



Phone (409) 296-6100

**EAST CHAMBERS ISD**

Scott Campbell, Superintendent  
1955 State Hwy 124  
Winnie, Texas 77665

Fax (409) 296-3528



**ECISD Requirements for Substitute Teacher:**

High School Graduate/GED

Proof of Highest Educational Attainment

Two Forms of ID (Drivers License & Social Security Card)

Completed Substitute Application

Senate Bill 9 (SB9) Fingerprinting Bill (Cost \$50.20)

For more information on and appointment call 888-467-2080

Note: Senate Bill 9 (SB9) also known as the “Fingerprinting Bill” was passed by the 80<sup>th</sup> Legislature and signed into law by Governor Perry June 15, 2007. SB9 authorizes and requires greatly expanded criminal history information reviews for most classes of educators and school employees, including national criminal history and background checks based on the submission of fingerprints for all certified and currently employed educators, as well as substitute teachers, whether certified or not certified, by September 1, 2011.

**Applicants will not be placed on Substitute list until all requirements are met.**



<b>Work Experience</b>	Please provide a complete listing of all jobs or positions you have held in the past ten years. List most recent first. Attach additional sheets if necessary. (Bus driver applicants, see Addendum.)			
	Employer and location	Position/Title	Dates employed	Reason for leaving
<b>Special Skills</b>	List specific skills and/or any machines or equipment you can operate. Include typing speed and number of years of experience.			
	1. _____	4. _____		
<b>General Information</b>	Do you have a relative who is a member of the EAST CHAMBERS ISD Board of Trustees? yes <input type="checkbox"/> no <input type="checkbox"/>			
	If yes, please provide the name of the relative and the relationship:			
	_____			
_____				
_____				
Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor)? yes <input type="checkbox"/> no <input type="checkbox"/>				
If yes, please state where, when, and the nature of the offense; also indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:				
_____				
_____				
_____				
Please note: It is East Chambers ISD's procedure not to place on its substitute teacher list any applicant who has any positive criminal history background either disclosed by the applicant or found during a criminal history background check. Please initial here _____ indicating you understand this requirement.				

<b>References</b>	Please list references who may be contacted regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at the last two employing organizations.				
	Full name of reference	School district/ Firm name	Mailing address	Position/Title	Area Code/ Phone number
<b>Verification</b>	<p><b>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</b></p> <p><b>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing same to you.</b></p> <p><b>I understand that the District is authorized by Texas Education Code § 22.083(b) to obtain criminal history record information on applicants selected for employment.</b></p> <p style="text-align: center;"> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">Signature of Applicant</span> <span>Date</span> </p> <p><b>This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for a period of time not to exceed <u>365</u> days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.</b></p>				



**EAST CHAMBERS ISD**

**SUBSTITUTE TEACHER APPLICATION**

**REQUIREMENTS:** \_\_\_\_\_ **High School Graduate/GED**  
\_\_\_\_\_ **Proof of Highest Educational Attainment**  
\_\_\_\_\_ **Two Forms of ID (Drivers License & SS Card)**

**PLEASE BRING THE ABOVE DOCUMENTS WITH APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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(City)

(State)

(Zip)

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ARE YOU A CERTIFIED TEACHER? \_\_\_\_\_

IF NOT, ARE YOU A COLLEGE GRADUATE? \_\_\_\_\_

SPECIFY GRADES YOU ARE AVAILABLE TO TEACH \_\_\_\_\_

NOTE: CALL THE HUMAN RESOURCES OFFICE AT 296-4181 IN THE EVENT YOUR NAME NEEDS TO BE REMOVED FROM THE LIST.

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ VERIFICATION OF EDUCATION

\_\_\_\_\_ EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM)

\_\_\_\_\_ W-4 FORM

\_\_\_\_\_ BACKGROUND SEARCH (ACCESS TO POLICE RECORDS)

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** 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.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.   
**G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► 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.		<b>2010</b>
<b>1</b> Type or print your first name and middle initial.		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <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.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b>		
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$		
<b>7</b> I claim exemption from withholding for 2010, 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 . . . . . ► <b>7</b>				
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.				
<b>Employee's signature</b> (Form is not valid unless you sign it.) ►		<b>Date</b> ►		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

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

**Form I-9, Employment Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 (month/day/year)
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