

CHISHOLM PUBLIC SCHOOLS
SUBSTITUTE TEACHER APPLICATION
2023-2024

Name: _____

Date: _____

Address: _____

Phone: _____

Do you understand and agree that the filing of this application in no way obligates this School District to employ the applicant; and that any misrepresentation made in this application will be sufficient cause for cancellation of application? _____

Have you ever been convicted/deferred of a state or federal felony offense? _____

Have you ever worked for Chisholm Public Schools under a different name? _____ If so, what name? _____

Are you drawing retirement from the Oklahoma Teacher Retirement System? _____

[Any person applying for employment as a substitute teacher shall only be required to have one such felony record search for the school year. Upon request of the substitute teacher, that felony record search must be sent to any other school district in which the substitute is applying to teach.]

_____ **Certified** (*has current Teaching Certificate*)* \$85.00 per day

_____ **Lapsed or Expired Teaching Certificate*** \$85.00 per day

_____ **Non-Certified** (*includes non-education college degree*) \$70.00 per day

Certified in the State of: _____

Certificate Number: _____ Valid to: _____

Degree: _____

**Substitute Teacher will be paid at non-certified rate until proof of teaching certification is received in the Administration Office **

OKLAHOMA STATE LAW REQUIRES ALL SUBSTITUTE TEACHERS TO HAVE A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT OF A HIGH SCHOOL EDUCATION (GED).

Have you completed the following:

_____ Substitute Teacher Application

_____ Authorization and Release (must be notarized)

_____ Copy of Teaching Certificate (if applicable)

_____ Race/Ethnicity

_____ I-9 Employment Eligibility Verification (with copy of verification documents)

_____ W-4 Form (Federal only)

_____ Oklahoma Tax Commission- Allowance Certificate (for State only)

_____ Loyalty Oath (must be notarized)

_____ Background Check/Fingerprints (do not need if you had a paycheck from Chisholm Public School last year)

_____ Contract

Signature_____
Date

AUTHORIZATION AND RELEASE

(Employee)

This Authorization and Release is executed under penalty of perjury on the _____ day of _____, 20____, by _____, an employee ("Employee") with the Chisholm Public Schools.

Employee understands that the Chisholm Public Schools receipt of a clear national felony record search has been requested by the Superintendent and/or Board of Education. Employee hereby releases his/her felony record search results of his/her name, fingerprints, social security number and any other lawful means of obtaining such results to the Chisholm Public Schools. Employee also releases the School District of any and all liability relating to its request for, receipt and use of the search results.

Employee acknowledges that he/she has been furnished and understands all of the requirements of the School District's Felony Record Search Policy and agrees to be bound by all of its terms and conditions.

Employee also agrees to truthfully answer the following questions:

HAVE YOU EVER:

	<u>Yes</u>	<u>No</u>
A. Entered a plea of guilty or nolo contendere to a state or federal felony charge?	_____	_____
B. Been convicted of a state or federal felony offense?	_____	_____
C. Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere?	_____	_____
D. Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?	_____	_____

Employee understands that if the felony record search reveals a prior felony offense conviction or if Employee provided a false response to one or more of the above questions, then Employee's employment by the School District will be reviewed to determine whether there is a basis for non-reemployment or dismissal. In any event, the Board of Education may accept Employee's resignation at any time within thirty (30) days after the date the Chisholm Public Schools was notified of either the unsatisfactory search results or the false response, which is later.

"Employee"

VERIFICATION

STATE OF OKLAHOMA)
) ss.
COUNTY OF _____)

_____, Employee, of lawful age and being first duly sworn upon oath, deposes and states: that Employee is familiar with the statements set forth above; that Employee has read and fully understood the foregoing Authorization and Release; and Employee states that all the matters therein set forth are true and correct.

"Employee"

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

(SEAL)

My Commission Expires: _____

Notary Public

Commission #

CHISHOLM PUBLIC SCHOOLS

Administration Office

305 Utah
Enid, Oklahoma 73701-6649

Phone: 580-237-5512

Fax: 580-297-5494

RACE/ETHNICITY

*Due to **Federal Mandate** (August 2010) the Oklahoma School District Personnel Report now requires the following race and ethnicity information.*

1 Are you Hispanic?

☐ Yes

☐ No

2 What is your race? (may mark more than one)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

Signature

Date



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
ZIP Code			Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	
Employee's E-mail Address		Employee's Telephone Number				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
ZIP Code			



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

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
<ol style="list-style-type: none"> 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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 	OR	<ol style="list-style-type: none"> 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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (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

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

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.

