

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.

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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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: _____

Background Check Received: _____ Note: _____

Form W-4 (2019)

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

----- 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 <div style="font-size: 2em; font-weight: bold;">2019</div>	
▶ 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 2019, and I certify that I meet both of the following conditions for exemption. • 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 ▶					
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.) ▶					
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)	



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
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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

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
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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; text-align: center;"> 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)
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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>
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:
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	(1) NOT VALID FOR EMPLOYMENT
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	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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.	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	2. Certification of Birth Issued by the Department of State (Form DS-1350)
a. Foreign passport; and	4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	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
b. Form I-94 or Form I-94A that has the following:	5. U.S. Military card or draft record	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. Native American tribal document
(1) The same name as the passport; and	6. Military dependent's ID card	5. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
(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.	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security	
	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 #)

Grid for Federal ID Number

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

Gail

LAST

Gronau

PHONE NUMBER

260-622-4125

FAX NUMBER

260-622-7893

E-MAIL ADDRESS

Empty grid for E-mail address

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

Grid for Social Security Number

IS HEALTH INSURANCE AVAILABLE TO EMPLOYEE? (OPTIONAL)

Health insurance availability selection box with 'N' selected

FIRST NAME

Grid for First Name

MI

LAST NAME

Grid for Last Name

ADDRESS

Grid for Address

CITY

Grid for City

STATE

Grid for State

ZIP

Grid for ZIP

START DATE

Grid for Start Date (mm/dd/yyyy)

DATE OF BIRTH (OPTIONAL)

Grid for Date of Birth (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