



# Lawrence County Board of Education

14131 Market Street  
Moulton, AL 35650

Phone: (256) 905-2400 Fax: (256) 905-2406  
Email: [lawrenceal.org](http://lawrenceal.org)

School System Code

0 4 0

## APPLICATION FOR SCHOOL NURSE SUBSTITUTE

This application is for Certified Teachers seeking to Substitute for the Lawrence County Board of Education. Applications forms and supporting documents are not accepted by fax or e-mail.

### Instructions:

- Register for fingerprinting @ [cogentid.com/AL](http://cogentid.com/AL) (Cost: \$49.65) You may pay with credit card, debit card, or money order.
- Complete Application form, I-9 form, and W-4 form
- Please provide - Current Original Driver's License, Social Security Card, and Original Nursing License (all nursing licenses will be verified with the Alabama Board of Nursing)

### I. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title(e.g.,Mr.)	Last	First	Middle	Maiden	Suffix(e.g.,Jr.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street/Apt./P.O.Box/Route and Box		City	State	ZIP Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Telephone	Cell Telephone	Work Telephone	E-mail Address		
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	<input type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)	Nursing License No. <i>(Please bring original for verification)</i>	EFFECTIVE DATES		
- - <input type="text"/>	- - <input type="text"/>	<input type="text"/>	<input type="text"/>		

### II. PREVIOUS EMPLOYMENT

COMPANY	ADDRESS	PHONE	FROM	TO
SUPERVISOR				
SUPERVISOR				
SUPERVISOR				

(continued on page 2 – over)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

**III. DECLARATION**

**A. CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)**

Yes  No I declare that I am a citizen of the United States; **OR**

Yes  No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 31-13-7(h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to section 13A-10-102."

Yes  No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?

Yes  No Have you ever resigned from a position rather than face disciplinary action?

Yes  No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

Yes  No Are you the subject of a pending investigation involving a criminal act?

I Certify that all information pertaining to this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date