



Anderson School District One

P. O. Box 99, Williamston, SC 29697

Phone: 864-847-7344 or 864-235-8768

Fax: 864-847-3543

www.anderson1.k12.sc.us

NON-PERMANENT EMPLOYMENT APPLICATION PROCESS

In order for you to be considered as a non-permanent employee you must complete the following steps.

1. Submit a complete non-permanent employee application packet.
2. Completed T. B. test form. TB test results must be reported on the attached DHEC form.
3. Interview with Mrs. Becky Brady or approved district representative.
4. List the name, complete mailing address, and telephone number for three professional contacts familiar with your work habits on your application. Our office will mail a reference form to the references listed. Please note that it is your responsibility to ensure that all references are returned.
5. If substituting in the classroom, you will need to attend the Substitute Training Class (for non-certified substitute applicants only). We will notify you of the date and time. We normally offer two substitute training classes each school year.
6. Complete Blood borne Pathogen Training (all substitute applicants).
7. **Attend Payroll Orientation held at the District Office each Wednesday at 10:00 a.m.** (You must attend this orientation before you can begin to work.) **Retired and former district employees are required to attend this orientation to update payroll records.** Please bring a form of picture identification and your social security card.
8. Check with Personnel Office for application status and final approval. **You may not work until your application is complete and has been approved.**



Non-Permanent Employee Application
Anderson School District One
P. O. Box 99
Williamston, SC 29697
Phone: 864-847-7344 or 864-235-8768

Date of Application: _____
SS No.: _____
Telephone: _____
Email: _____

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

Please indicate the areas of opportunities you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Homebound (Must be certified) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coach/Band | |
| <input type="checkbox"/> Activity/Bus Driver | Preferred grade/subject: _____ |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Nurse | |

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes No

If yes, please explain: _____

Have you ever worked in Anderson School District One? Yes No If yes, please list the dates that you were employed and in what position?

Indicate the highest level of formal education completed by checking the appropriate box below.

High School Technical College (2-year degree) College (4-year degree) Graduate School (Masters degree or above)

Do you hold a valid teaching certificate: _____

EDUCATIONAL TRAINING

Name of High School / College	Dates Attended	Degree

WORK EXPERIENCE (*List most current first*)

Employer	Position	Address	Phone	Dates

REFERENCES (Please provide complete information as we will send a form to be completed. List only professional references, no relatives)

Reference	Email Address - OR - Mailing Address	Phone

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, my current employer, my previous employers, and other organizations I have named in this application, to provide the District with any relevant information that the District may require. I further release all parties providing information from any and all liability or claims for damages that may result from the disclosure or use of this information. I also understand that my employment is conditional upon the District's receipt of a satisfactory S.L.E.D. report. I understand that the failure to complete all sections, or sign the application, may result in the application being returned for completion causing delay or possible disqualification. Anderson School District One has the right to terminate non-permanent employee services at any time without notice and will not be eligible for unemployment benefits.

Signature

WAIVER OF REVIEW OF CONFIDENTIAL RECOMMENDATION

I hereby waive and relinquish all rights to review the contents of reference letters, forms and/or emails from former employers and/or references named in my application for employment with Anderson School District One, provided such documents are used solely for the purpose of evaluation of my application for employment.

Signature of Applicant

Date

Anderson School District One does not discriminate based on race, color, national origin, religion, sex, age, disability, or citizenship status. Your response to the questions contained on this application will be used only as relevant to the position you are seeking.

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864-847-7344

FROM: Becky Brady
Director of Personnel

RE: Declaration of Non-Permanent Employment Interest for 2016-2017 School Year

We would like to thank you for your valuable contribution during the past year and make special note of your contribution to Anderson School District One. It is critical that we know if you are planning to return for the next school year.

Employment with our district calls for several customary vacation/recess periods during the school year. Following each of these periods as established by the 2016-2017 school calendar, you will remain as a substitute for the district.

Fall Break: November 7 - 8, 2016

Winter Break: December 19, 2016 – January 2, 2017

Thanksgiving Break: November 23 – 25, 2016

Spring Break: April 10 - 14, 2017

This notification is not intended to create a contract of employment or to alter an existing contract of employment, if any. For your convenience, copies of the 2016-2017 school calendar, Classroom Substitute Employee Pay Schedule, and Approved Substitute Pay Scale are attached. Please contact a school nurse to receive the Bloodborne Pathogen training. Please note that Anderson School District One has the right to terminate non-permanent employee services at any time without notice.

I hereby acknowledge receipt of this notice. I wish to be a non-permanent employee for the 2016-2017 school year. I am aware that if any days are not paid on my check in error, those days will not be paid until the next pay date. I am also aware that checks are mailed after 5 PM on Wednesday prior to pay day and that Anderson School District One has no control over the arrival of your check. Please contact Anderson School District One's payroll department if you have not received your check after the following Wednesday. I agree to the attached rates, pay schedule and terms of employment.

Print Name

Signature

Date

Mailing Address

Email Address

Phone Number

Check Preferred School(s)

- 001 Palmetto High
- 002 Powdersville High
- 003 Wren High
- 004 Palmetto Elementary
- 005 Cedar Grove Elementary
- 006 Concrete Primary
- 008 Wren Middle
- 009 West Pelzer Elementary
- 011 Spearman Elementary
- 012 Palmetto Middle
- 013 Wren Elementary
- 014 Hunt Meadows Elementary
- 061 Powdersville Middle
- 062 Powdersville Elementary

Substitute Opportunities

- Classroom Substitute (see below)
- Teacher Assistant Substitute \$62/day
- Office/Clerical \$62/day
- Nurse \$85/day
- Early Intervention / Homebound \$26/hr
- Nutrition Services \$8.50/hr
- Custodial \$7.75/hr
- Bus Driver \$11/hr
- Activity Bus Driver
- Maintenance
- Coach/Band
- Other: _____

Please check one of the following:

- Certified SC Teacher- \$75/day *Long Term: \$88/day (*Must be substituting in a certified position only*)
- Non-Certified- \$65/day (*Must have a high school diploma and Anderson School District One substitute training*)

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Criminal Record History and/or Driving Record

Please complete the following information and return this form with your application.

The Personnel Office will conduct the criminal record history check.

(Please Print Clearly)

Name(s): _____
Last *First* *Middle* *Maiden*

Any Previous Names Used: _____

Date of Birth: _____

Race: _____

Sex: _____

Social Security Number: _____

Driver's License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____


Telephone Number: _____

I understand that my employment is conditional upon the District's receipt of a satisfactory criminal history record. I authorize the District to obtain my criminal history and/or driving record.

Signature: _____ Date: _____



Tuberculin Skin Test Results must be reported on this form.

		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 ¹				
	<input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ ¹ <input type="checkbox"/> Preventive treatment started _____ but not completed ² <input type="checkbox"/> Preventive treatment not prescribed/refused ² <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 _____				
CERTIFICATION	¹ No further routine screening required. ² Remains at lifelong risk of developing tuberculosis.				
	<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.