Dear Substitute Classified Applicant,

Thank you for your interest in Pioneer School District No. 402. In order to be considered for substitute employment, you must complete and submit the following application materials:

- District application completed in full, including all accompanying forms
- Proof of FBI fingerprinting
- Copies of Drivers License and Social Security Card

You may complete the fingerprint process in person at ESD 113, 6005 Tyee Dr. SW, Tumwater.

Once your application materials have been received by human resources, your applicant file will be reviewed and evaluated for substitute employment. An application file will not be reviewed until all of the required application materials have been received.

If you have any questions, please contact Kelly Evans at 360-426-9115, ext. 3009.

We appreciate your interest in public education and Pioneer School District.

Sincerely,

Kelly Evans
Human Resource Specialist
SUBSTITUTE CLASSIFIED APPLICATION FORM

Pioneer School District No. 402
112 E Spencer Lake Road, Shelton, WA 98584
Human Resource Office (360) 426-9115

Date ___________________________

Name __________________________  Email Address __________________________

Address _________________________  Home Phone __________________________

City/State/Zip ____________________  Cell Phone __________________________

**JOB PREFERENCE:** Check the areas you interested in:

- [ ] Paraeducator  
- [ ] Playground  
- [ ] Custodian
- [ ] Office  
- [ ] Kitchen  
- [ ] Other: __________________________

<table>
<thead>
<tr>
<th>High School/College</th>
<th>Dates</th>
<th>Major</th>
<th>Minor</th>
<th>Degree</th>
<th>Date Diploma/ Degree Granted</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**EXPERIENCE:** (Beginning with most recent)

<table>
<thead>
<tr>
<th>Employer/Location</th>
<th>Position</th>
<th>Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**PARAEDUCATOR QUALIFICATION:** (Provide supporting documents)

- [ ] Associate (or higher) Degree  
- [ ] 2 Yrs. of College (72 credits)  
- [ ] Passed ETS Parapro Assessment

**OTHER SKILLS, QUALIFICATIONS OR EXPERIENCE:**

Description/Dates: ____________________________________________

______________________________________________________________

Revised 12/18
STAFF DEVELOPMENT TRAINING/WORKSHOPS: (IE: Special Education, Early Learning, Clerical, Technology)

Description/Dates: ________________________________________________________________

PROFESSIONAL & PERSONAL ACTIVITIES & INTERESTS: (Include hobbies, sports, volunteer work, awards, organizations)

Description/Dates: ________________________________________________________________

REFERENCES: (List principals and supervisors who are familiar with your work performance.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Pioneer School District is an equal opportunity education institution and will not discriminate in its educational programs, activities or employment practices on the basis of race, color, national origin/language, creed/religion, sex, sexual orientation—including gender identity, disability, or the use of service animal by a person with a disability, age, marital status, honorably discharged veteran or military status and HIV/Hepatitis C status, or other legally protected classification in accordance with state and federal laws, including Title VI, Title IX, Section 504 and Americans with Disabilities Act and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: School District’s Title IX Officer, John Gummel, 112 E Spencer Lk. Rd, Shelton, WA 98584, (360) 426-9115.

For District Use Only

☐ HS Diploma ☐ Transcripts
☐ Disclosure ☐ DL/SS
☐ Affirmation ☐ I-9
☐ Misconduct ☐ W-4
☐ Internet Agreement ☐ ACH Deposit
☐ Ethnicity ☐ DRS

FBI Clearance Date: ________________

Revised 12/18
Voluntary, Confidential Information for Affirmative Action Purposes

Dear Applicant:
Your cooperation in completing this form is appreciated. Information derived from this sheet is for statistical purposes, to prevent discrimination and to help in the evaluation of our personnel procedures and policies in accordance with the district’s Affirmative Action Program. This information is voluntary and confidential and will not be filed with, or made part of, your application or personnel file.

