

EMPLOYMENT DOCUMENTATION

Congratulations on your employment with Calhoun County Schools! Please bring the employment forms you have completed (found on Calhoun County School District webpage under the Employment tab), along with the following information listed below.

- Verification of all prior teaching experience
- Transfer of cumulative sick leave
- Driver's License
- Social Security Card
- Voided check

BASIC INFORMATION:

Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Date of Birth: _____

Gender: (circle one) Male Female Married: (circle one) Yes No

Employment Date: _____

Position: _____

School: _____

Subject and Grade: _____

Highest Degree Held: (circle one) Bachelor's Master's AA Doctorate

Are you working on a higher degree? Yes No

Expected date of graduation: _____

Number of year's taught in other school systems: _____

(DO NOT include student teaching, substitute teaching or aide positions, etc.)

****List below the previous systems, as well as, dates employed****

_____	_____
School/System	Dates

_____	_____
School/System	Dates

_____	_____
School/System	Dates

_____	_____
School/System	Dates



Calhoun County School District
4400 McClellan Blvd · Anniston, AL 36201
256.741.7400

A background clearance is required for employment with Calhoun County Schools.

1. Create an AIM account online at <https://aim.alsde.edu>

- Under Log into AIM, click on **"Need an account?"** (Do NOT enter email or password here)
- Enter your email address and select **"Create Account."**
- **AIM** will send an email to the email address you provided; go to your email and click the link within the email to confirm your account.
- Provide the required information on the Create Account page and select **"Create Account."** Write down the password you created!
- Select three (3) security questions, type answers, and select **"Save answers."**
- Check/Click the two small boxes to Acknowledge restrictions and agree to the terms of usage. Select **"Yes, continue."**
- Enter the required information on the Demographics page and select **"Save demographics."**
- When AIM Registration is complete, you will be taken to the AIM Homepage.
Write down your ALSDE ID# located in the top right corner! You will need this number.
- After writing down the ALSDE ID #, On the same AIM Homepage, select **"Fieldprint Background Check"** to start registration for a background check.

2. Registering for a Criminal History Background Check with Fieldprint:

- A.) Click "Schedule Appointment"
- B.) Complete New User Sign Up
- C.) Under Account Type, click the **"SET"** button under Educator Certification and Criminal History Background checks.
- D.) Enter Race and Ethnicity details and select **"SAVE."** Then click the green box to the right **"Continue to Citizenship."**
- E.) Enter Citizenship details and select **"SAVE."** Then click the green box to the right **"Continue to Phone Numbers."**
- F.) Enter Phone number details and select **"SAVE."** Then click the green box to the right **"Continue to Home Address."**
- G.) Enter/Edit Home Address details and select **"SAVE."** Then click the green box to the right **"Continue to Characteristics."**
- H.) Enter Characteristics and select **"SAVE."** Then click the green box to the right **"Continue to Birth Details."**
- I.) Enter Birth Details and select **"SAVE."** Then click the green box to the right **"Continue to Background Details."**
- J.) Under Background Details, Select the Scenario (as shown below)

⌘ Non-Certified or Non-Licensed Applicant for Public or Nonpublic Employment

➔ **BOOKKEEPER, SECRETARY, LIBRARY AIDE, PE AIDE, PRE-K AIDE, SPECIAL ED PARAPRO, CUSTODIAN, LUNCHROOM (Manager, Assistant Manager, Worker, Cashier), BUS AIDE, VOLUNTEER, etc.**

YOU ARE SEEKING EMPLOYMENT AT A PUBLIC OR PRIVATE SCHOOL IN A POSITION THAT DOES NOT REQUIRE YOU TO HOLD ANY LICENSE OR CERTIFICATION. EXAMPLES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: **SECRETARY, INSTRUCTIONAL AIDE, CUSTODIAN, LUNCHROOM WORKER, BUS AIDE, CONTRACTOR, ETC.** THIS INCLUDES NON-CERTIFIED AND NON-LICENSED APPLICANTS FOR EMPLOYMENT AT PUBLIC CHARTER SCHOOLS,

⌘ School Bus Driver Certification

➔ **BUS DRIVER**

YOU ARE APPLYING FOR A **SCHOOL BUS DRIVER** CERTIFICATE

After selecting a scenario, the following question will appear and applies to volunteers and potential employees:

“Which institution type are you employed or going to be employed in AL?”

