



Kershaw County School District
 2029 W. DeKalb Street
 Camden, SC 29020

803 / 432-8416
 Fax 803 / 425-8918

Substitute Application

Substitute employment _____ DATE _____

SOCIAL SECURITY NUMBER _____

NAME

Last First Middle Initial

If any of your records pertaining to this application may be identified by a name different from the name shown, please give the name(s) in full: _____

PRESENT ADDRESS

Street City State Zip

PERMANENT ADDRESS

Street City State Zip

PHONE NUMBER () Area Code Are you 18 years or older? [] Yes [] No

DRIVER'S LICENSE NO. & STATE _____ CDL CERTIFICATE [] Yes [] No

CURRENT DATA

POSITION DATE YOU SALARY
 APPLYING FOR ARE AVAILABLE DESIRED

ARE YOU EMPLOYED NOW? [] Yes [] No PRESENT EMPLOYER
 IF SO, MAY WE CONTACT YOUR NAME
 PRESENT EMPLOYER FOR TELEPHONE NUMBER
 REFERENCE? [] Yes [] No () _____

HAVE YOU EVER APPLIED TO THE SCHOOL DISTRICT BEFORE? [] Yes [] No If yes, when? _____ POSITION APPLIED FOR

EDUCATION	NAME & LOCATION OF SCHOOL	NUMBER YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
POSTHIGH SCHOOL, TRADE, BUSINESS SCHOOL, COLLEGE				

GENERAL

SPECIAL SKILLS: (INCLUDE COMPUTER SKILLS)
 US MILITARY SERVICE: RANK: PRESENT MEMBERSHIP IN NAT'L GUARD/RESERVES
 RELATED SKILLS ACQUIRED:

Date Rec'd

App. Ackn.

Ref. Ret'd.

Prev. Emp. Ref.

Int. Sch.

Int. Com.

Action

Letter

OSHA

Asbestos

SLED

Rating

EMPLOYMENT HISTORY: (List below last employers, listing the most recent first.)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES: Give the names of three persons not related to you who are familiar with your work performance.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN	CAPACITY KNOWN
1.				
2.				
3.				

VIEWPOINT

Please use this space to express, in your own handwriting, why you are interested in this position.

Have you even been convicted of a crime, *excluding minor traffic violations? [] Yes [] No

If yes, please explain on reverse side of this application.

* A conviction will not necessarily exclude you from being considered for employment.

Are you currently receiving Family Independence benefits or food stamps? ** [] Yes [] No

** A "yes" answer will not disqualify you from consideration for employment. The School District must ask this question pursuant to South Carolina law solely for reporting purposes.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you. Further, I understand that the School District of Kershaw County or the employee can terminate the employment relationship at any time for any or no reason.

Date

Signature

THE SCHOOL DISTRICT OF KERSHAW COUNTY is an Equal Employment Opportunity Employer. The School District does not discriminate on the basis of race, gender, disability, age or national origin in its educational programs and employment practices.

Revised 7/99

VOLUNTARY

This information is for Equal Employment Opportunity Commission reporting purposes only and will not become a part of the official applicant file.

Race: Caucasian African American American Indian Asian/Pacific Islander Hispanic Other

Gender: Male Female Position(s) for which you are applying: 1. _____
2. _____

Name: _____
Last First Middle

Birthdate: _____ Social Security Number _____

School District of Kershaw County
1301 DuBose Court
Camden, SC 29020
Phone: 803-432-8416 Fax: 803-425-8918

SLED AUTHORIZATION FORM

The policy of the Kershaw County School District Board of Trustees requires a criminal record investigation to be completed for each employee as a condition of employment (GCFA/GDF). Your date of birth, social security number, race, and gender are needed to accurately perform this investigation. This information will be used for the purpose of the State Law Enforcement Division (SLED) background investigation only. Please complete this form and return it with your application.

Name (please print)

Social Security Number

Date of Birth

Please check one:

Race: African American American Indian Asian/Pacific Islander
 Caucasian Hispanic Other

Gender: Female Male

I understand that if I am offered employment with the District, the fee of \$25.00 required for conducting a background check on me with SLED will be deducted from my first paycheck issued by the District. I authorize the deduction of \$25.00 from my first paycheck.

Signature

Date

SOUTH CAROLINA TAX COMMISSION
EMPLOYEES'S WITHHOLDING EXEMPTION CERTIFICATE

Name _____ Social Security No. _____

Street _____ City _____ State _____ Zip _____

1. If SINGLE, and you claim an exemption, write the figure "1". If you claim no exemption write "0" If you claim an additional exemption for head of household, write the figure "2".....	Name of Dependents (Do not include yourself or spouse)
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate. (a) If you claim both of these exemptions, write the figure "2" . (b) If you claim one of these exemptions, write the figure "1"..... (c) If you claim neither of these exemptions, write "0".....	A. _____
3. Exemptions for age and blindness(applicable only to you and your wife but not to dependents): (a)If you or your wife will be 65 years of age or older by the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2".....	B. _____ C. _____
(b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2".....	D. _____
4. If you claim exemptions for one or more dependents, write the number of such exempt ons. (Do not claim exemption for a dependent unless you are qualified under instruction 5 on other side)	E. _____
5. Add the number of exemptions which you have claimed above and enter the total.....	F. _____

I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

_____ Date

_____ Employee Signature

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 2011. 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: { <ul style="list-style-type: none"> • 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. { <ul style="list-style-type: none"> • 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 \$40,000 (\$10,000 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. 	H	_____

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

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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>	<p>OMB No. 1545-2159 2011</p>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		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.
City or town, state, and ZIP code		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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ 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)

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

Form I-9, Employment Eligibility Verification

Please 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 eligible 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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
		Date (month/day/year)	
Employee's Signature			

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 eligible 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)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**Instructions****Please read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.