Name ___________________________ Date ___________________________

Address _____________________________________________________________

Telephone ________________________ Male ☐  Female ☐

Racial/Ethnic Group:

☐ Asian or Pacific Islander (Far East, Southeast or Pacific Islander)
☐ Black, not of Hispanic origin
☐ Hispanic (Mexico, Puerto Rico, Cuba, Central America or other Spanish culture)
☐ Native American Indian or Alaskan Native
☐ White, not of Hispanic origin
☐ Mixed (When more that one of the above characteristics apply)
  ○ Please specify: _____________________________________________

Other Affirmative Action Categories:

☐ Vietnam Veteran
☐ Protected Age Group (40-70)
☐ Handicapped

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Applicant Disclosure Form
Pursuant to Chapter 486 Laws of 1987

Applicant Name ________________________________

Answer YES or No to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crime against persons: reckless endangerment; simple assault; unlawful imprisonment; communication with a minor; first degree promoting prostitution; vehicular homicide; incest; indecent liberties; first or second degree extortion; first or second degree manslaughter; first degree burglary; first degree arson; first or second degree robbery; first, second or third degree statutory rape; first, second or third degree rape; first, second or third degree assault; aggravated murder; first, second or third degree murder; first or second degree kidnapping; sexual exploitation of minors; first or second degree criminal mistreatment?
   - Yes
   - No
   If yes, explain: ____________________________________________________________

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
   - Yes
   - No
   If yes, explain: ____________________________________________________________

3. Have you ever been found by a court in a domestic relations proceeding under the Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
   - Yes
   - No
   If yes, explain: ____________________________________________________________

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
   - Yes
   - No
   If yes, explain: ____________________________________________________________

5. Have you in the last seven years been released from prison or been convicted of any offense that involved drugs, embezzlement or fraud?
   - Yes
   - No
   If yes, explain: ____________________________________________________________

   (An inquiry to the Washington State Patrol and/or state and federal law enforcement agency will be made.)

Pursuant to RCW 9A.72.085, I certify, under the penalty of perjury under laws of the State of Washington, that the foregoing is true and correct. All of the information I have provided in this application is true, correct and complete. I authorize Pioneer School District to inquire with former employees or references and obtain any and all information regarding my job-related background. I release Pioneer School District, my former employer and all references from any all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, Pioneer School District may, at its sole discretion, without notice or due process, terminate my employment.

Applicant Signature ___________________________ Date ________________
WASHINGTON STATE SEXUAL MISCONDUCT
DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:  
SCHOOL DISTRICT EMPLOYER
PERSONNEL DEPARTMENT
STREET ADDRESS
CITY, STATE, ZIP

☐ No prior school district employment

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington’s school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

| APPLICANT’S NAME (FIRST, MIDDLE, LAST) |
| FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION |
| SOCIAL SECURITY NUMBER | CERTIFICATE NO. |
| APPROXIMATE DATES OF EMPLOYMENT |
| POSITION(S) |

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee’s leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature Date

This section to be completed by former school district employer(s) only.

☐ No sexual misconduct materials were found.  
☐ Yes, sexual misconduct materials are available.  
Was a complaint of sexual misconduct filed with OSPI?  ☐ Yes  ☐ No  
Please contact for more information.

☐ No record of employment

Former Employer Representative Signature Title Date

Employing School Receipt Date Received By

Return all completed information to:

SCHOOL DISTRICT
Pioneer School District, Attention: Kelly Evans
ADDRESS
611 E. Agate Road, Shelton
PHONE 360-426-9115
STATE WA  
ZIP 98584  
FAX 360-426-1036

FORM SPI 1588 (Rev. 6/07)
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**
- **Address**
- **City or town, state, and ZIP code**

**Social security number**

- **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.