Select “Public/Charter/State/STC School”

Scroll down to **“Site”**

Use the drop down box to **Select** “Calhoun County (Anniston, AL)”

- K.) Answer questions regarding convictions and then select **“SAVE.”** Then click the green box to the right **“Continue to FBI Demographics”**
- L.) Enter Demographics and then select **“SAVE.”** Then click the green box to the right **“Continue to State Identification”**
- M.) Enter State Identification details and select **“SAVE.”** Then click the green box to the right **“Continue to RSA ID.”**
- N.) You DO NOT have an RSA ID so **“NO”** should be the answer selected under RSA ID.
- O.) Click the green box to the right **“Finished. Go to services portal.”**

3. You are now transitioning to Fieldprint at www.fieldprint.com/login. Select SIGN UP to begin

- Review Fieldprint Authorization form and select, **“I AGREE.”**
- Enter required information to create an Account with Fieldprint including Username, Password (you can use same one you created with AIM), Then Select **“CONTINUE.”**
- You will be directed to the “Reason Page” - Under the **“Don’t have a Fieldprint Code”** Select **AL - DEPARTMENT OF EDUCATION** from the dropdown box then select **“CONTINUE WITH THIS REASON”**
- Enter your ALSDE ID# you wrote down earlier, your last name, and DOB and select **“CONTINUE”**
- Enter contact information and select **“CONTINUE.”**
- Review AL DOE Release form and select **“I AGREE”** then **“CONTINUE”**
- Review Fieldprint Biometric Disclosure form and select **“I AGREE”** then **“CONTINUE”**
- Review the FBI Noncriminal Justice Applicant Privacy Rights Statement and select **“I ACKNOWLEDGE”** then **“CONTINUE.”** (2 times)
- Enter full address, city, state or zip code and select **“FIND”** to view the Fieldprint locations nearest to you.
- Select the location of your choice by selecting **“FIND AVAILABILITY”**
- To schedule an appointment at your chosen location, select the date and time you prefer then click **“CONTINUE”**
- Select Debit or Credit Card or Paypal as your payment option. Fee is \$46.20
- Enter payment account information and click **“CONTINUE”**
- Review appointment details and PRINT YOUR CONFIRMATION OR TAKE A SCREENSHOT OF YOUR CONFIRMATION including the QR CODE. You will need the QR CODE on this page when you go to the location for your appointment! An email confirmation will also be sent to you. The email confirmation will include a list of approved forms of identification that MUST be presented during your fingerprint appointment.
- IF YOU NEED TO CANCEL your appointment, be sure to REVIEW procedures for canceling an appointment!

Check your background clearance at: <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>

Enter your last name, first name, birth year, and your ALSDE ID# and click **SEARCH**.

Scroll to the bottom of the page to view background status located in the large rectangle.(Example shown below)

Background Review	
Status	System Of Record
Individual has completed a criminal history background check as of 07/24/2023 and is suitable and fit to teach under state law.	
	Calhoun County

If assistance is needed with the fingerprinting process, contact Fieldprint Customer Service: 877-614-4364

Contact the Alabama State Department of Education for information related to the background check process: 334-694-4557

Tax Forms

Federal tax form

State tax form.

Fill out both forms.

You do not have to fill in the Employer's information.
But, make sure you sign and date both forms.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► ☐			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 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

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).



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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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.

MANDATORY AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

This form is for direct deposit of your check. We can direct deposit to any bank anywhere

Instructions for filling out the Direct Deposit form

Attach a voided check

Amount you want deposited: Only needed if your check is divided between two different banks

Do not fill out the second box if all of your check is going to one account

No need to enter your account number or routing number, voided check will replace this information.

At the bottom, we need your name, your social security number, today's date, and your signature.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(ACH CREDITS)

Company Name: Calhoun County Board of Education _____

I (we) do hereby authorize the above named company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Transit / ABA Number _____

Account Number: _____

Amount you want deposited to this account: _____

This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name(s): _____ EMPLOYEE #: _____

Date: _____ Signed: _____

Affix a voided check to this form.

Teacher Retirement Form

Front Side:

Answer all questions down through *Signature of Member*.

Turn the form over.

Back Side:

List two (2) beneficiaries. **DO NOT PUT YOUR NAME HERE.**

You may list: spouse, parent, brother, sister, child. If you have more than one child, you may list them all. Just write small and complete all information on each child.

Signature of Applicant: Sign your name and date the form.

DO NOT FILL IN ANY INFORMATION PAST YOUR SIGNATURE.



Designation of Beneficiary Prior to Retirement

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

This form must be signed and notarized for changes to be activated. To name contingent beneficiaries, use the back of this form. If you name contingent beneficiaries, you must sign both sides of the form. Do not use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

Type of Account: ☐ TRS ☐ ERS ☐ JRF ☐ SNU Supernumerary members only

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

Name _____
First Middle/Maiden Last
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____
Date of Birth _____ Sex ☐ Male ☐ Female

Designation of Primary Beneficiary

Primary beneficiaries will receive any benefits payable upon the member's death.

If you have more than four primary beneficiaries, please contact the RSA.

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
☐ Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here →

Your Signature _____ **Date** _____

State of _____, County of _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____

Seal

Designation of Beneficiary Prior to Retirement



If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN _____

Designation of Contingent Beneficiary

*Contingent beneficiaries
will receive benefits only
if all primary beneficiaries
are deceased at the time of
the member's death.*

List any Contingent Beneficiaries below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Sign Here → Your Signature _____ Date _____

**Page two must be signed if any contingent beneficiary information is submitted on this side of the form.*

Drug-Free Workplace Regulations

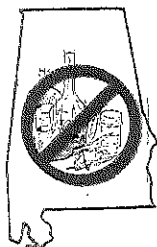
Read over the pamphlet. On the ***Acknowledgement of Receipt*** part, sign your name and date the form. Tear off the part with your signature and put it with the forms to be returned to the Payroll Department.

A Message from the Superintendent

Drug use continues to be a growing concern in our community and world. The misuse of drugs by one employee may endanger the safety and well being of all other employees and students. Employees need to understand the danger inherent in making unwise choices about drug use. The Calhoun County School District supports a strict enforcement of the Drug-Free Workplace policy.

Expectations of a drug-free workplace are especially strong in the education community. Families have entrusted us with the lives and futures of our country's greatest natural resource... our young people. We must never jeopardize their confidence and trust.

It takes all employees working together to strive for our vision of "Focusing on the Success of ALL"; Therefore, drug use in the workplace will not be tolerated. On-the-job use is specifically prohibited and is an offense for which termination of employment is appropriate for the first violation.



A Drug-Free Workplace

- This brochure is provided to all employees in an effort to promote awareness of drug-free workplace legislation and Calhoun County Board of Education policy dealing with a drug-free workplace.

- Studies suggest that the overall impact of drug abuse on society is substantial. The cost of drug abuse in the workplace includes not only lost productivity, but costs related to absenteeism, accidents, health care, loss of trained personnel, theft, and prevention/deterrence programs.

- The use of drugs, including alcohol, in the workplace is unacceptable. Drug 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. Drug use can have a negative effect on an entire organization.



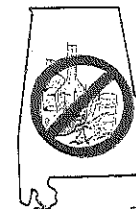
Calhoun County Board of Education Drug-Free Workplace Policy

Drug abuse and use at the workplace are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of employees and the public at large, and may cause damage to System property. Therefore, it is the policy of the Calhoun County Board of Education that the unlawful manufacture, distribution, dispensation, possession, and/or use of controlled, substance in the System's workplace is prohibited. Any employee violating this policy will be subject to disciplinary action, including termination of employment. The specifics of the policy are as follows:

1. The Calhoun County Board of Education does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers a controlled substance to another person or sell or manufactures a controlled substance while on the job or on System premises will be subject to disciplinary action, including termination of employment.
2. The term "controlled substance" means any drug listed in 21 U.S.C. § 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine (including "crack"), and PCP. They also include "legal drugs" which are not prescribed by a licensed physician.
3. Each employee is required by the Drug-Free Workplace Act of 1998 to inform the Calhoun County Board of Education, within five (5) days after he or she is convicted for a violation of any federal or state criminal drug statute where such violation occurred on System premises. A conviction means finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The Calhoun County Board of Education must notify the U.S. Department agency by which the grant was made within ten (10) days after receiving notice from the employee or otherwise receiving actual notice of such conviction.
5. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to disciplinary action, including termination of employment. Alternatively, the System may require the employee to finish, successfully, a drug abuse program sponsored by an approved private or governmental institution.
6. As a condition of further employment on any federal government grant, the Act requires all employees to abide by this policy.



For More Information Contact:
Karen Winn (256) 741-7402



The Drug-Free Workplace Act of 1998

The Drug-Free Workplace Act of 1998, 41 U.S.C. § 702, et seq., as amended by former president Ronald Reagan on November 18, 1988, is a part of Public Law 100-690 which is designed to deal comprehensively with the nation's problem of drug abuse. The Act, which became effective March 18, 1989, requires that contractors and grantees of federal agencies certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract grant from a federal agency. The penalty to the System for noncompliance can be as severe as the loss of federal grants for a period of five (5) years. The requirements of this Act effect the Calhoun County School System in that the System is a federal grantee receiving funds for programs such as Title I, Title II, Title IV, Safe and Drug-Free Schools and Communities, Vocational Education, Handicapped Early Education, and others.

