



Substitute/Activity Bus Driver Application Packet

Required Legal Forms for Initial Employment:

1. Substitute/Activity Bus Driver Application
2. Criminal Record History Authorization
3. TB Evaluation Form- must be completed before working in a classroom. You may provide a copy of your most recent test results if you have had a TB test within the last year.
4. I-9 Form (Employment Eligibility)- Complete Section 1 and attach a copy of two forms of identification such as your social security card and driver's license.
5. Declaration of Employment Interest- must be completed for each school year

Please carefully read all materials and submit completed forms to:

Anderson 1 & 2 Career and Technology Center

Attn: Amanda McCauley

702 Belton Hwy

Williamston, SC 29697

Email: amccauley@andersonctc.org

Fax: 864-847-3539

Thank you for your interest with ACTC!



BHP-Palmetto-Powdersville-
Wren
Anderson Districts I & II
Career & Technology Center

Substitute/Activity Bus Driver Application
Anderson Districts 1 & 2
Career and Technology Center
702 Belton Highway
Williamston, SC 29697
Phone: 864-847-4121 Fax: 864-847-3539

Date of Application: _____
Social Security No.: _____
Home Phone: _____
Cell Phone: _____

Important: Attach a copy of your driver's license and social security card.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

E-mail Address (required): _____

Have you ever been a member of the South Carolina Retirement System? _____

Have you been through the Substitute Training class? _____ Date Attended: _____

Subject(s) preferred: _____

Have you ever been convicted by federal, state, or other law enforcement authorities or pleaded "no contest" for violation of any federal law, state law, county or municipal law, regulation, or ordinance, including fraudulent checks? (Do not include any offense or minor traffic violations for which a fine of \$100 or less was imposed.)

Education

Do you hold a valid teaching certificate? _____ Certification no. and year it expires: _____

Area(s) of Certification: _____

Indicate the highest level of formal education completed by circling the appropriate category below:

High School Associate Degree Bachelor's Degree Master's Degree or above Other

Work Experience (Teaching or Other)

List name of employer, complete address and telephone, dates employed, title of position, and kind of work.

1. _____

2. _____

3. _____

References (Please list at least two individuals who are familiar with your work habits and skills.)

Name	Position	Address and Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, employers, and other organizations I have named in this application to provide the Career and Technology Center with any relevant information. I further release all parties providing information from any and all liability or claims for damages that may result from the disclosure or use of this information. I understand that information collected from the parties named will be used solely for the purpose of evaluation of my application for employment.

Signature of Applicant

Date

The Career and Technology Center does not discriminate based on race, color, national origin, religion, sex, age, disability, or citizenship status. Your response to the questions contained on this application will be used only as relevant to the position you are seeking.

**Anderson Districts 1&2
Career and Technology Center
702 Belton Highway
Williamston, SC 29697**

Criminal Record History for Initial Employment

Please complete the following information and return this form with your application. The Human Resources Office will conduct the criminal record history check.

(Please Print Clearly)

Name(s): _____
 Last **First** **Middle** **Maiden**

Date of Birth: _____

Race: _____

Sex: _____

Social Security Number: _____


Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

I understand that my employment is conditional upon the Career & Technology Center's receipt of a satisfactory criminal history record. I authorize the Center to obtain my criminal history record.

Signature: _____ **Date:** _____

		School Employee/Individual Certificate Of Evaluation For Tuberculosis			
Name: Last _____ First _____ M.I. _____		Residence Address _____		City _____	County _____
Public or private school, kindergarten, nursery or day care center of current employer or other employer or individual				Date employed _____	
TEST RESULTS	TUBERCULIN SKIN TEST _____ Date Given _____		CHEST X-RAY _____ Date _____		REMARKS
	5 TU PPD MANTOUX METHOD _____ mm _____ Date Interpreted _____		Interpretation _____		
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD ¹				
	<input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ <input type="checkbox"/> Preventive treatment started _____ but not completed ² <input type="checkbox"/> Preventive treatment not prescribed/refused ² <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____ <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non-contagious as of _____ and medically cleared to start/resume school/other employment on _____				
¹ No further routine screening required. ² Remains at lifelong risk of developing tuberculosis.					
CERTIFICATION	<input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979.				
	<input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above.				
Physician's Signature _____				Date _____	

DHEC 1420 (5/83)

DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.

SCHOOL EMPLOYEE/INDIVIDUAL CERTIFICATE OF EVALUATION FOR TUBERCULOSIS: This form may be used for school employees or other individuals who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees and by employer or individual for other needs.

CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED APRIL 1979. SECTION 44-29-150. No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the South Carolina Department of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

SECTION 44-29-160. Any person applying for a position in any of the public or private schools, kindergartens, nurseries or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active stage.

SECTION 44-29-170. The physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental Control, whose duty it shall be to provide such forms upon request of the applicant.

SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. (Regulation 61-22) Each employee shall have, prior to employment, and unless so previously tested, as a condition for further employment, a tuberculin skin test performed by intradermal injection of 5 tuberculin units of purified protein derivative of tuberculin (Mantoux test with 5 TU of PPD). Employees whose test reactions measure 10mm or more shall have a chest x-ray, and where indicated sputum cultures. Results of the skin test and x-ray shall be recorded on the DHEC Form 1420 which shall be kept in the files of the school principal/designee. These forms shall be subject to review by DHEC. If the chest x-ray (and examination of sputum, if necessary) shows evidence of current tuberculosis disease, the employee shall not be allowed to work until he/she receives written certification from DHEC that he/she is non-contagious. Employees whose skin test reactions measure 10mm or more and who have a normal chest x-ray shall be evaluated for preventive therapy for their tuberculous infection. If preventive therapy is not prescribed, or is prescribed, but refused, a notation shall be made on the employee's certificate that he/she is considered to be infected with tubercle bacilli and remains at lifelong risk of developing tuberculosis disease. Testing other than that described above, shall be required only if there is epidemiological evidence that employees, attendees, or students in the school, nursery, day care center or kindergarten have become infected or infectious with tuberculosis.

DHEC 1420 (5/83)



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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
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

STOP *Employer Completes Next Page* STOP



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

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity 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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**DECLARATION OF EMPLOYEMENT INTEREST
FOR SUBSTITUTE TEACHERS**

I desire work only as a part-time substitute teacher at the Career and Technology Center on an as-needed basis. I understand that, by signing this form, I will not be excluded from applying for future positions at the center if I desire.

Signature

Date

I provide the following personal information to place my name on the substitute call list:
(Please print all information legibly)

Name _____

Home Phone _____

Mailing Address _____

Other Phone _____

Social Security No _____

Please check one of the following:

____ Certified Teacher Certification No _____

____ College Graduate 2 year _____ 4 year _____

____ College Student

____ High School Graduate or GED

Even if we have asked for this information from you in the past, we would appreciate you taking the time to complete this form and returning it so that our records are up to date. Please return form to:

Amanda McCauley
Anderson 1 & 2 Career & Technology Center
702 Belton Hwy
Williamston, SC 29697

Email: amccauley@andersonctc.org