**Single or Married filing separately**
- **Married filing jointly or Qualifying widow(er)**
- **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, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4APP for most accurate withholding for this step (and Steps 3-4); or**
- **(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.**

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents**

If your 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 and enter the total here ▶ $3 ▶$

**Step 4: 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 ▶ $4(e) ▶$
- **(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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
Specific Instructions

Step 1(a). 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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you and your spouse have a total of only two jobs, you may instead 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 6, if you expect to claim deductions other than the basic standard deduction on your 2020 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.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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 on or before 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):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number USCIS Number): ___________________________
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ___________________________

Some aliens may write "NA" 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: ___________________________
2. Form I-94 Admission Number: ___________________________
3. Foreign Passport Number: ___________________________

Country of Issuance: ___________________________

Signature of Employee: ___________________________

Today's Date (mm/dd/yyyy): ___________________________

Preparer and/or Translator Certification (check one):
☐ I hereby certify that I prepared or translated this attestation.
☐ 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
**Employment Eligibility Verification**  
**USCIS**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**  
**Form I-9**  
**OMB No. 1615-0047**  
**Expires 10/31/2022**

### Section 2: Employment/Authorized Representative Review and Verification

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Identity</td>
<td>Employment Authorization</td>
<td></td>
</tr>
<tr>
<td><strong>Document Title</strong></td>
<td><strong>Document Title</strong></td>
<td><strong>Document Title</strong></td>
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<tr>
<td><strong>Issuing Authority</strong></td>
<td><strong>Issuing Authority</strong></td>
<td><strong>Issuing Authority</strong></td>
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</tr>
<tr>
<td><strong>Document Number</strong></td>
<td><strong>Document Number</strong></td>
<td><strong>Document Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Expiration Date (if any) (mm/dd/yyyy)</strong></td>
<td><strong>Expiration Date (if any) (mm/dd/yyyy)</strong></td>
<td><strong>Expiration Date (if any) (mm/dd/yyyy)</strong></td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td><strong>Expiration Date (if any) (mm/dd/yyyy)</strong></td>
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</tbody>
</table>

**Additional Information**

**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**

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

**Employer's Business or Organization Name**

<table>
<thead>
<tr>
<th>Employer's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

### Section 3: Reverification and Rehires

**A.** Date of Hiring (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**B.** Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**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.**

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
</tr>
<tr>
<td>(1)</td>
<td>The same name as the passport; and</td>
</tr>
<tr>
<td>(2)</td>
<td>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.</td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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</td>
</tr>
<tr>
<td>2.</td>
<td>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</td>
</tr>
<tr>
<td>3.</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4.</td>
<td>Voter's registration card</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6.</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

| 10.    | School record or report card           |
| 11.    | Clinic, doctor, or hospital record     |
| 12.    | Day-care or nursery school record      |

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>(1)</td>
<td>NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>3.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>4.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
Retirement Status Verification

Employers can use this form to document the retirement status of all new employees, as required by RCW 41.50.139.

Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Employers can document retirement status through their own processes or by using this DRS form. If using this form, follow these instructions:

- Ask the employee to complete and sign the Employee Information section below.
- Use the Member Management Process in the Employer Reporting Application (ERA) to review the employee’s retirement status.
- Record the results in the Employer Verification section below.
- Determine whether the employee retired using the 2008 Early Retirement Factors. □ Yes □ No
  If yes, contact DRS Employer Support Services (ESS) immediately.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form.
- Retain this form for 60 years.

<table>
<thead>
<tr>
<th>Employee Information</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name (Last, First, Middle)</td>
<td></td>
</tr>
<tr>
<td>Are you a retiree of one of Washington state’s retirement systems? If yes, which one(s)?</td>
<td></td>
</tr>
<tr>
<td>□ Yes, __________________________________________________</td>
<td>□ No</td>
</tr>
<tr>
<td>Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)?</td>
<td></td>
</tr>
<tr>
<td>□ Yes, __________________________________________________</td>
<td>□ No</td>
</tr>
<tr>
<td>Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a retiree of one of Washington state’s retirement systems? If yes, which one(s)?</td>
<td></td>
</tr>
<tr>
<td>□ Yes, __________________________________________________</td>
<td>□ No</td>
</tr>
<tr>
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</tr>
<tr>
<td>□ Yes, __________________________________________________</td>
<td>□ No</td>
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<td>Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Comments (optional)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please enter any additional comments here. If you need more room, use the back of this form and check this box:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have verified the information above using ERA or by contacting a DRS representative. I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.</td>
<td></td>
</tr>
</tbody>
</table>

□ Yes □ No

If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.

