



Classified and Substitute Teacher Application Procedure

— Complete the Thomasville City Schools on-line application at www.tcitys.org.
Or, you may complete a printed application than can be obtained from our receptionist.

Both on-line and printed applications for bus drivers, clerical positions, custodians, food service workers, maintenance workers, and paraprofessionals are called “Classified” applications. Applicants applying substitute teaching positions on-line or by printed application must complete a “Substitute Teacher” application.

— Distribute Thomasville City Schools reference forms and provide addressed, stamped envelopes to your references.

— Request that your most recent transcript(s) be sent to:
Mrs. Connie Farlow
Thomasville City Schools
915 E. Jackson Street
Thomasville, GA 31792

Contact Information for Classified and Substitute Teacher Positions -

Mrs. Connie Farlow
Human Resources Specialist
Thomasville City Schools
915 East Jackson Street
Thomasville, GA 31792
Phone: 229-225-2600 ext 231
Email: farlowc@mail.tcitys.org

Southwest Georgia RESA
2009-10 Substitute Teacher Training Schedule
 229-294-6750

SYSTEMS	LOCATION	DATE
Baker, Colquitt, Grady, Mitchell, Pelham	Frank McCoy, Jr. Ed. Center 178 W. Railroad Street Pelham, GA	August 03, 2009 October 26, 2009
Dougherty, Lee, Terrell, Worth	Southwest Georgia GLRS 915 S. McKinley Street Albany, GA 229-431-1230	August 05, 2009 October 28, 2009
Calhoun, Decatur, Early, Miller, Seminole	Decatur County Schools Support Ctr. 507 Martin St. Bainbridge, GA 229-248-2818	August 07, 2009 November 03, 2009
Thomas County Thomasville City	Thomas Co. Professional Learning Ctr. 200 N. Pinetree Blvd. Thomasville, GA 229-225-4380	August 12, 2009 November 06, 2009
ALL SYSTEMS	Frank McCoy, Jr. Ed. Center 178 W. Railroad Street Pelham, GA	August 24, 2009 January 11, 2010

All sessions are from 9:00 a.m. – 12:00 p.m.

Georgia New Hire Reporting Form

Send Completed Form to:
Georgia New Hire Reporting Form
P.O. Box 38480
Atlanta, GA 30334-0480

Fax form to: 1-888-541-0521

EMPLOYER INFORMATION (Please Print or Type)

Federal Employer
Identification Number 58-6000171

Employer Name Thomasville City School System

Address Line (1) 915 East Jackson Street

Address Line (2) _____

City/State/Zip Code Thomasville, GA 31792

Contact Phone/Name (229) 225-2600

Medical Insurance Coverage Available? Y__ or N__

EMPLOYEE INFORMATION

Employee Name _____

Social Security Number _____

Employee Address _____

City/State/Zip _____

(Please indicate four digit year)

Date of Birth _____ Date of hire _____ State of hire _____



HUMAN RESOURCES

*Connie Farlow
Human Resources Specialist*

Criminal Records Check Application

TO BE COMPLETED BY APPLICANT:

1. Applicant Type: Bus Driver Clerical Food Service
 Maintenance Parapro Substitute (Non-Employee)
 Teacher Other

2. Name: _____ SS# _____
Last, First, Middle Initial

Sex _____ Race _____ Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Phone Number _____

Street Address _____ Post Office Box if Applicable _____ City _____

State _____ Zip Code _____

3. I hereby authorize the Thomas County Sheriff's Department to receive any criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by law, I have attached an affidavit disclosing the nature and date of any arrest, charge, and conviction for the violation of any law in any state, except for motor vehicle parking violation.

Application Signature

Notary Public Signature

Date

County/Commission Expiration

4. **REQUESTED BY:**
Thomasville City Schools
Department of Administrative Services
 915 East Jackson Street
 Thomasville, Georgia 31792

Phone: 229-225-2600 ext 231
Fax: 229-227-2157
 Email: farlowc@mail.tcitys.org

5. School Assignment:
 Balfour School for Young Children Scott Elementary Central Office
 Harper Elementary Jerger Elementary Scholars Aca.
 MacIntyre Park Middle School Thomasville High School Perf. Center

6. My signature indicates that I as Human Resource Specialist have verified the above information on the above named applicant.

Human Resource Specialist or Designee Signature

Date

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, 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 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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 Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple 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. See Pub. 919 for details.

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 amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <ul style="list-style-type: none"> • 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 \$1,500 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 \$1,800 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). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six 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.)	H	_____

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 \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs 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.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2009

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 replacement 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 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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.		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date
B Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Thomasville City Schools, 915 E. Jackson St., Thomasville, GA 31792		9 Office code (optional) 10 Employer identification number (EIN)

STATE OF GEORGIA
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a YOUR FULL NAME	1b YOUR SOCIAL SECURITY NUMBER
2a HOME ADDRESS (Number, Street, or Rural Route)	2b CITY, STATE AND ZIP CODE

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

3. MARITAL STATUS (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)
- A Single enter 0 or 1 []
 - B Married Filing Joint, both spouses working enter 0 or 1 or 2 []
 - C Married Filing Joint, one spouse working enter 0 or 1 or 2 []
 - D Married Filing Separate enter 0 or 1 or 2 []
 - E Head of Household enter 0 or 1 or 2 []
4. DEPENDENT ALLOWANCES []
5. ADDITIONAL ALLOWANCES []
 (complete worksheet below)
6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

This worksheet must be completed if Line 5 is greater than zero.

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION

Yourself Age 65 or over Blind
 Spouse Age 65 or over Blind Number of boxes checked _____ x 1300 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS

A Estimated Federal Itemized Deductions	\$ _____
B Georgia Standard Deduction (enter one)	
Single/Head of Household	\$2,300
Each Spouse	\$1,500
_____	\$ _____
C Subtract Line B from Line A	\$ _____
D Allowable Deductions to Federal Adjusted Gross Income	\$ _____
E Add the Amounts on Lines 1, 2C, and 2D	\$ _____
F Estimate of Taxable Income not Subject to Withholding	\$ _____
G Subtract Line F from Line E (if zero or less, stop here)	\$ _____
H Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above	_____

This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up

7. LETTER USED (Marital Status A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.
 I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359

9. EMPLOYER'S NAME AND ADDRESS: _____ EMPLOYER'S FEIN: _____
 _____ EMPLOYER'S WH#: _____