

**Beckville Independent School District
Substitute Teacher Application**

Name _____ SS # _____ Date _____

Address _____
P.O. Box/Street/Route City Zip Code

Telephone Number _____ Cell Phone _____

Education:

_____ High School Diploma _____ Business College Diploma
_____ One Year of College _____ Two Years of College
_____ Three Years of College _____ Bachelor Degree

If other, please indicate: _____

Are you subject to call at any time? _____ Yes _____ No

Do you have a Texas Teacher's Certificate? _____ Yes _____ No

Teaching Experience (Number of Years and School)

Areas of Specialization _____

First choice for substitute work: Grade _____ Subject _____

Second choice for substitute work: Grade _____ Subject _____

Applicant's statement in own handwriting concerning desire to work as a substitute:
Please be as specific as possible.

Applicant's Signature

Special Instructions:

1. Please attach a copy of transcripts of all college work.
2. The names of all applicants with summaries of their experience will be submitted to the principals after the local board has approved your application.
3. Applications should be returned to:

Beckville ISD
Superintendent's Office
P.O. Box 37
Beckville, TX 75631

Beckville Independent School District shall comply fully with the nondiscrimination provisions of all federal and state laws, rules, and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any educational programs or activities which it operates on grounds of race, religion, color, national origin, sex, disability, age, or veteran status (except where age, sex, or disability constitutes a bona fide occupational qualification necessary to proper and efficient administration). Beckville Independent School District is an Equal Employment Opportunity/Affirmative employer.

**Beckville Independent School District
Authorization for Background Investigation Study**

By my signature affixed below, I authorize Beckville Independent School District to contact the references listed on this application, and to obtain any criminal history record information relevant to this application for employment from any pertinent source, any law enforcement agency, including but not limited to, any police department or the Texas Department of Public Safety, as well as the Texas Department of Corrections in accordance with the provisions of the Texas Education Code 21.917. I further authorize all employers and other persons to furnish, in response to inquiries made by or on behalf of Beckville ISD, information pertaining to my reputation, employment, or personal history. I understand that references, placement folder information, and information which becomes a part of this record, may be revealed to all persons who participate in the selection of employees. In addition, I relieve all such previous employers and/or persons from any liability that may arise by reason of such discussion.

I declare that all information I have supplied the Beckville Independent School District to be true, accurate, and complete to the best of my knowledge. I understand that any falsification of any record I have provided or made available will be sufficient cause for disqualification. In addition, I agree that if I am employed and it is found that I have provided false information, I shall be subject to immediate dismissal. Furthermore, it is understood that this application becomes the property of the Beckville Independent School District which reserves the right to accept or reject it.

I understand that the Beckville Independent School District shall notify the Commissioner of Education of a certified applicant's conviction of any felony or a misdemeanor involving illegal conduct with a child that may be disclosed in the criminal history record.

I understand that the application and all inclusions are for the use of and will become the property of the Beckville Independent School District and that no district employee shall release or disclose such criminal history information to persons other than the applicant, Texas Education Agency or court of law.

Print or type full name of applicant

Drivers License #

Date of Birth

Sex: __M __ F

Check race or ethnicity:

_____ American Indian

_____ Hispanic

_____ Asian

_____ White, Non-Hispanic

_____ Black, Non-Hispanic

I have read the above information and understand each of the provisions contained therein.

Usual signature of applicant

Date

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2004 expires February 16, 2005. See **Pub. 505**, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

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 line E below.

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.

Two earners/two 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.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See **Pub. 919**, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

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 \$1,000 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 \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503 , Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit): • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four 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. 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 \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job 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.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0010
Department of the Treasury Internal Revenue Service		▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		2004
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 new 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 2004, 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 ▶		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (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)	