



# SUBSTITUTE STAFF WANTED!

- Do you have a desire to work with children
- Would you like to earn extra money?
- Do you like creating your own schedule?

## ESS is **NOW HIRING** Substitute Staff for Assignment at Oxford Community Schools

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START APPLICATION AT

**[www.willsub.com](http://www.willsub.com)**

Click on the 'Applicants' tab > 'Start new application' to begin

Make a difference in the education of children





Thank you for your interest in working for Oxford Community Schools. As a condition of employment with Oxford Schools and as required by Public Acts 68, 83, 97 and 99, a Michigan State Police and F.B.I. criminal records check must be initiated for public school employees.

**Electronic (Livescan) Fingerprinting** is a condition of employment with Oxford Community Schools. You must present the attached “Livescan Fingerprint Request” form to a facility bonded and trained to take electronic fingerprints. Livescan prints can be obtained through the following:

**Lapeer County Courthouse**

Community Corrections (In the basement – Room 83)  
255 Clay Street  
Lapeer, MI 48446

No appointment is necessary. Fingerprinting hours are 8:30 – 11:30 & 1:30 – 4:00. The cost for fingerprinting is \$77.00\*. **Can be paid with card; cash transactions will be processed through the Clerk’s office at the Courthouse.**

**Oakland Schools Summit Place Campus**

2214 Mall Drive East  
Waterford, MI 48328

Create an appointment online at [www.osfingerprint.com](http://www.osfingerprint.com). When registering online, the days/dates available will show after clicking on “Make an Appointment”. The cost for fingerprinting is \$68.00\*, payable by credit card (VISA or MasterCard ONLY) or a money order. **Personal checks will not be accepted.**

**Oakland County Sheriff’s Department**

1200 N. Telegraph Road  
Pontiac, MI 48341

An appointment is necessary - please call 248-858-5011. Their hours are 8:00 a.m. – 4:00 p.m. The cost for fingerprinting is \$57.00\* and **must be paid in cash, debit, or credit.**

**IdentoGO – Lapeer**

440 W Nepessing St.  
Lapeer, MI 48446

Appointments can be made online at [www.identogo.com](http://www.identogo.com). Click on ‘Get Fingerprinted’ and follow the prompts to schedule an appointment. The cost is \$64.25\* and **must be paid with credit card, money order, or certified check.**

**\*Prices are subject to change per facility discretion.**

**The district does not reimburse for the cost of fingerprinting. After your fingerprinting appointment, please return the following completed forms\* to Oxford Community Schools, Human Resources Office, located at 10 N. Washington Street, Oxford, MI 48371 (fax 248-969-5013)**

1. LiveScan Request form (RI-030) dated 05/2017, and
2. Michigan Waiver Agreement (RI-088A) dated 02/2017

\*If you are actively employed in another school district and would like us to request the release of your print results, please return ONLY the Oxford Community Schools Criminal History Record Check and Fingerprint Release Form.

**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.

<b>I. Authorizing Information</b>							
1. Fingerprint Reason Code SE	2. Requestor/Agency ID 2066L	3. Agency Name Oxford Community Schools			4. Individual ID (MNU-OA)		
<b>II. Applicant Information:</b> 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	
<b>III. Live Scan Information</b>							
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.							
<b>IV. Privacy Act Statement</b>							
<p><b>Authority:</b> 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.</p> <p><b>Principal Purpose:</b> 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.</p> <p><b>Routine Uses:</b> 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.</p>							
<b>V. Procedure to Obtain a Change, Correction, or Update of Identification Records</b>							
<p>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)</p>							
<b>VI. Consent</b>							
<p>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.</p>							
Signature:						Date:	

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

#### 1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

#### 2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

#### 3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

#### 4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**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.

I hereby authorize (**enter name of Qualified Entity**) Oxford Community Schools, 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 <b>one</b> )? <input 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 checked="" type="checkbox"/> No			
Name of Other Qualified Entity Not applicable			
Signature		Date Signed	

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**

**Oxford Community Schools**  
 10 N. Washington Street  
 Oxford, MI 48371  
 Phone: 248-969-5029 / 248-969-5090 Fax: 248-969-5013

**SECTION 1: Criminal History Record Check**

**Applicant Information:** Type or clearly print to complete all fields.

First Name	Middle Initial	Last Name
Date of Birth	Race	Gender
Maiden or Previous Name(s) (if any) (1)	(2)	(3)
Position Applied For:		

**Pursuant to 1993 Public Act 68, I represent that:**

*(Note: Answering "yes" does not necessarily disqualify you for employment.)*

- I have not been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):
1. \_\_\_\_\_
  2. \_\_\_\_\_

Michigan's Revised School Code requires school employees to undergo a criminal history record check. If you were fingerprinted after 01/01/2006 under the Michigan school employment reason code "SE," those results may be used only if you have remained continuously active as an employee of the educational institution that employed you at the time you were fingerprinted.

**To determine how to proceed, please answer the following questions:**

		Yes	No
1.	Have you previously been fingerprinted for school employment purposes?		
2.	Are these fingerprints results currently maintained at the school, ISD, company, or agency for which you were printed?		
3.	Have you maintained "regular and continuous" employment with no break in service with said school, ISD, company, or agency since you were printed?		

**If you answered "no" to any of the above questions,** you must be fingerprinted as a condition of employment with Oxford Community Schools. It will be necessary for you to complete the Livescan Fingerprint Request form provided to you as part of that process. Until your print results are received, you are a conditional employee of the district.

**If you answered "yes" to all of the above questions,** please complete the Fingerprint Release part of this form, below.

**SECTION 2: Fingerprint Release Form**

I authorize release of my criminal history records/fingerprint results to Oxford Community Schools from the school district, ISD, company, or agency listed below:

Name & Address of Entity: \_\_\_\_\_

Fax Number or E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## SECTION C. School Personnel/Representatives and Other Users Authorization Form

*The following must be completed and signed by all employees, administrators, other staff and other users:*

Name: \_\_\_\_\_

School: \_\_\_\_\_

### 1. Introduction

Oxford Community Schools (the "District") believes that the Internet offers unique resources for students, administrators, teachers and others. The District's goal in providing Internet access to students and staff is to promote educational excellence by facilitating resource sharing, innovation, and communication. All District Technology Resource users are required to sign this Technology Resources Use Agreement ("Agreement") and to abide by the terms and conditions of the District's Acceptable Use Policy ([Policy #7540.03](#)). The District does not authorize any use of the Technology Resources which is not conducted strictly in compliance with this Agreement and the District's Acceptable Use Policy. Your signature below indicates that you have read the terms and conditions of this Agreement carefully and understand their significance.

### 2. Inappropriate Use/Discipline

Teachers, administrators and other staff who violate the District's Acceptable Use Policy and/or this Agreement may have their use privileges suspended or revoked, or may be subject to other disciplinary measures and/or legal action.

### 3. Staff Acknowledgement and Release

I have read the District's [Acceptable Use Policy](#) and this Technology Resources Use Agreement and I understand my responsibilities. I also consent to and understand that school staff may monitor my electronic communications, including logs showing my Internet access, e-mail, and downloaded files.

If I commit any violation, my privileges to use the District computers for Internet use may be terminated, and other disciplinary action may be taken. I hereby release the District, as well as its employees and agents, from any claims arising from my violation of, or conduct inconsistent with, the Acceptable Use Policy, including, but not limited to, materials I may download or relationships I may establish with people online.

I also hereby agree to indemnify the District, as well as its employees and agents, from any claims arising from my violation of, or conduct inconsistent with, the Acceptable Use Policy, made by third parties and whether such claims arise from Internet use performed on school computers through school accounts or personal computers through personal accounts.

