

Pioneer School District



High Levels of Learning....Every Child, Every Day

Dear Substitute Certificated Applicant,

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

- District application completed in full, including all accompanying forms.
- Copy of valid Washington State teaching certificate
- Proof of FBI fingerprinting
- Copy of Driver's License and Social Security Card

You may complete the fingerprint process in person, by appointment, at the ESD113, 6005 Tye 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 Jeanette Leach at 360-426-9115, ext. 3008.

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

Sincerely,

Jeanette Leach
Payroll Specialist

CERTIFICATED APPLICATION FORM

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

Name _____

E-mail Address _____

Address _____

Home Phone _____

City/State/Zip _____

Cell Phone _____

JOB PREFERENCE: Enter the teaching areas you are certified for and interested in, in order of preference:

Grade	Subject
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Special Education Specialist
 Administration Other: _____

CERTIFICATION: (List current, valid Washington State certificates and send a copy with application)

	Type	Exp. Date	Applicant Date	Endorsements
Teaching				
ESA				
Vocational				
Administrative				

EDUCATION: (Begin with most recent)

Colleges/Universities	Dates	Major	Minor	Degree	Hrs Beyond Degree	Date Degree Granted

STUDENT TEACHING, PRACTICUM OR ADMINISTRATIVE INTERNSHIP:

School & Location	Grades/Subject	Dates	No. of Weeks

EXPERIENCE: (Contractual teaching/administration and substitute experience – beginning with most recent)

School & Location	Grades/Subject	Dates	Reason for Leaving

OTHER WORK EXPERIENCE: (Include only most recent and/or significant)

Description/Dates: _____

STAFF DEVELOPMENT TRAINING/WORKSHOPS: (IE: Step up to Writing, Remedial, Gifted, Technology, Multicultural)

Description/Dates: _____

EXTRA-CURRICULAR ACTIVITIES: (Identify those activities you are capable and willing to supervise)

- | | | | |
|---------------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Band | <input type="checkbox"/> Drama | <input type="checkbox"/> Student Government | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Technology | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Club Advisor | <input type="checkbox"/> Music | <input type="checkbox"/> Track | |

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

Description/Dates _____

REFERENCES: (List principals and supervisors who are familiar with your professional success)

Name	Position	Address	Phone #

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, Jill Diehl, at 112 E Spencer Lake Rd, Shelton, WA 98584, (360) 426-9115.

For District Use Only

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Disclosure | <input type="checkbox"/> DL/SS |
| <input type="checkbox"/> Affirmation | <input type="checkbox"/> I-9 |
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> W-4 |
| <input type="checkbox"/> Internet Agreement | <input type="checkbox"/> ACH Deposit |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> DRS |

FBI Clearance Date: _____

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 than one of the above characteristics apply)
 - o Please specify: _____

Other Affirmative Action Categories:

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

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Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with the district(s) to which you have applied.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS **MUST** BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.

EMPLOYMENT HISTORY DISCLOSURE

1. Are you presently under contract? No Yes - *If yes, with whom?*

What is your present position (Title)? _____

2. Are you a former employee of our District? No Yes

If yes, list dates and positions: _____

3. Have you ever been on a plan of improvement or placed on probation? No Yes

4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct? No Yes

5. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body? No Yes

6. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extracurricular positions) in order to avoid discharge or non-renewal? No Yes

7. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extracurricular positions)? No Yes

8. Have you ever been disciplined for misconduct by a past or present employer? No Yes

9. If you answered YES to questions 3, 4, 5, 6, 7, or 8, provide an explanation of the circumstances, including the underlying facts, place, date, and outcome. Attach an additional page if needed.

¹ All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

APPLICANT DISCLOSURE STATEMENT

Page 2 of 4

CRIMINAL HISTORY DISCLOSURE

1. Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions, such as minor traffic citations.) No Yes If yes, attach an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from District employment.
2. Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations.) No Yes If yes, attach an explanation of the nature of the crime, place, date, and court. A conviction record will not necessarily bar you from District employment.
3. (A) CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED: (See above for definition of "convicted").

- | | | |
|---|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First Degree Arson | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> First or Second Degree Extortion | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> First or Second Degree Kidnapping | | <input type="checkbox"/> First Degree Promoting Prostitution |
| | | <input type="checkbox"/> Prostitution |
| | | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct |

3. (B) CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

APPLICANT DISCLOSURE STATEMENT

Page 3 of 4

4. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves.)

- First, second, or third degree extortion
- First second or third degree theft
- First or second degree robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

ANSWER: NO YES IF YES, EXPLAIN BELOW.

5. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

6. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

7. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

8. Have you ever been found in any disciplinary board final decision to have physically or sexually abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

ANSWER: NO YES IF YES, EXPLAIN BELOW.

9. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 8 above? ANSWER: NO YES

APPLICANT DISCLOSURE STATEMENT

Page 4 of 4

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

(Provide original signature on each copy submitted to selected districts as checked on the front of the application)

Applicant, Print Name: _____

Applicant Signature: _____

Date and Place: _____

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury under the laws of the State of Washington that as of this date ____ / ____ / ____, a date on or after which I have been offered conditional employment with the hiring district, the foregoing remains true and correct. I further certify that I have been released from all contractual obligations with other Washington State School Districts. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire can be grounds for denial of employment or continued employment with the hiring district.

