employed, any misstatement or omission of fact or otherwise on this application or other material submitted in connection therewith shall be cause for immediate discharge.
6. I hereby release the officers, agents, employees and directors of each of my past employers from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance made to the Bell County Public Schools.

**Drug-free Alcohol-Free Schools**

- I have been provided a copy of the district Drug-Free/Alcohol-Free Schools policy (03.13251). I have read this and understand it and agree to abide by it.**
- I acknowledge that the results of any substance abuse screening that I receive will be transmitted to the Drug Coordinator and the Superintendent.**
- I understand that, as an applicant, if I refuse to complete any part of the drug testing procedure that I can not be considered a valid candidate for employment with the Bell County School District and that I will be considered as having withdrawn my application for employment. I will not be eligible to reapply for at least a 12 month period and must show proof of successful completion of a drug rehabilitation program or proof that I am not engaging in illegal drug use.**

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**KENTUCKY DEPARTMENT OF EDUCATION**  
**MEDICAL EXAMINATION OF SCHOOL EMPLOYEES\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant With Or Employed By: Bell County Board of Education

**HISTORY**

Medical (*All serious medical and psychiatric diseases: Diabetes, Epilepsy, Heart Disease, etc.*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Surgical  
(*All major operations*) \_\_\_\_\_

Family History (*T.B., Epilepsy, Diabetes, etc.*) \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL**

- |                              |                                     |
|------------------------------|-------------------------------------|
| 1. General Appearance _____  | 7. Blood Pressure _____ Pulse _____ |
| 2. Eyes _____                | 8. Lungs _____                      |
| 3. Ears, Nose & Throat _____ | 9. Abdomen _____                    |
| 4. Teeth and Gums _____      | 10. Nervous System _____            |
| 5. Thyroid _____             | 11. Extremities _____               |
| 6. Heart _____               | 12. Other _____                     |

T.B. Skin Test

Date Given: \_\_\_\_\_

Date Read: \_\_\_\_\_

Date X-ray Taken: \_\_\_\_\_

Type of Test: \_\_\_\_\_

By Whom: \_\_\_\_\_ OR

Millimeters of Induration: \_\_\_\_\_  No further follow-up necessary unless signs/symptoms of tuberculosis develop

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**RETURN THIS TO SCHOOL SUPERINTENDENT, OFFICE OF PERSONNEL**

**CERTIFICATION OF MEDICAL EXAMINATION**

This is to certify that I have examined \_\_\_\_\_ and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his/her duties, except as follows:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Date of Examination*

\_\_\_\_\_  
*Signature (Physician/PA/ARNP)*

\*A separate form is provided for bus drivers.