

NORTHERN WELLS COMMUNITY SCHOOLS

SUBSTITUTE NURSING INFORMATION EFFECTIVE 7/1/16

You will need to bring the following information to the Superintendent's office:

- Current Nursing License
- Completed Federal Form W-4 (withholding certificate) *
- Completed Indiana Form WH-4 (withholding certificate) *
- Completed Federal Form I-9 (eligibility verification) *
- Completed Verification of Eligibility form*
- Completed ACH agreement* and voided check
- Indiana new hire employee information form *
- SS card and driver's license
- Proof of application for expanded criminal history background check **

After receipt of all the items listed above, you will be contacted by Central Office.

*These forms provided by NWCS

**As of July 1, 2015, Indiana law (HEA 1068) requires expanded criminal history checks for new hires "who are likely to have direct, ongoing contact with children within the scope of their employment," regardless of whether the individuals are certified or noncertified. Any applicant receiving a conditional offer of employment shall be required to pay the fee for the criminal check. This applies to applicants for substitute teaching.

In 2016, the Indiana General Assembly once again addressed the topic of background checks for school employees. The legislature made several significant changes: one of them requires a **new expanded child protection index check** that is defined at IC 20-26-2-1.3. An expanded child protection index check means an inquiry with the department of child services and the child welfare agency. For a certificated employee, an inquiry with the department of education or other entity that may issue a license to teach.

The fee is \$24.90 but could be more in circumstances such as an extended search to acquire information about an individual who has resided in other States since the age of 18 or outside the United States. All applicants will be required to obtain their own criminal history checks online using a VISA or Master Card. The site is available by clicking on "employment opportunities" and then "Safe Hiring Solutions Background Check" on Northern Wells Community Schools' homepage at www.nwcs.k12.in.us.

OFFICE USE

Date Received _____

Date Interviewed _____

NON-CERTIFIED SUB APPLICATION FOR EMPLOYMENT

NORTHERN WELLS COMMUNITY SCHOOLS
312 N. Jefferson St., P.O. Box 386
Ossian, Indiana 46777

RETURN THIS APPLICATION TO THE ABOVE ADDRESS IN PERSON OR BY MAIL.

Check the position(s) for which you are applying:

Bus Driver Custodian Food Service Teacher Aide
 Library Aide Maintenance School Nurse Secretary

PERSONAL INFORMATION

Name _____ Telephone (____) _____
Last First Initial

Address _____
City Zip

Do you have any physical limitations which might prevent you from performing responsibilities of the job for which you are applying?

Yes _____ No _____ If yes, explain _____

Have you ever been dismissed from employment? _____ If yes, explain _____

Please indicate your special skills or training which would qualify you for the position for which you are applying: _____

Date available for employment _____ Are you presently employed _____?

Present employer _____

Would you consider part-time employment? _____ Substituting? _____

Have you ever been employed by NWCS? _____ If so, where, when and in what capacity? _____

Northern Wells Community Schools provides employment without regard to race, color, sex, religion, national origin, veteran status, age or handicap, except where age, sex, and/or handicap is a bona fide consideration of employment.

This application will be kept active for a period of one year.

(over)

EDUCATIONAL BACKGROUND:

Name & Address

Date Graduated or
Grade Completed

High School _____

College _____

PREVIOUS EMPLOYMENT: (List in order, last or present employer first)

Dates: From/To Name & Address of Employer Phone Supervisor's Name

1. _____

2. _____

3. _____

4. _____

REFERENCES: (Other than family)

Name

Address

Telephone

OTHER:

Have you ever been convicted of a crime? Yes _____ No _____
If yes explain.

Have you ever been accused or charged with a crime that was dismissed or
entered into an agreement not to charge or prosecute. Yes _____ No _____

If yes, attach a statement of explanation.

I, _____, hereby give permission for Northern Wells Community
Schools or its agent to check my credit, work references, previous employers,
workman's compensation claims history, and conduct a criminal record search
with the necessary law enforcement agencies as well as friends, neighbors, or
other acquaintances. This inquiry may include information as to my
character, general reputation, personal characteristics, and mode of living,
whichever may be applicable.

I certify that there are no omissions, misrepresentations or falsifications
of my statements and answers made in connection with this application. I
acknowledge that any falsification or misrepresentation of information, or
accompanying data, will result in the rejection of this application or
subsequent dismissal from employment with Northern Wells Community Schools.

Date signed

Signature

(Do not write below this line)

Date Interviewed _____ By _____ Comments: _____

Form W-4 (2018)

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

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the Instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're 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.					
1 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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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 (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).



Form WH-4
State Form 48845
(R2 / 8-08)

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"
Nonresident aliens must skip lines 2 through 6. See instructions _____
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed _____
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked _____
5. Add lines 1, 2, 3, and 4. Enter the total here _____
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) _____
7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____
8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____



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

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

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

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

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of issuance: _____

QR Code - Section 1
 Do Not Write In This Space

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

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

Employer Completes Next Page



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
OR
List B
AND
List C
 Identity and Employment Authorization Identify 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	<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>	<div style="border: 1px solid black; padding: 5px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
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 <i>Payroll Administrator</i>	
Last Name of Employer or Authorized Representative <i>Gronau</i>	First Name of Employer or Authorized Representative <i>Gail</i>	Employer's Business or Organization Name <i>Northern Wells Community Schools</i>	
Employer's Business or Organization Address (Street Number and Name) <i>312 N Jefferson Street</i>	City or Town <i>Ossian</i>	State <i>IN</i>	ZIP Code <i>46777</i>

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.

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
1. U.S. Passport or U.S. Passport Card		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. 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
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 (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

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

Refer to the instructions for more information about acceptable receipts.

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT

REQUIRED BY INDIANA CODE 12-32-1

I, _____ (printed name), am a United States citizen or
Qualified alien (as defined under 8 U.S.C. 1641).

OR

_____ (printed name), is a United States citizen or qualified
alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this ____ day of _____, 20__.

(signature)

(printed name)

NORTHERN WELLS COMMUNITY SCHOOL CORPORATION

Automatic Deposit Authorization

_____ New Authorization

_____ Change Prior as Noted Below

I hereby authorize Northern Wells Community School Corporation hereinafter called EMPLOYER to initiate credit entries (and if necessary debit entries to adjust the credit entries) to my bank account(s) listed below. I authorize the DEPOSITORY bank to credit (or debit) the same entries to such account(s).

Bank Name	City, State	Routing No.	Type of Account: Checking/Savings	Account No.	Amount from each Net Pay
1.					
2.					
3.					

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

Employee Name

Social Security #

Date

Employee Signature

Valid e-mail address

- Please attach a copy of a voided check for each account that you wish to use.
- If more than one account is used, line 1 must be the primary account. The amount deposited to the primary account will be the balance remaining after deducting the amount(s) from line 2 and/or line 3 from net pay.



Indiana New Hire Reporting Center
Po Box 55097
Indianapolis, IN 46205

EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

EMPLOYER NAME

Northern Wellis Co. Schools

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

312 N Jefferson St

CITY

Ossian

STATE

ZIP

IN 46777

EMPLOYER CONTACT INFORMATION

FIRST

Gaill

LAST

Gronau

PHONE NUMBER

260-622-4125

FAX NUMBER

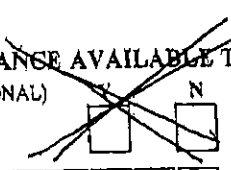
260-622-7893

E-MAIL ADDRESS

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

IS HEALTH INSURANCE AVAILABLE TO
EMPLOYEE? (OPTIONAL)



FIRST NAME

MI

LAST NAME

ADDRESS

CITY

STATE

ZIP

START DATE

mm dd yyyy

DATE OF BIRTH (OPTIONAL)

mm dd yyyy

Northern Wells Community Schools
State/Federal Ethnicity & Race Data Collection Form

Name _____

There are two questions that every employee will be asked regarding Ethnicity and Race and both questions must be answered in order for a staff record to be considered complete by the Indiana Department of Education and the Federal Government.

Question #1 - Ethnicity:

Are you Latino or Hispanic? (Choose only one)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino**

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Question #2 - Race:

How would you describe your racial identity? Please choose one or more racial categories:

_____ **American Indian or Alaska Native**

Persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition

_____ **Asian**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ **Black or African American**

Persons having origins in any of the original peoples of the black racial groups of Africa

_____ **Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ **White**

Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa

Those who choose more than one race will be identified as "multi-racial" for reporting purposes.

If you do not self-identify, federal law requires that the district designate another staff person to choose one or more categories for you based on prior knowledge and observation; this practice is known as Observer-identification. We firmly believe self-identification is preferable, but are required to implement Observer-identification as a last resort to complete a record.

Northern Wells Community Schools is an equal opportunity employer and educator