

SUBSTITUTE TEACHER APPLICANT

1. Complete the Substitute Teacher Application and return to the Business Office.
2. Complete the Previous Employer Check Form and Authorization Letter and return to the Business Office.
3. Fingerprint background check – Call Morpho Trust at 1-866-226-2952 to set an appointment to be fingerprinted or go to the web site – <https://mi.ibtfingerprint.com/?LANG=en>

Complete the Livescan Fingerprint Request form. Bring the form, a photo ID (required!) and payment. **When completed, please return the Livescan Fingerprint Request form to the Business Office.**

*If you have had your fingerprints checked in the last twelve months, please complete the **PERMISSION TO SHARE DOCUMENTATION** form and return to the Business Office. You do not need to have your fingerprints done again.*

4. Complete the Application for Michigan Teacher Permit. *If you have already filed this with another School or if you have a teaching certificate and do not teach out of your certification area, you do not need to complete this form. Return this application along with copies of your transcripts showing 60 or more hours of college credit to the Superintendent's Office. You need an e-mail address for the State to send you an invoice for payment. If you have questions on this, please call.*

**Business Office
Bessemer Area School District
301 E. Sellar Street
Bessemer, MI 49911**

Questions: 906-667-0802



Bessemer Area School District



Mr. Daniel Niemi, Superintendent
 Mr. Mark Switzer - Dean of Instruction/Counselor
 Miss Kassi Huotari - Business Manager/
 Transportation Supervisor

301 E. Sellar Street
 Bessemer, MI 49911
 (906) 667-0802
 FAX: (906) 667-0318

Mr. Daniel Niemi, Principal
 A.D. Johnston Jr./Sr. High School
 100 W. Lead Street, Bessemer, MI
 (906) 667-0413 FAX: (906) 667-0320

SUBSTITUTE TEACHING APPLICATION

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____

Level you wish to teach: (Check all appropriate areas.)

9-12 _____ 7-8 _____ 7-12 _____ K-3 _____ 4-6 _____ K-6 _____

Are you willing to teach half days? Yes _____ No _____

Do you possess a State of Michigan certificate? Yes _____ No _____

If "yes", which kind of certificate? Elementary _____ Secondary _____

Provisional _____ Permanent _____ Continuing _____

Have you ever taught full time before? Yes _____ No _____

If "yes", where: _____
 School District _____ Building Name _____

 Grade Level _____ Public or Private _____ Years of Teaching _____

Have you ever been convicted of Child Abuse? Yes _____ No _____

Have you ever been convicted of a Felony? Yes _____ No _____

Other information you wish us to know: _____

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.



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Dear Past/Present Employer:

Michigan Law (Act No. 189 of the Public Acts of 1996, being Section 380.1230b of the Michigan Compiled Law) requires the Bessemer Area School District and all other school districts to request the applicant's current or previous employer(s) to provide the Bessemer Area School District with any information concerning any unprofessional conduct by the applicant and copies of all documents in the employee's personnel record maintained by the current or previous employer(s) relating to that unprofessional conduct.

The law further requires that within twenty (20) days after receiving the request from the Bessemer Area School District, the current or previous employer(s) shall provide the information requested and make available to the Bessemer Area School District copies of all documents in the employee's personnel record relating to the unprofessional conduct.

Enclosed is a "Previous Employer Check" form to be filled out by you and returned to the Bessemer Area School District at 301 E. Sellar Street, Bessemer, MI 49911 or faxed to 906-667-0318.

Sincerely,

Daniel Niemi
Superintendent



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I, _____, the undersigned applicant for employment with the Bessemer Area School District, authorize my current and/or former employer(s) to disclose to the Bessemer Area School District any unprofessional conduct by me and to make available to the Bessemer Area School District copies of all documents which relate to that unprofessional conduct in my personnel records maintained by my current and/or former employer(s).

I understand that this authorization and release applies to any act of "unprofessional conduct" as that term is defined in Section 1230b of the Revised School Code, meaning one or more acts of misconduct, one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor.

In addition, I release my current and/or former employer(s) and their employees acting on their behalf from all liability for providing the information described in this authorization to the Bessemer Area School District.

Finally, I waive the right to receive written notice (specified by Section 6 of the Bullard-Plawecki Employee Right to Know Act) from my current and/or former employer(s) for the disclosure of the information described in this authorization to the Bessemer Area School District.

Name: _____

Date: _____

Signature: _____



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PREVIOUS EMPLOYER CHECK

Name of Candidate: _____

Address: _____

Name of
Previous Employer: _____

Address: _____

Date of Previous Employment: _____

Has there been any unprofessional behavior regarding this person?

_____ NO _____ YES

If yes, please explain the circumstances: _____

Signature of Previous Employer

Date

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information			
1. Fingerprint Reason Code SE	2. Requestor/Agency ID 8192P	3. Agency Name BESSEMER AREA SCHOOL DISTRICT	4. Individual ID (MNU-OA)

II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name		1c. Middle Initial	1d. Suffix		
2. Any Alternative Names, Last Names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number		8. Issuing State		
9. Home Address		10. City			11. State	12. ZIP Code	
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		

III. Live Scan Information			
1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*

*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent	
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.	
Signature:	Date:

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity In Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (enter name of Qualified Entity) BESSEMER AREA SCHOOL DISTRICT to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check one)? <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

*Return to Bessemer Area
School District*



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PERMISSION TO SHARE DOCUMENTATION DIGITAL AND NON-DIGITAL

I give permission to share the following documents with any school district in which I am applying for employment:

_____ State of Michigan Criminal Records Check

_____ Federal Bureau of Investigation Criminal Records Check

_____ Previous Employer Conduct Information

Signature

Date

Printed Name

Request Information From or Send Information To:

