

Klawock School

Substitute and New Hire Employee Application Documents

- _____ Application
- _____ Drug Free Certification
- _____ W-4
- _____ I-9 and Verification Documents (must bring originals which will then be photocopied)
- _____ If Certified Teacher – copy of current teacher certification
- _____ Staff Access
- _____ 403b Acknowledgement
- _____ Driving Record Release
- _____ Post Hire Questionnaire
- _____ Background Check – Conducted by School District
- _____ Fingerprinting – by appointment with Craig Police Department – Tell Craig PD you are getting fingerprinting for subbing or applying for Klawock School and they may waive the \$10 fee.
- _____ ACA Marketplace Coverage

Please fill out all documents and return to Kori Kness. Incomplete packets will not be accepted.

** Timecards are available in the District Office. Come by the District Office the first time you sub to visit with the Business Manager about timecard submission and pay periods.





Klawock City School District

P.O. Box 9 Klawock, Alaska 99925 907-755-2220 Fax: 907-755-2913

Jim Holien
Superintendent

Michelle Beito
K -12 Principal

Application for Employment

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job-related condition or handicap.

PLEASE PRINT

Date of Application _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other

Name: _____

Address: _____

Telephone: (907) _____ Social Security Number: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give date: _____

Are you employed now? Yes No May we contact your employer? Yes No

Do you have a high school diploma or its equivalent? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status (Proof of citizenship or immigration status may be required upon employment) Yes No

On what date would you be available for work? _____

Available for work: Full Time Part Time Shift Work Temporary

Are you on lay-off status or subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony within the last 7 years? Yes No

If yes, explain: _____

MEETING TOMORROW'S CHALLENGES TODAY

www.klawockschool.com

Start with you present or last job; include Military Service assignments and volunteer activities.
 You may exclude organization names which indicate race, color, religion, sex or national origin.

	<i>Telephone</i>	<i>Dates Employed</i>	<i>Work Performed</i>
<i>Employer</i>			
<i>Address</i>			
<i>Job Title</i>			

	<i>Telephone</i>	<i>Dates Employed</i>	<i>Work Performed</i>
<i>Employer</i>			
<i>Address</i>			
<i>Job Title</i>			

	<i>Telephone</i>	<i>Dates Employed</i>	<i>Work Performed</i>
<i>Employer</i>			
<i>Address</i>			
<i>Job Title</i>			

	<i>Telephone</i>	<i>Dates Employed</i>	<i>Work Performed</i>
<i>Employer</i>			
<i>Address</i>			
<i>Job Title</i>			

If you need additional space, please continue on a separate sheet of paper.

Special skills and qualifications: (summarize special skills and qualifications acquired from employment or other experience): _____

EDUCATION

	Elementary	High School	College / University	Graduate / Professional
School Name				
Years Completed				
Diploma / Degree				

Describe Course of Study: _____

For Paraprofessionals Only:

Have you received a passing score on the ParaPro Assessment?	Yes	No
If yes, can you provide documentation upon request?	Yes	No

Veteran of the U.S. Military service: Yes No If Yes, Branch: _____

Indicate languages you speak, read, and or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held (you may exclude those which indicate race, color, religion, sex, or national origin): _____

Provide name, address, and telephone numbers of three references who are not related to you and are not previous employers:

Name	Address	Telephone

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of Vietnam Era Veterans Readjustments Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, and amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

In you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and sage manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to identified, please sign below.

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

APPLICANT'S STATEMENT:

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be contract of employment. In the event of employment, I understand that false, misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the district.

By signing this application I authorize the Klawock City School District to conduct a background check paid for by the District.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

**KLAWOCK CITY SCHOOL DISTRICT
DRUG-FREE WORKPLACE CERTIFICATION**

Please be advised that as a recipient of Federal Grant Funding, the Klawock City School District has been required to certify that it maintains a Drug-Free Workplace. In compliance with the provisions of the Drug-Free Workplace Act of 1988, and regulations adopted there under, you are hereby notified as follows:

- 1) Klawock City School District prohibits employees of unlawful distribution, dispensation, possession or use of a controlled substance in the Workplace.
- 2) Employees convicted of any criminal drug statute in Klawock Schools Workplace must notify Klawock School Superintendent within five (5) days of conviction.
- 3) Within 30 days of employee drug notification, Klawock School District may take personnel action against the employee up to and including termination or require employee rehabilitation on a Klawock School District approved program.

Date: _____

Employee Signature Acknowledging Receipt of Notice

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately.
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and Lower Paying Job Annual Taxable Wage & Salary (12 categories). Rows include wage brackets from \$0-9,999 to \$525,000 and over.