2023

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(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 <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>
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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	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>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 \$ _____</p>
Step 4 (optional): Other Adjustments	<p>(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) \$ _____</p> <p>(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) \$ _____</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ _____</p>

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)

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Oklahoma Tax Commission

Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4.....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below.....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<u>Single</u>	<u>Married Filing Joint</u>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<u>\$6,350</u> - standard deduction	<u>\$12,700</u> - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".

CHISHOLM PUBLIC SCHOOLS

Administration Office

305 Utah

Enid, Oklahoma 73701-6649

Phone: 580-237-5512

Fax: 580-297-5494

LOYALTY OATH

"I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the Laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am an employee of the Chisholm School District 1042."

(Affiant)

Subscribed and sworn to before me this _____ day of _____, 20____.

SEAL

(Notary Public)

My commission expires: _____

Commission number: _____

CHISHOLM PUBLIC SCHOOLS

Administration Office
305 Utah
Enid, Oklahoma 73701

Phone: 580-237-5512
Fax: 580-297-5494

BACKGROUND CHECK - FINGERPRINTS

SUBSTITUTE

*** If a Background check has been done at a different School District5 within the last one year, Chisholm will accept a copy of those results.

Satellite Site: 105 South Grand, Enid ("Mail Run" on east side of street - across from Post Office)

By Appointment Only

Follow instructions on Application for National Criminal History Record Check Form

CASH NOT ACCEPTED

Applicants cannot be fingerprinted without the registration ID number that the website will provide after the registration is completed.

When registering, there will be a "Service Code Entry" screen to be completed using the Service code options listed at the top of the form.

School District Employment

Once your fingerprints are done, bring to the Admin Office (Ashley Shaw):

- 1 Application for National Criminal History Record Check Form
- 2 Small sheet of paper received from Mail Run (has a whole bunch of numbers on it)

Please give me a call, if you have any questions.

Ashley Shaw
Admin Office
580-237-5512 ext 105

School Code: **24I042**

County: **Garfield**

School: **Chisholm Public Schools**

**Service code options:**

- School District Employment—2B7KRR
- Teacher Certification—2B7KS5
- Dual Processing (at OSDE ONLY)—2B7KTN

Ryan Walters
State Superintendent of Public Instruction
Oklahoma State Department of Education
Teacher Certification Section
(405) 521-3337

APPLICATION FOR NATIONAL CRIMINAL HISTORY RECORD CHECK

➤ Part I: PERSONAL INFORMATION OF APPLICANT *Valid photo ID required at Time of Live Scan *Cash Not Accepted

In accordance with 70 O.S. § 5-142, the State Board of Education requests criminal history information on:

Please type or print plainly in ink.

Name (Print) _____

Also Known As (AKA) or Maiden Name (if applicable) _____

Date of Birth ____ / ____ / ____ Race _____ Sex _____ Social Security Number _____ - _____ - _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Place of Birth _____ Citizenship _____

Enrollment ID: _____ Registration ID: _____ Phone #: (____) _____ - _____

➤ PART II: SUPERINTENDENT'S REQUEST FOR CRIMINAL HISTORY RECORD CHECK

(Position Sought or Held) CHISHOLM PUBLIC SCHOOLS	Sex Offender Check
(School District) 305 UTAH	SDE or OSBI USE ONLY
(School District Address) ENID, OK 73701	Violent Offender Check
(City, State, Zip Code) MARCUS CHAPMAN	SDE or OSBI USE ONLY
(Superintendent or Designated Personnel) 580-237-5512	
(School District Telephone Number)	(Date)

➤ PART III: SUBMISSION TYPE AND PAYMENT – CHOOSE OPTION 1, 2 OR 3 (CASH NOT ACCEPTED)☐ **OPTION 1 Electronic Livescan at OSDE Satellite Sites – \$58.25 ➤ 7 Business Days ◀**

Please have this form available and visit <https://ok.ibtfingerprint.com/>. or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting.

