### SUBSTITUTE TEACHER APPLICANT

- Complete the Substitute Teacher Application and <u>return to the</u> <u>Business Office</u>.
- 2. Complete the Previous Employer Check Form and Authorization Letter and <u>return to the Business Office</u>.
- 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 <a href="https://mi.ibtfingerprint.com/?LANG=en">https://mi.ibtfingerprint.com/?LANG=en</a>

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.

Questions: 906-667-0802

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





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	TELEF	PHONE _	
ADDRESS		_ CITY _	
Level you wish to tead 9-12 7-8	ch: (Check all appropriate ard	eas.)	4-6 K-6
Are you willing to tea	ch half days? Yes		No
Do you possess a Stat	te of Michigan certificate?	Yes	No
If "yes", which kind o	f certificate? Elementary _		Secondary
Provisional	Permanent _		Continuing
Have you ever taugh	t 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

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.





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

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

#### 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





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

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

I,
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:





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

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### PREVIOUS EMPLOYER CHECK

Name of Candidate:		and the second s	
Address:			- Anna
Name of Previous Employer:	200,000		
Address:			
_		Mary .	
Date of Previous Emplo	yment:		
Has there been any unpr	ofessional behavior re	garding this person?	
_	NO	<u> </u>	YES
If yes, please explain the	e circumstances:	y <sub>gala</sub> topo	
100			
Signature of Previous E	mployer	Date	and the second s

RI-030 (01/2019) Michigan State Police Page 1 of 2

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.

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Last Name	Table Services Section Seeds			1b.	. Firs	st Name				l l			
						<u> </u>	<u> </u>		3.	Social Se	curity Numi	er (Optional	1)
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When an indivi gency Identifie	idual ID is p	rovided, pie enter the uni	ase ente: ique id <u>enti</u>	fier in the	) Ide	ntification Co	ode field.	ortografia	35-M331.B	S-254 (4) 52	a 40 多数	en al al anoma	
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RI-088A (02/2017) MICHIGAN STATE POLICE Criminal Justice Information Center **AUTHORITY: MCL 28.242** 

COMPLIANCE: Voluntary, however, failure to complete

this Agreement will result in denial of request.

### 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.

BESSEMER AREA SCHOOL DISTRICT I hereby authorize (enter name of Qualified Entity) 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.

contractor, or subcontractor.		Date of B	rth	
Printed/Typed Name				ZIP Code
Address	City		State	ZIF Godo
What is your current or prospective status (check one)?  ☑ Employee ☐ Volunteer ☐ Contractor/\	/endor			
lave you ever been convicted of a crime?				
□ ves □ No				
If yes, please provide a description of the crime and the p	particulars of the conviction.			
il yes, please protico a accomp	•	•		
· ,		umentation regarding	my conviction	n.
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I understand that I may be asked to assist with obtaining	any and all official disposition doc			
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I understand that I may be asked to assist with obtaining if you are an employee, prospective employee, or a volu qualified entity (I.e. school or management company) for Yes No	any and all official disposition doc		qualified entity	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

Return to Bessemer Area School District

#### APPLICATION FOR MICHIGAN TEACHER PERMIT

#### APPLICANT INFORMATION DATE OF BIRTH SOCIAL SECURITY NO. LEGAL NAME (LAST, FIRST, MIDDLE, MAIDEN) STATE CITY ADDRESS PHONE NO. GENDER: ZIP CODE Male 🗆 Female 🗆 ) ( **EDUCATION** COLLEGE/UNIVERSITY ATTENDED DEGREE(S) EARNED Type of Permit Requested CHECK ONLY ONE: ☐ EMERGENCY (Rule) Substitute Permit (For short term, day to day assignments when the regular certified teacher is temporarily absent. ☐ SECTION 1233(b) ☐ FULL-YEAR If applying for full-year, emergency or 1233 (B) permit, please complete the following: GRADE LEVEL: ☐ Elementary SUBJECT(S) TO BE TAUGHT: ☐ Secondary ASSIGNMENT HISTORY WHICH SUBJECT(S) WERE C. DID APPLICANT TEACH UNDER EITHER B. IF ANSWER TO "A" IS YES A. HAS APPLICANT TAUGHT UNDER A PERMIT TAUGHT? A FULL YEAR OR SECTION 1233 (B) PROVIDE DATE APPLICANT THIS SCHOOL YEAR? PERMIT DURING THE PREVIOUS STARTED TEACHING: SCHOOL YEAR? □ мо YES □ NO ☐ YES Signature of Applicant: Date: \_\_\_\_\_ E-Mail Address:





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

## 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: