

## ***Substitute/Activity Bus Driver Application Packet***

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### **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 I 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 I & II Career and Technology Center  
702 Belton Hwy  
Williamston, SC 29697  
E-mail: [cbayne@andersonctc.k12.sc.us](mailto:cbayne@andersonctc.k12.sc.us)  
Fax: 864-847-3539

Thank You!



**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 employment or other employer or individual					Date employed _____
TEST RESULTS	TUBERCULIN SKIN TEST _____ <small>Date Given</small>		CHEST X-RAY _____ Date _____		REMARKS _____
	5 TU PPD MANTOUX METHOD _____ _____ mm _____ <small>Date Interpreted</small>		Interpretation _____		
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD <sup>1</sup> <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ <sup>1</sup> <input type="checkbox"/> Preventive treatment started _____ but not completed <sup>2</sup> <input type="checkbox"/> Preventive treatment not prescribed/refused <sup>2</sup> <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 _____				
	<sup>1</sup> No further routine screening required. <sup>2</sup> 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 (5/93)

**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 with test reactions measuring less than 10mm shall not require any further routine screening. 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.



# 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.

<b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>						
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):

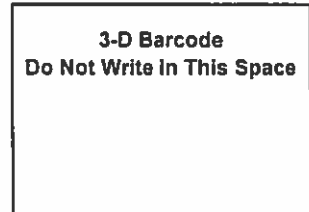
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

**STOP** *Employer Completes Next Page* **STOP**

## 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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: SC Department of Motor Vehicle		Issuing Authority: Social Security Administration
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): n/a
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR Administrator	
Last Name (Family Name) Bayne	First Name (Given Name) Cheryl	Employer's Business or Organization Name Anderson Career & Technology Center		
Employer's Business or Organization Address (Street Number and Name) 702 Belton Hwy		City or Town Williamston	State SC <input type="checkbox"/>	Zip Code 29697

### 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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BHP-PALMETTO-POWDERSVILLE-WREN  
Anderson Districts I & II Career & Technology Center

## DECLARATION OF EMPLOYMENT 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 Certificate 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:

Cheryl Bayne  
Career & Technology Center  
702 Belton Hwy.  
Williamston, SC 29697