☐ Credit Card, Money Order or Check (certified, business or personal - payable to "Idemia")

☐ Idemia coupon code : _____

☐ **OPTION 2 Electronic Livescan at OSDE – \$58.25 ➤ 7 Business Days ◀**

Please have this form available and visit <https://ok.ibtfingerprint.com/>. or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting.

☐ Credit card, Money Order or Check (attach a certified, business or personal check - payable to "Idemia")

☐ Idemia coupon code : _____

☐ **OPTION 3 Ink Card Submission to OSBI – \$45 ➤ Up to 6 Weeks ◀ (For School Employment Only)**

☐ Money Order or Check (attach a certified, business or cashier check – payable to "OSBI")

☐ OSBI Approved PO number : _____

➤ PART IV: STATE DEPARTMENT OF EDUCATION USE ONLY**January 2023**

The undersigned certifies the State Board of Education has received this application from an approved requester.

Criminal Charges (Felonies and Misdemeanors)

Fingerprint/Background Check Coordinator, Teacher Certification

DATE

SDE or OSBI ONLY

INSTRUCTIONS

National Criminal History Record Check for Employment Purposes

A board of education shall request such information for any person seeking employment with the school. Districts are required to have designated staff for requesting and reviewing such information on file at the Oklahoma State Department of Education. Applications not completely and legibly filled out will be returned to the school district for corrections. The applicant gives consent for background check by filing out and submitting this application.

OPTIONS FOR NATIONAL CRIMINAL HISTORY RECORD CHECK

OPTION 1 - OSDE SCANNING OF FINGERPRINTS IN PERSON AT SATELLITE SITES

➤ 7 Business Days to Process ◀

➤ Satellite Sites are Appointment Only Locations ◀

\$58.25 payable by credit card, school check, personal check or money order.

- Please have this form available and visit <https://ok.ibtfingerprint.com/> or call (877) 219-0197 to register for your fingerprinting appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting. After you have fingerprinted, please return this form to your school or mail it in to us with a copy of your receipt.

OPTION 2 - OSDE SCANNING OF FINGERPRINTS IN PERSON

➤ 7 Business Days to Process ◀

➤ Appointments at OSDE for Livescan ◀

\$58.25 payable by credit card, school check, personal check or money order.

- You must now register before you can do your background check. Please go to Idemia's website at <https://ok.ibtfingerprint.com/> to register. You will need to provide that registration ID with you at the time of printing.
- Money order, school check or personal check payable to Idemia. Credit card payable at the time of printing. The owner of the credit card MUST be present at the time of fingerprinting for a signature of the transaction if they are not the applicant who is fingerprinting.
- A valid picture ID required at time of live scan. Hours of operation for fingerprinting are 8am-4pm Monday-Friday. The office is closed during all major holidays.

OPTION 3 - SERVICE CHARGE FOR OSBI FINGERPRINT CARD PROCESSING

➤ 4 to 6 Weeks to Process ◀

\$45 payable by school purchase order number, certified check, school check, cashier's check, or money order payable to the Oklahoma State Bureau of Investigation. Only public schools with approved billing accounts at the OSBI may use school purchase orders. **THE OSBI WILL NOT ACCEPT PERSONAL CHECKS OR CASH.**

- If paying by school purchase order, please include the purchase order number on the line provided in **Part III**. School districts using a purchase order number will receive a monthly billing statement from the Oklahoma State Bureau of Investigation; do not include payment with the search requests.
- The local school district has the option of reimbursing employees the cost of the background check. However, if a person is already employed by a district at the time the background check request is made, the district shall promptly reimburse the employee in full for the fee unless the person was employed pending receipt of the criminal history information check.

1. Applicant Notification:

- I understand that my fingerprints will be used to check the criminal history records of the OSBI and FBI.
- I will be provided the opportunity to complete, or challenge the accuracy of any Criminal History information found.
 - The procedure for obtaining a change, correction or updating a FBI identification record is set forth in Title 28, CFR, 16.34. For information on updating the national criminal history visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>.
- If there is a criminal history in question I will be given the opportunity to change, correct or update any information by notifying the appropriate arresting agency or court clerk.