CLASSIFIED EMPLOYMENT REFERENCE FORM

TO THE APPLICANT:

1. Complete the information listed below.
2. Select your references carefully and forward a copy to each individual. Each reference is asked to return the completed reference form directly to Human Resources. References should be someone other than a family member. We need at least three references for your application.
3. The reference source is assured confidentiality. All applications, reference forms and records become the property of the district and are not available to applicants.

Applicant Name _____

Position for which you are applying _____

I waive any right to access this reference _____
Signature/Date

TO THE REFERRER:

Thank you for assisting us in the screening process. Employment references are essential to our making informed hiring decisions. Please take a few minutes to complete this form and answer all questions as best as you can. Your response is confidential and the applicant will not have access to the information you provide. You may submit your reference by mail or fax.

	POOR	BELOW AVERAGE	AVERAGE	EXCELLENT	SUPERIOR
CHARACTER					
DEPENDABILITY					
ENERGY/ENTHUSIASM					
COOPERATION					
JUDGMENT					
MATURITY					
FLEXIBILITY					
PUNCTUALITY/ATTENDANCE					
INITIATIVE					
ACCEPTANCE OF RESPONSIBILITY					
QUALITY OF WORK					

For how long have you known this applicant? _____

Has this applicant worked with you? _____ If yes, approximate length of time _____

Have you supervised the applicant's work? _____

Why did this applicant leave your employment? _____

Do you know of any reason why the KCS D should not employ this applicant?

What do you consider this applicant's strongest point? _____

What do you consider this applicant's weakest point? _____

COMMENTS (use back if extra space is needed):

 Signature

 Date

Return to: Kershaw County School District, Human Resources, 1301 Dubose Court, Camden, SC 29020

or fax to: (803)425-8918

The Kershaw County School District is an equal opportunity employer. KCS D does not discriminate on the basis of race, gender, disability, age or national origin in its educational programs and employment practices.



CLASSIFIED EMPLOYMENT REFERENCE FORM

TO THE APPLICANT:

1. Complete the information listed below.
2. Select your references carefully and forward a copy to each individual. Each reference is asked to return the completed reference form directly to Human Resources. References should be someone other than a family member. We need at least three references for your application.
3. The reference source is assured confidentiality. All applications, reference forms and records become the property of the district and are not available to applicants.

Applicant Name _____

Position for which you are applying _____

I waive any right to access this reference _____
Signature/Date

TO THE REFERRER:

Thank you for assisting us in the screening process. Employment references are essential to our making informed hiring decisions. Please take a few minutes to complete this form and answer all questions as best as you can. Your response is confidential and the applicant will not have access to the information you provide. You may submit your reference by mail or fax.

	POOR	BELOW AVERAGE	AVERAGE	EXCELLENT	SUPERIOR
CHARACTER					
DEPENDABILITY					
ENERGY/ENTHUSIASM					
COOPERATION					
JUDGMENT					
MATURITY					
FLEXIBILITY					
PUNCTUALITY/ATTENDANCE					
INITIATIVE					
ACCEPTANCE OF RESPONSIBILITY					
QUALITY OF WORK					

For how long have you known this applicant? _____

Has this applicant worked with you? _____ If yes, approximate length of time _____

Have you supervised the applicant's work? _____

Why did this applicant leave your employment? _____

Do you know of any reason why the KCSD should not employ this applicant? _____

What do you consider this applicant's strongest point? _____

What do you consider this applicant's weakest point? _____

COMMENTS (use back if extra space is needed): _____

Signature

Date

Return to: Kershaw County School District, Human Resources, 1301 Dubose Court, Camden, SC 29020

or fax to: (803)425-8918

The Kershaw County School District is an equal opportunity employer. KCSD does not discriminate on the basis of race, gender, disability, age or national origin in its educational programs and employment practices.



CLASSIFIED EMPLOYMENT REFERENCE FORM

TO THE APPLICANT:

1. Complete the information listed below.
2. Select your references carefully and forward a copy to each individual. Each reference is asked to return the completed reference form directly to Human Resources. References should be someone other than a family member. We need at least three references for your application.
3. The reference source is assured confidentiality. All applications, reference forms and records become the property of the district and are not available to applicants.

Applicant Name _____

Position for which you are applying _____

I waive any right to access this reference _____

Signature/Date

TO THE REFERRER:

Thank you for assisting us in the screening process. Employment references are essential to our making informed hiring decisions. Please take a few minutes to complete this form and answer all questions as best as you can. Your response is confidential and the applicant will not have access to the information you provide. You may submit your reference by mail or fax.

	POOR	BELOW AVERAGE	AVERAGE	EXCELLENT	SUPERIOR
CHARACTER					
DEPENDABILITY					
ENERGY/ENTHUSIASM					
COOPERATION					
JUDGMENT					
MATURITY					
FLEXIBILITY					
PUNCTUALITY/ATTENDANCE					
INITIATIVE					
ACCEPTANCE OF RESPONSIBILITY					
QUALITY OF WORK					

For how long have you known this applicant? _____

Has this applicant worked with you? _____ If yes, approximate length of time _____

Have you supervised the applicant's work? _____

Why did this applicant leave your employment? _____

Do you know of any reason why the KCS D should not employ this applicant? _____

What do you consider this applicant's strongest point? _____

What do you consider this applicant's weakest point? _____

COMMENTS (use back if extra space is needed):

Signature

Date

Return to: Kershaw County School District, Human Resources, 1301 Dubose Court, Camden, SC 29020

or fax to: (803)425-8918

The Kershaw County School District is an equal opportunity employer. KCS D does not discriminate on the basis of race, gender, disability, age or national origin in its educational programs and employment practices.