



MIDDLEBERG PUBLIC SCHOOL  
SUBSTITUTE APPLICATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address Physical Address

\_\_\_\_\_ City State Zip

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**AVAILABLE SUBSTITUTE LOCATIONS:**  
*(Check the grades(s) where you would like to assist)*

\_\_\_\_\_ Pre-K and K \_\_\_\_\_ Grades 1<sup>st</sup> thru 3<sup>rd</sup>

\_\_\_\_\_ Grades 4<sup>th</sup> thru 8<sup>th</sup> \_\_\_\_\_ School Office

**Check all positions of interest:**

\_\_\_\_\_ Teacher \_\_\_\_\_ Food Service \_\_\_\_\_ Custodial  
\_\_\_\_\_ Aide \_\_\_\_\_ Transportation \_\_\_\_\_ Other \_\_\_\_\_

**General Information:**

What do you feel is/are your instructional strength(s)? (i.e., math, science, language arts, etc.)

Do you have previous experience with Special Education or handicapped students?

Would you like assignments in the Special Education classroom?

**List any experience that may apply to this position:**

\_\_\_\_\_  
\_\_\_\_\_

**Professional References (Please list 3):**

Name:	Address:	Position:	Phone #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Education (Highest Level):**

Name and Location of School: \_\_\_\_\_

High School \_\_\_\_\_ Trade, Business, Night or Correspondence \_\_\_\_\_

College \_\_\_\_\_ How many years? \_\_\_\_\_ Received diploma? \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ What year? \_\_\_\_\_ Main course of study \_\_\_\_\_

**Work and/or Classroom Experience (list last three):**

When employed:	Employer:	Kind of work done:	Reason for leaving:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Teaching Certificate:** Do you have a teaching certificate? \_\_\_\_\_ From what state?: \_\_\_\_\_

Cert. # (Attach a copy): \_\_\_\_\_ Are you a retired teacher? \_\_\_\_\_

Have you ever been discharged from a teaching position? \_\_\_\_\_ (Explain in writing & submit)

**Other Information:** Are you related to a member of the Blanchard Board of Education? \_\_\_\_\_

If yes, how? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ When?: \_\_\_\_\_

**Name of the person to be notified in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. \_\_\_\_\_

Address \_\_\_\_\_

*I understand in making this application for employment:*

- I grant Middleberg Public School permission to contact any or all former employers and references or other sources they see fit to verify information with regard to character and qualifications. All persons, firms, and entities are hereby authorized to release any information or records concerning me to Middleberg Public School and are released by me from liability as a result of furnishing records and information.
- I hereby certify that all above questions are fully and correctly answered. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.
- That the application will remain active for one year after this completion and that I must notify the district if I wish to be considered beyond that period.
- That the filing of this application in no way obligates this School District to employ me.
- That the School District reserves the right to reject any application for employment with out disclosing reason.

SIGNATURE OF APPLICANT \_\_\_\_\_

Date \_\_\_\_\_

*It is the policy of Middleberg Public School not to discriminate on the basis of race, color, religion, gender, national origin, age or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973.*

*Civil rights compliance inquiries related to MPS may be directed to the Equity Coordinator or the United States Department of Education's Assistant Secretary for Civil Rights. Inquiries or concerns regarding compliance with Title IX should be presented to our local school district Title IX Coordinator. Both are located on our campus at 2130 County Road 1317, Blanchard, Oklahoma 73010, telephone number 405.485.3612.*



## Application for National Criminal History Record Check

Choose One:  Teaching Certificate  School Employment

**➤ PART I: PERSONAL INFORMATION OF APPLICANT**

\*Picture ID required at Time of Live Scan

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, do not use pencil. Scratch outs, markovers, or whiteouts are not allowed.)

Name (Print) \_\_\_\_\_  ID Verified – OSDE Use Only

Also Known As (AKA) or Maiden Name (if applicable) \_\_\_\_\_ School District Code \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

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

	Sex Offender Check
(Position Sought or Held)	
(School District)	<b>SDE or OSBI USE ONLY</b>
(School District Address)	Violent Offender Check
(City, State, Zip Code)	
(Superintendent or Designated Personnel)	<b>SDE or OSBI USE ONLY</b>
(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 – \$59 ➤ 7 Business Days ◀**

Please have this form available and visit [www.l1enrollment.com](http://www.l1enrollment.com) or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment can be made during your appointment or online when scheduling.