2. **Results of Criminal History Check.** Results are returned to the State Department of Education. Each set of results will be forwarded to the designated personnel of the local school district by the Teacher Certification Section. According to Senate Bill 1673, personnel authorized by the district to receive and review a National Criminal History Record Check (NCHRC) must have a NCHRC on file with the district and a compliance form on file with the Oklahoma State Department of Education.
3. **Employment Decisions Based on Criminal History Information.** State law authorizes the State Department of Education to request from the OSBI and/or FBI criminal history information on applicants for school employment on behalf of a local school district. Once information is forwarded to the local school district, the local board of education is responsible for researching any arrests, charges, and/or convictions that may appear on the reports received from the OSBI and/or the FBI, and for making hiring decisions based upon the information received. Per HB 1418, temporary employment of a prospective employee shall terminate after 60 days unless the district receives results of the NCHRC.
4. **Substitute Teachers.** Any person applying for employment as a substitute teacher shall be required to have a NCHRC for the school year. However, a district may choose whether to require a NCHRC if the person was employed by the district in the last year. Any person applying to substitute teach in more than one district shall, upon that person's request, have the NCHRC sent to any other districts where they have applied to substitute teach. Any person employed as a full-time teacher in an Oklahoma school district in five years preceding their application to substitute teach may not be required to have a NCHRC, if the teacher produces a copy of a NCHRC completed within the preceding five years and a letter from the district where the teacher was last employed stating the teacher left in good standing.

Mail information to: Oklahoma State Department of Education
Teacher Certification Section, Room 212
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
Telephone: (405) 521-3337

Revised January 2023

CHISHOLM SCHOOL DISTRICT

NON- CERTIFIED SUBSTITUTE TEACHER CONTRACT

This contract is made by and between Independent School District No. 42 of Garfield County, Oklahoma ("School District"), and the individual whose name is signed below, ("Substitute Teacher").

RECITALS:

- A. School District desires to employ Substitute Teacher to provide substitute teaching services in School District's school for the current fiscal year only
- B. Substitute Teacher desires to accept employment by the School District as a substitute teacher under the terms of this contract.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and intending to be legally bound, the School District and Substitute Teacher agrees as follows:

1. **Employment of Substitute Teacher.** School District employs Substitute Teacher to perform substitute teaching services in School District's schools under the terms of this contract. Substitute Teacher accepts employment with the School District in that capacity.
2. **Duties.** Substitute Teacher agrees that Substitute Teacher is familiar with the duties he/she is to assume as a substitute teacher in the School District's school system and agrees to perform those duties as assigned from time to time as a substitute teacher.
3. **Compensation.** For all substitute teaching services performed under this contract, School District agrees to pay Substitute Teacher, at regular payroll periods, according to the substitute salary schedule adopted by School District's Board of Education for the fiscal year of School District in which Substitute Teacher renders services.
4. **Term.** The term of this contract will automatically expire at the end of 20 school days of employment of Substitute Teacher in the same assignment, or at the end of 70 school days in multiple assignments, or the end of the School District's fiscal year (June30/July1) in which that contract is made, whichever occurs first. The parties specifically agree that this contract is **NOT** subject to the Oklahoma Continuing Contract Law and that no action need be taken by the Board of Education of the School District to non- renew Substitute Teacher or terminate this contract. Substitute Teacher acknowledges and understands that he/she would not have been hired as a Substitute Teacher by the School District without a Substitute Teacher's agreement as to automatic expiration of this contract. Substitute Teacher further acknowledges that the limitation on the term of this contract was a material inducement to the School District's entering into this agreement. Finally, Substitute Teacher acknowledges and understands that this contract is **NOT** subject to the Oklahoma Teacher Due Process Act and that this contract may be terminated at any time without cause.
5. **Fringe Benefits, Hours of Work and Day of Work.** School District and Substitute Teacher agree that Substitute Teacher is **NOT** entitled to participate in any "fringe benefits" programs offered to other teachers by the School District. Substitute Teacher agrees and understands that he/she will work for the School District from time to time as called upon by the School District. Substitute Teacher agrees and understands that he/she has not been promised any specific number of hours of work or any specific number of days of work under this contract.
6. **Rules and Regulations.** All rules and regulations of the School District pertaining to its teachers are incorporated herein by reference, except that if the provisions of this contract are contrary to any of the rules and regulations, the provisions of this contract shall control and be prevailing.
7. **Miscellaneous.** This contract represents the entire understanding between the parties concerning the subject matter hereof and may be modified only by the mutual written agreement of the parties. This being a contract for personal services, Substitute Teacher may not assign this contract or the compensation to be received by Substitute Teacher under this contract. The School District has not made any promises or representations to Substitute Teacher beyond the times specifically stated in this contract. Without limiting the foregoing, the School District has not made any promise or commitment to Substitute Teacher for a permanent teacher's position or any preferred status for a permanent teacher's position.
8. By signing this Substitute Teacher Contract the Substitute Teacher warrants that the Teacher has read this contract and understands its terms and conditions.