Finally, I agree to report any misuse of school resources, including the Internet, to the system administrator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_



## Board Policies – Staff Acknowledgement and Agreement

I have read the following policies and understand my responsibilities:

- Policy 1130 Conflict of Interest – Private Practice
- Policy 2240 Controversial Issues
- Policy 2340 Administrative Guideline – Field Trips – Professional Staff
- Policy 2416 Student Privacy and Parental Access to Information
- Policy 2521 Selection of Instructional Media & Equipment– Professional Staff
- Policy 3122 Nondiscrimination and Equal Employment Opportunity
- Policy 3122.01 Drug-Free Workplace
- Policy 3210 Staff Ethics
- Policy 3213 Student Supervision and Welfare
- Policy 3215 Use of Tobacco by Professional Staff
- Policy 3362 Harassment of Staff or Applicants
- Policy 3362.02 Work Place Safety
- Policy 3430.01 Family and Medical Leave Act
- Policy 4162 Drug & Alcohol Testing of CDL License Holders (**required for CDL License Holders only**)
- Policy 5516 Student Hazing
- Policy 5517 Harassment of Students
- Policy 5517.01 Bullying and Other Aggressive Behavior Toward Students
- Policy 5517.02 Disability Harassment
- Policy 5611 Due Process Rights
- Policy 6423 District Issued Credit Cards
- Policy 7540.05 Electronic Mail
- Policy 7540.09 Social Media
- Policy 8330 Student Records
- Policy 8350 Confidentiality
- Policy 8400 School Safety Information
- Policy 8462 Student Abuse and Neglect
- AG 5350 Suicide Intervention Process
- Technology Policy - Acceptable Use

These policies can be found at [www.oxfordschools.org](http://www.oxfordschools.org); Under District Website- Administration-Human Resources-Policies-Staff. Also, you can find them at the link listed below.

I understand that the above listed policies are not exclusive and that additional district policies are outlined on the following website: <https://go.boarddocs.com/mi/oxf/Board.nsf/Public?open&id=policies>. Questions regarding the above policies or those listed on the website should be directed to a district administrator.

I acknowledge and agree to comply with Oxford Community Schools' administrative regulations outlined in the above policies. I understand that violations of these policies may provide cause for discipline and/or termination based upon the context of the situation and proper and documented justification.

Finally, I agree to report any violation of suspected child abuse, verbal, sexual, or physical harassment, hazing and/or bullying to a District Administrator as required by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_





## OXFORD COMMUNITY SCHOOLS

### GUEST TEACHER RATES

	FULL DAY	HALF DAY
Day to Day Guest Teacher	\$125.00	\$62.50
Building Assigned Guest Teacher	\$135.00	\$67.50
Retired Guest Teacher	\$150.00	\$75.00

### GUEST TEACHER RATES FOR LONG TERM ASSIGNMENTS

LENGTH OF ASSIGNMENT	FULL DAY	HALF DAY
Days 1-10	\$125.00	\$62.50
Days 11-35	\$135.00	\$67.50
Days 36-60	\$150.00	\$75.00
Days 61+	\$228.00	\$114.00

### SUBSTITUTE COMPENSATION SCHEDULE

Bus Mechanic Substitute	\$19.00	8/1/2022
Bus Monitor Substitute	\$14.00	8/1/2022
Bus Monitor Substitute (Retired from District)	\$14.50	8/1/2022
Bus Driver Substitute	\$18.00	8/1/2022
Bus Driver Substitute (Retired from District)	\$20.00	8/1/2022
Bus Driver Trainee	\$12.00	8/1/2022
Cafeteria Helper Substitute	\$14.00	8/1/2022
Noon Aide Substitute	\$13.00	8/1/2022
Orchestra Assistant Substitute	\$14.00	8/1/2022
Paraprofessional Substitute	\$14.00	8/1/2022
Secretary Substitute	\$14.00	8/1/2022
Secretary Substitute (Retired from District)	\$16.00	8/1/2022
Tutorial Assistant Substitute - Crossroads & Bridges	\$14.00	8/1/2022

\*effective 8/1/2022