Your signature must be witnessed by an employee of the hiring district.

Print Name: _____

Sign Name: _____

Witness, Print Name/Title: _____

Witness, Sign Name: _____

Date and Place: _____



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

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

To: SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
PERSONNEL DEPARTMENT	
STREET ADDRESS	
CITY, STATE, ZIP	
FAX #	

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.
Please contact for more information.
- No record of employment.

Was a complaint of sexual misconduct filed with OSPI?

Yes No

Former Employer Representative Signature

Title

Date

Employing School Receipt Date: _____

Received By: _____

Return all completed information to:

SCHOOL DISTRICT Pioneer School District No. 402 Attn: Jeanette Leach		
ADDRESS 112 E. Spencer Lake Rd., Shelton		PHONE 360.426.9115 Ext. 3008
STATE WA	ZIP 98584	FAX 360.426.1036

Employee's Withholding Certificate

OMB No. 1545-0074

▶ 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.

2021

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

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 2021 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 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 and 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.		
	▶ <u>Employee's signature</u> (This form is not valid unless you sign it.)		▶ <u>Date</u>

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

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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 **1** \$ _____

- 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 **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 **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____

- 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) **4** \$ _____

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



- 1 Enter an estimate of your 2021 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 **1** \$ _____

- 2 Enter:

{	• \$25,100 if you're married filing jointly or qualifying widow(er)
	• \$18,800 if you're head of household
	• \$12,550 if you're single or married filing separately

 **2** \$ _____

- 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-" **3** \$ _____

- 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 **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 possessions 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.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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 10/31/2022

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 Identify 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 Rehires (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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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.

Contact Information for Employer Support Services at DRS:
 360.664.7200, option 2
 800.547.6657, option 6, option 2
drs.employersupport@drs.wa.gov

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.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box:

Employer Signature

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.

Employer Signature	Date
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PIONEER SCHOOL DISTRICT #402

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)*

Print Name _____ Signature _____ Date: _____

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

- | | | | |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

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

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE |
| <input type="checkbox"/> | WHITE | <input type="checkbox"/> | CHEHALIS |
| <input type="checkbox"/> | ASIAN INDIAN | <input type="checkbox"/> | COLVILLE |
| <input type="checkbox"/> | CHINESE | <input type="checkbox"/> | COWLITZ |
| <input type="checkbox"/> | CAMBODIAN | <input type="checkbox"/> | HOH |
| <input type="checkbox"/> | FILIPINO | <input type="checkbox"/> | JAMBSTOWN |
| <input type="checkbox"/> | HMONG | <input type="checkbox"/> | KALISPEL |
| <input type="checkbox"/> | INDONESIAN | <input type="checkbox"/> | LOWER ELWHA |
| <input type="checkbox"/> | JAPANESE | <input type="checkbox"/> | LUMMI |
| <input type="checkbox"/> | KOREAN | <input type="checkbox"/> | MAKAH |
| <input type="checkbox"/> | LAOTIAN | <input type="checkbox"/> | MUCKLESHOOT |
| <input type="checkbox"/> | MALAYSIAN | <input type="checkbox"/> | NISQUALLY |
| <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> | NOOKSACK |
| <input type="checkbox"/> | SINGAPOREAN | <input type="checkbox"/> | PORT GAMBLE KLALLAM |
| <input type="checkbox"/> | TAIWANESE | <input type="checkbox"/> | PUYALLUP |
| <input type="checkbox"/> | THAI | <input type="checkbox"/> | QUILEUTE |
| <input type="checkbox"/> | VIETNAMESE | <input type="checkbox"/> | QUINAULT |
| <input type="checkbox"/> | OTHER ASIAN | <input type="checkbox"/> | SAMISH |
| <input type="checkbox"/> | NATIVE HAWAIIAN | <input type="checkbox"/> | SAUK-SUIATTLE |
| <input type="checkbox"/> | FIJIAN | <input type="checkbox"/> | SHOALWATER |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO | <input type="checkbox"/> | SKOKOMISH |
| <input type="checkbox"/> | MARIANA ISLANDER | <input type="checkbox"/> | SNOQUALMIE |
| <input type="checkbox"/> | MELANESIAN | <input type="checkbox"/> | SPOKANE |
| <input type="checkbox"/> | MICRONESIAN | <input type="checkbox"/> | SQUAXIN ISLAND |
| <input type="checkbox"/> | SAMOAN | <input type="checkbox"/> | STILLAGUAMISH |
| <input type="checkbox"/> | TONGAN | <input type="checkbox"/> | SUQUAMISH |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER | <input type="checkbox"/> | SWINOMISH |
| | | <input type="checkbox"/> | TULALIP |
| | | <input type="checkbox"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN/ALASKA NATIVE |



STAFF INTERNET USE AGREEMENT

PIONEER SCHOOL DISTRICT NO. 402

- 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.)