Credit Card, Money Order or Check (certified, business or personal - payable to "L-1")

L-1 District Billing Account Number : \_\_\_\_\_

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**OPTION 2 Electronic Livescan at OSDE or Ink Card Submission to OSDE – \$59 ➤ 7 Business Days ◀**

Money Order or Check (attach a certified, business or personal check - payable to "L-1")

Credit Card Confirmation Number \*\* : \_\_\_\_\_

\*\* call (877) 219-0197 to charge by phone and receive your confirmation number

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**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 Billing Account Number : \_\_\_\_\_

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

Revised March 2012

The undersigned certifies the State Board of Education has received this application from an approved requester.	Criminal Charges (Felonies and Misdemeanors)
Fingerprint/Background Research Coordinator, Professional Standards _____ DATE _____	<b>SDE or OSBI ONLY</b>

**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 employment during such time as I am an Employee of Middleberg Public School, District C-096, Grady County, Oklahoma.

\_\_\_\_\_

AFFIANT

For Notary Use Only:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_

**S E A L:**

\_\_\_\_\_  
Notary Public

**MIDDLEBERG PUBLIC SCHOOLS**

**USE OF DRUGS AND CONTROLLED SUBSTANCES BY EMPLOYEES  
(DRUG-FREE WORKPLACE)**

Student and employee safety is of paramount concern to the Middleberg Board of Education. Employees under the influence of alcohol, drugs or controlled substances are a serious risk to themselves, to students, and to other employees. Therefore, the board of education shall not tolerate the unlawful manufacture, use, possession, sale, distribution or being under the influence of drugs or controlled substances. Nor shall the board tolerate the unlawful use of, or being under the influence of, alcohol (including 3.2 beer) by an on-duty employee. Any employee who violates this policy will be subject to disciplinary action which may include employment termination.

Each employee of this school district is hereby notified that, as a condition of employment, the employee must abide by the terms of this policy, and will notify the superintendent of any criminal drug statute conviction for a violation occurring in or on the premises of this school district, or while engaged in regular employment. Such notification must be made by the employee to the superintendent not later than five days after conviction. The superintendent will provide notice of such violation to the United States Department of Education or other appropriate government agencies within ten (10) days after the superintendent receives such notification.

Within thirty (30) days following receipt of the above notification, the district will take appropriate disciplinary action which may include termination or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program.

The board of education recognizes that employees who have a drug abuse problem should be encouraged to seek professional assistance. An employee who requests assistance shall be referred to a treatment facility or agency in the community at the employee's expense, if such facility or agency is available.

The board of education hereby commits itself to a continuing good faith effort to maintain a drug-free workplace.

The policy shall be communicated in writing to all present and future employees.

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Employee Signature

# Form W-4 (2014)

**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.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic Instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶	<b>H</b>	

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2014</span>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Home address (number and street or rural route)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City or town, state, and ZIP code</td> </tr> </table>		1 Your first name and middle initial	Last name	Home address (number and street or rural route)		City or town, state, and ZIP code		2 Your social security number
1 Your first name and middle initial	Last name							
Home address (number and street or rural route)								
City or town, state, and ZIP code								
3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>						
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____						
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____						
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.) ▶		Date ▶						
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)						
10 Employer identification number (EIN)								

ATTENTION  
SUBSTITUTE  
TEACHER  
APPLICANTS:

Attach a copy of your

**Driver's License**  
*and*  
**Social Security Card**  
**or**  
**Birth certificate**

to the next form,  
Employment Eligibility Verification.

THANK YOU!





# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

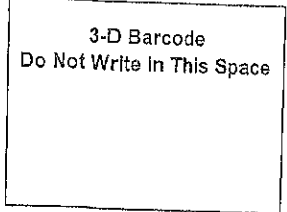
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write In This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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