Title IV of the Drug-Free Workplace Act of 1998 requires the Calhoun County School System (Grantee) to do the following:

- Publish a policy statement.
- Communicate this policy to its employees.
- Establish a drug-free awareness program.
- Notify the federal granting agency of any employee's conviction for any drug-related violation on the System's premises.
- Impose a sanction on any convicted employee.
- Make a good faith effort to continue maintaining a drug-free workplace.



Acknowledgement of Receipt
Calhoun 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:

**This acknowledgement must be completed, signed
and returned to your immediate supervisor.**

I, _____ an employee of the Calhoun County Board of Education, hereby certify that I have received a copy of this System's policy statement regarding the maintenance of a drug - free workplace. I realize that the manufacture, distribution, dispensation, possession, or the use of a controlled substance is prohibited on this System's premises and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment with this System, a federal grantee, I must abide by the terms of this policy and will notify the Calhoun County Board of Education, of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I understand that on-the-job use is specifically prohibited by Calhoun County Board of Education and that the penalties may include termination of employment.

Signature _____

Date _____

Employee Assistance Program

- The employee Assistance Program (EAP) is a system for motivating helping employees who have personal problems to seek and accept appropriate help to solve their problems.
- The EAP is concerned with problems that adversely affect job performance and quality of life. Intervention, assessment, and referrals are among the services offered.

- Referral for services can take one of two courses: (1) employees can make a self-referral or (2) employees can be referred by the System. All referrals to the EAP are confidential.

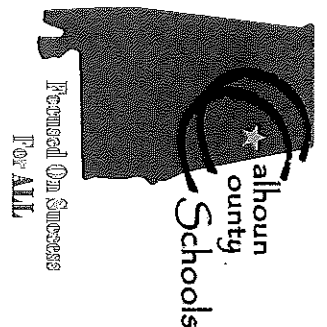
• For Assistance Contact:
Karen Winn, Coordinator
Telephone (256) 741-7402

Agencies That May Provide Assistance

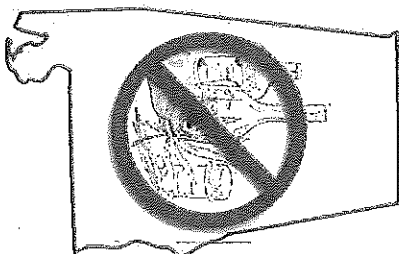
Calhoun/Cleburne Mental Health Center 331 E. 8th Street Anniston, Alabama	Pathways Psychiatric Alcohol & Drug Center Northeast Alabama Medical Center Anniston, Alabama
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Hill Crest Hospital 6869 5th Ave. South Birmingham, Alabama	New Day Inc. Treatment Citizens Hospital Talladega, Alabama
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Bradford Birmingham, Alabama	Mountain View Baptist Hospital 3001 Scenic Drive Gadsden, Alabama
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Calhoun County Schools



DRUG-FREE WORKPLACE REGULATIONS

Calhoun County Board of Education
4400 McClellan Blvd. • P.O. Box 2084
Anniston, AL 36202
Phone (256) 741-7400



SUPPLEMENT CIT

DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF APPLICANT FOR EDUCATOR CERTIFICATION

Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Applicant:

Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____
MM DD YYYY

Phone Number: (_____) _____ - _____

E-mail: _____

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. Acceptable forms of documentation for proving citizenship or lawful presence status can be found on Charts A and B on page 2 of this form.

Choose one as appropriate:

1. I hereby declare that I am a citizen of the United States. (check one) _____ Yes _____ No

I am providing proof of citizenship by submitting a photocopy of Item _____ as listed on **Chart A**.

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.

OR

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 photocopy of Item _____ as listed on **Chart B**.

If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.

Choose one as appropriate:

- ☐ I am a student at an Alabama college or university _____, **AND/OR**
Name of Alabama College/University
- ☐ I am an applicant for Alabama certification

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 Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education 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)*.

Applicant's Signature

Date

Proof of United States Citizenship Documentation List*Code of Alabama 1975, Section 31-13-29(g)***Chart A**

United States citizenship may be demonstrated 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>
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

Proof of Lawful Presence in the United States Documentation List*Code of Alabama 1975, Section 31-13-3(10)***Chart B**

Lawful presence may be demonstrated 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