

PIONEER SCHOOL DISTRICT NO. 402

112 E SPENCER LAKE ROAD, SHELTON, WA. 98584

Phone: (360) 426-9115 Fax: (360) 426-1036

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 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 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:

- | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Paraeducator | <input type="checkbox"/> Playground | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Office | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other: _____ |

High School/College	Dates	Major	Minor	Degree	Date Diploma/ Degree Granted

EXPERIENCE: (Beginning with most recent)

Employer/Location	Position	Dates	Reason for Leaving

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: _____

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.)

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, John Gummel, 112 E Spencer Lk. Rd, Shelton, WA 98584, (360) 426-9115.

For District Use Only

<input type="checkbox"/> HS Diploma	<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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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	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

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.

<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.	
<input type="checkbox"/> 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

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ 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.

2020

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 online estimator, 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 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 (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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ 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)

General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

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 5, 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

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)
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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





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
(Employer 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 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
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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</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">OR</p> <p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">AND</p> <p align="center">LIST C</p> <p align="center">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>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>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</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>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>For persons under age 18 who are unable to present a document listed above:</p>	<p>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</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</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>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>7. Employment authorization document issued by the Department of Homeland Security</p>

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



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"/> | JAMESTOWN |
| <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.)