Single or Married Filing Separately

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and Lower Paying Job Annual Taxable Wage & Salary (12 categories). Rows include wage brackets from \$0-9,999 to \$450,000 and over.

Head of Household

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and Lower Paying Job Annual Taxable Wage & Salary (12 categories). Rows include wage brackets from \$0-9,999 to \$450,000 and over.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□□ - □□□□		Employee's E-mail Address			Employee's Telephone Number

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one)
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2: Employer or Authorized Representative Review and Verification
 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents.)

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3: Reverification and Rehire (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B: Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B Documents that Establish Identity</p>	<p align="center">LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport, and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p align="center">OR</p> <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p align="center">AND</p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

KLAWOCK CITY SCHOOL DISTRICT

STAFF ACCESS TO NETWORKED INFORMATION RESOURCES

Staff will employ electronic mail on a daily basis at work as a primary tool for communications. The district may reply upon this medium to communicate information, and all staff will be responsible for checking and reading messages daily.

The network is provided for staff and students to conduct research and communicate with others. Communications over the network are often public in nature; therefore general rules and standards for professional behavior and communications will apply.

Electronic mail and telecommunications are not to be utilized by employees to share confidential information about students or other employees because messages are not entirely secure.

Network administrators may review files and communications to maintain system integrity and to ensure that staff members are using the system responsibly. Users should not expect that files stored on district computers or servers will be private.

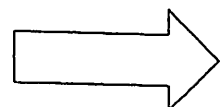
The following behaviors are not permitted on district networks:

- 1) Sharing confidential information on students or employees
- 2) Sending or displaying offensive materials or pictures
- 3) Assisting a campaign or election of any person to any office or for the promotion of or opposition to any ballot proposition
- 4) Using obscene language
- 5) Harassing, insulting or attacking others
- 6) Engaging in practices that threaten the network (e.g., loading files that may introduce a virus)
- 7) Violating copyright laws
- 8) Using others' passwords
- 9) Trespassing in others' folders, documents or files
- 10) Intentionally wasting limited resources
- 11) Employing the network for personal/commercial purposes
- 12) Violating regulations prescribed by network provider
- 13) Promoting, supporting or celebrating religion or religious institutions
- 14) Allowing students to use the Internet without direct adult supervision.

Employee Signature: _____

Date: _____

Each employee will be given copies of this policy and procedures and will sign an acceptable use agreement before establishing an account or continuing their use beyond September 30th, 2009.



Staff Access to Networked Information Resources

With the spread of telecommunications throughout the modern workplace, the Board recognizes that employees will shift the ways they share ideas, transmit information, and contact others. As staff members are connected to the global community, their use of new tools and systems brings new responsibilities as well as opportunities.

The Board expects that all employees will learn to use electronic mail and telecommunications and apply them daily in appropriate ways to the performance of tasks associated with their positions and assignments. Toward that end, the Board directs the Superintendent to provide staff with training in the proper and effective use of telecommunications and electric mail.

Communication over networks should not be considered private. Network supervision and maintenance may require review and inspection of directories or messages. Messages may sometimes be diverted accidentally to a destination other than the one intended. Privacy in these communications is not guaranteed. The district reserves the right to access stored records in cases where there is reasonable cause to expect wrongdoing or misuse of the system. Courts have ruled that old messages may be subpoenaed, and network supervisors may examine communications in order to ascertain compliance with network guidelines for acceptable use.

The Board directs the Superintendent to specify those behaviors which are permitted and those which are not permitted, as well as appropriate procedures to guide employee use. In general, employees are expected to communicate in a professional manner consistent with state laws governing the behavior of the school employees and with federal laws governing copyrights. Electronic mail and telecommunications are not to be utilized to share confidential information about students or other employees.

The Board encourages staff to make use of telecommunications to explore educational topics, conduct research, and contact others in the educational world. The Board anticipates that the new systems will expedite the sharing of effective practices and lessons across the district and will help staff stay on the leading edge of practice by forming partnerships with others across the nation and around the world.

The Network Supervisor will report inappropriate behaviors to the employee's supervisor who will take appropriate disciplinary action. Any other reports of inappropriate behavior, violations, or complaints will be routed to the employee's supervisor for appropriate action. Violations may result in a loss of access and/or disciplinary action. When applicable, law enforcement agencies may be involved.



Klawock City School District

P.O. Box 9 Klawock, Alaska 99925 907-755-2220 Fax: 907-755-2913

Jim Holien
Superintendent

Kelli Larson
K -12 Principal

KLAWOCK CITY SCHOOL DISTRICT 403 (b) Acknowledgement

I understand that I, as an eligible employee of the Klawock City School District, have the opportunity to enroll in a 403(b) retirement plan.

