

NAME _____
Last , First



Transportation
9311 Chambers Creek Road
University Place, Washington 98467

(253) 566-5724
Fax (253) 566-5702

SUBSTITUTE SCHOOL BUS DRIVER APPLICATION

Attached is our Substitute School Bus Driver Application form. To complete your substitute file with us, it will be necessary for you to provide the following:

- _____ A completed **Substitute Application**
- _____ A completed **Driving Record Request Form**
- _____ Acceptable original documents to complete the Form I-9 (Employment Eligibility Verification Form). Please bring these to the transportation office for verification and copying. We cannot accept photocopies. Examples of acceptable documentation are on the back of the Form I-9. Most commonly used are driver's license and Social Security card.
- _____ Form W-4 (Withholding Allowance Certificate)
- _____ A Washington State Sexual Misconduct Disclosure Release for **each** educational agency you have worked for. One form is attached – additional forms are available at our Transportation office.
- _____ If you have not been fingerprinted by an educational institution during the past two years, you must be re-fingerprinted. You will receive more information at Orientation.
- _____ School Bus Driver Abstract, available from the Department of Licensing.

Thank you for your interest in University Place School District.

FOR OFFICE USE ONLY

- Application (check for signatures)
- Disclosure/Auth to Ck Wk Hist
- I-9 & documentation (sign)
- W-4
- Retirement form
- Sexual Misconduct Disclosure forms – one for each district worked for
- Abstract Release Form

- Fingerprinting:
 - _____ will come in
 - _____ has been done w/in last 2 years:
mo/yr _____ where _____
 - WSP _____
 - FBI _____

_____ Reference checks done
_____ Entered in database
_____ I-9 & W4 to payroll
_____ Fingerprinted
_____ Sexual Misconduct Disclosure forms sent
_____ Entered into OSPI Database
_____ Copies of all credentials

SUBSTITUTE SCHOOL BUS DRIVER APPLICATION

Name _____ Date Available _____

Address _____

City, State, Zip _____

Phones - Home: _____ Cell: _____

Email: _____

Present position or employment status: _____

Is the condition of your health such that you can carry out the full responsibility of the position(s) you have applied for? Yes No

If you answered No, please explain: _____

Have you, within the past seven years, been convicted of a crime or had a traffic violation?

Yes No (*A conviction will not automatically bar you from employment.*)

If Yes, please explain: _____

Do you have current credentials on any of the following?

	YES	NO	Expiration Date
CDL Driver's License			
First Aid / CPR			
DOT Physical Card			

EDUCATION	School Name & Location	Dates	Degree	Subject
High School / GED				
College / University / Other				

FORMER EMPLOYERS OR WORK EXPERIENCE

List last four employers or work experience, starting with most recent, including military.

Date (mo./ year)	Name & Addresses of Employers	Position	Supervisor
From: To:			Name: Phone:
From: To:			
From: To:			
From: To:			

REFERENCES

Give the names of three persons, not related to you, whom you have known at least one year.

Full Name of Reference	Address	Phone Number
1.		
2.		
3.		

AGREEMENT

I hereby certify that, to the best of my knowledge, the application information is true and correct. I also agree that falsification of any part of this application shall be sufficient cause for dismissal. I further agree to observe all the rules, regulations, and policies of the District.

I hereby authorize the District to conduct work history, personal references, or police record inquiries to determine my acceptability for employment. References and personal information, which become a part of this application, will be regarded as confidential and shall not be revealed to me.

Signature of Applicant

Date

DISCLOSURE STATEMENT

UNIVERSITY PLACE SCHOOL DISTRICT
3717 Grandview Drive West
University Place, WA 98466

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime? _____ Yes _____ No

If "yes," please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If "yes," please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.*

I have signed this Disclosure Statement on the date shown below at _____, Washington.

DATE: _____ Signature: _____

Print name: _____

*If we receive an unsatisfactory report from the State Patrol, you will be notified within ten days and we will make a copy of the report available to you upon your request.

AUTHORIZATION TO CHECK WORK HISTORY AND RELEASE OF PRIOR EMPLOYERS

I authorize *University Place School District* to check my references and to investigate any information provided in my Application for employment. I further authorize my past employers or anyone with information about my work history, education or qualifications to provide such information to *University Place School District* in response to their inquiry. I agree to hold harmless from any liability (suit, claim, or other action) anyone supplying such information to *University Place School District*.