EXECUTED this _____ day of _____, 20_____.

"Substitute Teacher"

**CHISHOLM PUBLIC SCHOOLS
OF GARFIELD COUNTY, OKLAHOMA**

(SEAL)

President, Board of Education

CHISHOLM SCHOOL DISTRICT
SUBSTITUTE TEACHER CONTRACT
 (CERTIFIED, LAPSED, OR EXPIRED)

This contract is made by and between Independent School District No. 42 of Garfield County, Oklahoma ("School District"), and the individual whose name is signed below, ("Substitute Teacher").

RECITALS:

- A. School District desires to employ Substitute Teacher to provide substitute teaching services in School District's school for the current fiscal year only
- B. Substitute Teacher desires to accept employment by the School District as a substitute teacher under the terms of this contract.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and intending to be legally bound, the School District and Substitute Teacher agrees as follows:

1. **Employment of Substitute Teacher.** School District employs Substitute Teacher to perform substitute teaching services in School District's schools under the terms of this contract. Substitute Teacher accepts employment with the School District in that capacity.
2. **Duties.** Substitute Teacher agrees that Substitute Teacher is familiar with the duties he/she is to assume as a substitute teacher in the School District's school system and agrees to perform those duties as assigned from time to time as a substitute teacher.
3. **Compensation.** For all substitute teaching services performed under this contract, School District agrees to pay Substitute Teacher, at regular payroll periods, according to the substitute salary schedule adopted by School District's Board of Education for the fiscal year of School District in which Substitute Teacher renders services.
4. **Term.** The term of this contract will automatically expire at the end of School District's fiscal year (June 30/July 1) in which this contract is made. The parties specifically agree that this contract is **NOT** subject to the Oklahoma Continuing Contract Law and that no action need be taken by the board of education of the School District to non-renew Substitute Teacher or terminate this contract. Substitute Teacher acknowledges and understands that he/she would not have been hired as a substitute teacher by the School District without Substitute Teacher's agreement as to automatic expiration of this contract. Substitute Teacher further acknowledges that the limitation on the term of this contract to this fiscal year was a material inducement to the School District's entering into this agreement. Finally, Substitute Teacher acknowledges and understands that this contract is **NOT** subject to the Teacher Due Process Act and that this contract may be terminated at any time without cause.
5. **Fringe Benefits, Hours of Work and Day of Work.** School District and Substitute Teacher agree that Substitute Teacher is **NOT** entitled to participate in any "fringe benefits" programs offered to other teachers by the School District. Substitute Teacher agrees and understands that he/she will work for the School District from time to time as called upon by the School District. Substitute Teacher agrees and understands that he/she has not been promised any specific number of hours of work or any specific number of days of work under this contract.
6. **Rules and Regulations.** All rules and regulations of the School District pertaining to its teachers are incorporated herein by reference, except that if the provisions of this contract are contrary to any of the rules and regulations, the provisions of this contract shall control and be prevailing.
7. **Miscellaneous.** This contract represents the entire understanding between the parties concerning the subject matter hereof and may be modified only by the mutual written agreement of the parties. This being a contract for personal services, Substitute Teacher may not assign this contract or the compensation to be received by Substitute Teacher under this contract. The School District has not made any promises or representations to Substitute Teacher beyond the times specifically stated in this contract. Without limiting the foregoing, the School District has not made any promise or commitment to Substitute Teacher for a permanent teacher's position or any preferred status for a permanent teacher's position.

EXECUTED this _____ day of _____, 20_____.

 "Substitute Teacher"

**CHISHOLM PUBLIC SCHOOLS
 OF GARFIELD COUNTY, OKLAHOMA**

(SEAL)

 President, Board of Education