If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.

□ Yes □ No

Employee Signature

Date
Staff Ethnicity and Race Data Collection Form

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff is requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the staff member’s ethnicity and race. United States Federal Register (71 FR 44866)

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**QUESTION 1. Are you of Hispanic or Latino origin? (check all that apply)**

- [ ] NOT HISPANIC/LATINO
- [ ] CUBAN
- [ ] DOMINICAN
- [ ] SPANIARD
- [ ] PUERTO RICAN
- [ ] MEXICAN / MEXICAN AMERICAN/ CHICANO
- [ ] CENTRAL AMERICAN
- [ ] SOUTH AMERICAN
- [ ] LATIN AMERICAN
- [ ] OTHER HISPANIC/LATINO

**QUESTION 2. What race(s) do you consider yourself? (check all that apply)**

- [ ] AFRICAN AMERICAN/ BLACK
- [ ] WHITE
- [ ] ASIAN INDIAN
- [ ] CHINESE
- [ ] CAMBODIAN
- [ ] FILIPINO
- [ ] HMONG
- [ ] INDONESIAN
- [ ] JAPANESE
- [ ] KOREAN
- [ ] LAOTIAN
- [ ] MALAYSIAN
- [ ] PAKISTANI
- [ ] SINGAPOREAN
- [ ] TAIWANESE
- [ ] THAI
- [ ] VIETNAMESE
- [ ] OTHER ASIAN
- [ ] ALASKA NATIVE
- [ ] CHEHALIS
- [ ] COLVILLE
- [ ] COWLITZ
- [ ] HOH
- [ ] JAMESTOWN
- [ ] KALISPEL
- [ ] LOWER ELWHA
- [ ] LUMMI
- [ ] MAKAH
- [ ] MUCKLESHOOT
- [ ] NISQUALLY
- [ ] NOOKSACK
- [ ] PORT GAMBLE KLALLAM
- [ ] PUYALLUP
- [ ] QUILEUTE
- [ ] QUINAULT
- [ ] SAMISH
- [ ] SAUK-SUIATTLE
- [ ] SHOALWATER
- [ ] SKOKOMISH
- [ ] SNOQUALMIE
- [ ] SPOKANE
- [ ] SQUAXIN ISLAND
- [ ] STILLGUAMISH
- [ ] SUQUAMISH
- [ ] SWINOMISH
- [ ] TULALIP
- [ ] YAKAMA
- [ ] OTHER WASHINGTON INDIAN
- [ ] OTHER AMERICAN INDIAN/ALASKA NATIVE
As a staff member, I understand and will abide by the Pioneer School District’s Internet Use Agreement;
I agree to promote this agreement with the students in my classroom;
I understand the students may use the network for individual work or in the context of another class and I cannot be held responsible for the individual student use of the network;
As an educator, I do agree to instruct the students on acceptable use of the network and proper network etiquette;
I understand that this agreement is designed to promote educational purposes;
I understand that the primary use of the email system is for education and professional use, not personal;
I understand that any computer usage may be subject to scrutiny at any time;
I further understand and acknowledge that any violation of the regulations of the Internet Staff Use Agreement is unprofessional, unethical and may constitute a criminal offense;
Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken and/or any appropriate legal action may ensue.

Name (print): ____________________________ Date: ___________________

Signature ________________________________

(Please return this form to the personnel office.)