At this time () I have enrolled in a 403 (b) plan
 () I have chosen NOT to enroll in a 403 (b) plan

SIGNATURE:

DATED:

PRINTED NAME

**KLAWOCK CITY SCHOOL DISTRICT
DRIVING RECORD RELEASE FORM**

I hereby authorize the Department of Public Safety, Division of Motor Vehicles, to release my driving record to the insurance carrier named below:

Davies-Barry Insurance
100 Main Street
Ketchikan, Alaska 99901

Name: _____

Date of Birth: _____

Drivers License Number: _____

Any accidents/tickets in last three years? Circle One: Yes or No If yes, please explain:

Signature: _____

Date: _____

Please attach a copy of valid driver's license to this form

In accordance with Alaska State Law, your signature on this form allows the insurance company to request a copy of your driving record from the Department Of Motor Vehicles.

POST HIRE QUESTIONNAIRE FOR SECOND INJURY FUND QUALIFICATION

The purpose of this questionnaire is to preserve the Employer's right to obtain Second Injury Fund reimbursement if you suffer a work-related injury while employment. If the resulting disability is greater due to aggravation of a pre-existing condition, or because the injury combines with the pre-existing condition, the Employer may be able to obtain reimbursement from the Fund for some of the workers' compensation benefits paid to you. The completed questionnaire will be retained in your confidential medical file. You may update the information at any time.

Name _____ Social Security No. _____
 Address _____ Date of Birth _____
 _____ Telephone _____

Have you ever had, or do you now have, any of the following conditions? *Note: this list is derived from Alaska Statute 23.30.205. PLEASE COMPLETE BOTH COLUMNS.*

YES	NO		YES	NO	
___	___	EPILEPSY	___	___	DIABETES
___	___	MUSCULAR DYSTROPHY (any form)	___	___	HYPERINSULINISM
___	___	PARKINSON'S DISEASE	___	___	TUBERCULOSIS
___	___	POLIOMYELITIS residuals	___	___	LOSS OF SIGHT one or two eyes
___	___	CEREBRAL PALSY	___	___	VISION LOSS greater than 75%
___	___	CEREBRAL VASCULAR ACCIDENT(Stroke)	___	___	bilaterally, uncorrected
___	___	MULTIPLE SCLEROSIS	___	___	VARICOSE VEINS
___	___	CHRONIC OSTEOMYELITIS	___	___	THROMBOPHLEBITIS
___	___	RUPTURED (HERNIATED) INTERVETEBRAL	___	___	ARTERIOSCLEROSIS
___	___	DISC (SPINAL DISK OR H.N.P.)	___	___	CARDIAC DISEASE of any kind
___	___	ANKYLOSIS OF JOINTS (Fused joints)	___	___	SILICOSIS
___	___	OSTEOPOROSIS	___	___	COMPRESSED AIR SEQUELAE
___	___	ARTHRITIS of any kind	___	___	HEAVY METAL POISONING
___	___	SPONDYLOLISTHESIS	___	___	IONIZING RADIATION INJURY
___	___	HEMOPHILIA	___	___	AMPUTATION foot, leg, arm,hand

Have you ever had, or do you now have any condition, disease or injury which resulted in 200 weeks or more of inability to work? *The 200 weeks need not be continuous. If your answer is yes, please briefly describe the condition or injury.* _____

Have you ever had a permanent impairment rating of 35% of the whole person or greater? *If your answer is yes, please state the condition or injury which led to the rating.* _____

READ CAREFULLY, SIGN AND DATE:

I understand that the Employer is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the Employer having to pay more for workers' compensation benefits than it would if I had disclosed a qualifying condition. I have answered the above questions to the best of my knowledge. I understand that this information will be kept in my confidential medical file and will be used for workers' compensation purposes only.

Signed _____ Dated _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Klawock City School District ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

PLEASE COMPLETE ALL FIELDS BELOW

Last Name	First Name	Middle Name	<i>check box if no middle name</i> <input type="checkbox"/>
Social Security Number* ###-##-####	Date of Birth* month/date/year	Email Address <i>required</i>	
Driver's License Number	Issuing State*	Former Names/Aliases <i>separate aliases with comma</i>	
CURRENT ADDRESS		FORMER EMPLOYER	
Street	Apt/Unit	Company	City, State
City	State	Zip	Position
			Dates of Employment

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Verified First expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

The Klawock City School District (the "Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name KILMOROCK CITY SCHOOL DISTRICT		4. Employer Identification Number (EIN) 02-1000105	
5. Employer address PO BOX A		6. Employer phone number 801-765-2220	
7. City KILMOROCK	8. State UT	9. ZIP code 84025	
10. Who can we contact at this job? YODEAN ARMOUR			
11. Phone number (if different from above)		12. Email address yodean.armour@kilmoreckschool.com	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Yodean Armour

DATE