LAUDERDALE COUNTY SCHOOLS
SUBSTITUTE NURSE APPLICATION INSTRUCTIONS

Thank you for your interest in becoming a substitute nurse with Lauderdale County Schools! Please complete the following steps to ensure your application is processed.

STEP 1: Complete Your Background Check and Fingerprinting

A background check is required by the Alabama State Department of Education.

1. Visit www.alsde.aim and access **Fieldprint**.
2. Pay the required background check fee.
3. Schedule your fingerprinting appointment.
4. Follow the instructions provided to determine where to complete your fingerprinting.

Important: Select the **Alabama State Department of Education** as the requesting agency. Do not select the Department of Nursing. This ensures your fingerprints are sent to the correct agency.
Keep your receipt showing that fingerprinting has been completed.

STEP 2: Gather Your Required Documents

Bring the following items to the Lauderdale County Board of Education:
☐ Fingerprinting completion receipt
☐ Completed Lauderdale County Board of Education Substitute Nurse Application
☐ Completed Form I-9, Employment Eligibility Verification
☐ Copy of your driver's license
☐ Copy of your Social Security card
☐ Completed Alabama Board of Nursing License Information Form
☐ Current resume
Please ensure all required forms are completed before submitting your application.

STEP 3: Review Substitute Nurse Qualifications

Applicants must meet the following requirements:

- **Nursing License:** Current RN or LPN license in good standing, without restrictions.
- **CPR Certification:** Current Basic Life Support (BLS) certification for healthcare providers through the American Heart Association or American Red Cross.
- **Experience:** One year of hospital nursing experience is preferred. Pediatric nursing experience is a plus.
- **Orientation:** Completion of a required five-day orientation provided by the Lauderdale County Lead Nurse before being placed on the substitute nurse list.
- **Resume:** A current resume must be submitted with the application.

STEP 4: Submit Your Application to Lauderdale County Board of Education or hr@lcschools.org

Mailing Address:	**Physical Address:**
P.O. Box 278	**355 County Road 61**
Florence, AL 35631	**Florence, AL 35634**

LAUDERDALE COUNTY SCHOOLS

SUBSTITUTE NURSE APPLICATION

355 County Road 61 | Florence, AL 35634 | 256-760-1300

APPLICANT INFORMATION

Date: _____ Name: _____

Name (as it appears on Social Security card): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Date of Birth: _____

Email Address: _____

SCHOOLS WHERE YOU WISH TO SUBSTITUTE

Check all schools where you are interested in substituting as a nurse.

☐ Innovation Center	☐ Lexington Elementary	☐ Brooks Elementary / Primary
☐ Lexington High	☐ Brooks High	☐ Rogers Elementary
☐ Central Elementary / Primary	☐ Rogers High	☐ Central High
☐ Underwood Elementary	☐ Lauderdale County Elementary / Primary	☐ Waterloo High
☐ Lauderdale County High	☐ Wilson Elementary	☐ Wilson High

BACKGROUND CHECK & FINGERPRINTING

A background check is required by the State Department of Education.

1. Visit www.alsde.aim and access Fieldprint.
2. Pay the required fee and schedule your fingerprinting appointment.
3. Follow the instructions provided to find your fingerprinting location.

IMPORTANT: Select the Department of Education—not the Department of Nursing—so your results are sent to the correct agency.

Thank you for your interest in serving the students of Lauderdale County Schools!

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. An alien 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					
Document Number (if any)					
Expiration Date (if any)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.		

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.