Signed: _____ Date: _____

The University Place School District complies with all federal laws, rules, and regulations and does not discriminate on the basis of race, color, national origin, gender, or disabilities in student education programs, co-curricular activities, and employment practices. The district is an equal opportunity/affirmative action employer encouraging application of qualified minorities, women, and disabled persons for employment and other opportunities. For elevator access at school sites, contact the principal's office. The University Place School District is a drug-free/smoke-free workplace and educational setting. Direct inquiries regarding compliance, grievance, or appeal procedures should be made to the District Affirmative Action Officer/Section 504/ADA/Title IX Officer, Paul Harvey, (253) 566-5600.



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

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106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to UNIVERSITY PLACE SCHOOL DISTRICT #83		
Mailing address 9311 CHAMBERS CREEK ROAD		
City UNIVERSITY PLACE	State WA	ZIP code 98466
<p>Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input type="checkbox"/> Noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Employment/Commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle.</p> <p><input type="checkbox"/> Volunteer organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled.</p> <p><input checked="" type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation.</p> <p>This request is to be billed and mailed to school district <u>University Place School District #83</u></p> <p>School district authorization _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature (Valid for four months)</p>	

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G _____

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply. ▶

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2 Enter:

\$10,900 if married filing jointly or qualifying widow(er)	}	2	\$ _____
\$ 8,000 if head of household				
\$ 5,450 if single or married filing separately				
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	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	

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

State of Washington
 Department of Retirement Systems
Retirement Status Form

Employer retains the form.

***Employee completes this section:**

Employee Name _____ SSN _____
 (Please print)

Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition.

- Q1. Are you retired from one of the Washington State Retirement Systems? Yes No
- Q2. Are you retired or have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? Yes No
- Q3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? Yes No

Signature of employee _____ Date _____

Employer completes this section:

Question 1: If the employee answered "yes," and is:

- **Returning to Active Service:** The retiree's benefit may be impacted. Don't report until you contact Employer Support Services (ESS).
- **A Retiree Returning to Work (RRTW):** Verify that the employee is a retiree; then report as a RRTW.

Question 2: If the employee answered "yes," contact ESS.

Question 3: If the employee answered "yes," contact ESS if you need assistance determining the correct system and plan.

If the employee answered "no" to all three questions, use Member Reporting Verification (MRV) to verify the employee's past retirement history. Record any prior membership below, then report the employee in the correct system and plan.

Document prior retirement membership using MRV:

Has the employee ever been a member of a Washington State Retirement System? Yes No

If yes, what system and plan?

Teachers' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
School Employees' Retirement System		Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Employees' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Safety Employees' Retirement System		Plan 2 <input type="checkbox"/>	
Law Enforcement Officers' and Fire Fighters' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Washington State Patrol Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Judicial Retirement System			<input type="checkbox"/>

Is the employee a retiree of a Washington State Retirement System? Yes No

I have verified the information above using MRV or by contacting a DRS representative.

Signature of employer _____ Date _____

*RCW 41.50.139 requires employers to solicit in writing the retiree status of all new employees.



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

[District submits this form to previous school district employer(s)]

Please print

Applicant Name _____ Former Name(s) _____ Social Security Number _____

- I have worked for another school or educational agency (public or private).
If yes, please list below the name and address of the school(s) for which you have worked and the approximate dates of employment for each. (Attach additional form(s) if necessary.) (Please sign & date below.)
- I have never worked for another school/educational agency. (Please sign & date below.)
- I have only worked for University Place School District. (Please sign & date below.)

District Name or School	Address
Position(s) Held	Dates of Employment
District Name or School	Address
Position(s) Held	Dates of Employment
District Name or School	Address
Position(s) Held	Dates of Employment

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 _____

TO HUMAN RESOURCES DEPARTMENT:

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 above 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 180-87 and WAC 180-88. Your assistance is appreciated.

This section to be completed by former school district employer(s) only.			
<input type="checkbox"/> No sexual misconduct materials were found.			
<input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to the requesting school district.	Was a complaint of sexual misconduct filed with OSPI? ____ Yes ____ No		
<input type="checkbox"/> No record of employment.			
Former Employer Representative Signature _____	Title _____	District _____	Date _____

Return all completed information to: Phone (253) 566-5600 Fax (253) 566-5607

University Place School District, Attn: Transportation
9311 Chambers Creek Rd.
University Place WA 98467-1074

UPSD:
Date Rec'd _____ by _____