Substitute Checklist

All of the following information must be enclosed in a substitute folder before applicant is allowed to substitute.

(Check if completed)

____ Application

____ W-4 Employee Withholding Allowance Certificate (Federal)

____ L-4 Employee Withholding Allowance Certificate (State)

____ Form I-9 Employment Eligibility Verification (complete section 1 sign and date)

____ Authorization to disclose criminal history records information (complete bottom section)

____ Automatic Deposit Form (attach voided check)

____ 403(b) Plan Letter (sign and date)

____ Ethnicity/Race Survey Form

____ Copy of Social Security Card (front and back)

____ Copy of Driver’s License, Voter’s Registration or Federal ID

____ Copy of High School Diploma, Degree, or Teaching Certificate

For Office Use Only:

Employer’s Signature _______________________________ Date ____________________
APPLICATION FOR EMPLOYMENT

ST. JAMES PARISH SCHOOLS
P.O. Box 338, 1876 West Main Street
Lutcher, LA 70071
(225) 258-4500

Date: ______________________________

1. Personal Data

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Social Security No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
</table>

4. Do you want to be on the Substitute Teacher List, subject to call on a day-by-day as needed basis? Yes____ No ____

5. Date of Birth __________________________

6. Place of Birth __________________________

7. Are you an American Citizen? ______

8. Have you been convicted of a felony? Yes____ No ____

9. Have you attended any of the School Board’s Substitute Teacher In-services? Yes ____ No ____

If yes, when? ________________________________________________________

10. Do you have experience working with school age children? Yes____ No____

If yes, explain ______________________________________________________

11. Are you familiar with computers? Yes ____ No ____ If yes, explain ______________________________________________________
II. Education

1. High School (Name and Location) (No. of Years) (Date of Graduation)

2. *College (Name and Location) (No. of Years) (Date of Graduation)

3. *Other (Name and Location) (No. of Years) (Date of Graduation)

* Please attach a copy of transcript, certificate, diploma, etc., to document post-secondary education.

[Return completed form to School Board Office, Attention Auxiliary Services and Personnel]

III. Work Experience

List your work experience and job title. Begin with name and address of most recent employer, along with the hire and completion date associated with each.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Name/Mailing Address of Employer</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Work References

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Mailing Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. Character References

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Mailing Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I recognize that any false information given on this application shall be considered sufficient cause for rejection and/or dismissal.

Furthermore, I understand that this application is retained on active file for one school year from date submitted. After an additional year in inactive status, applications and supporting documents are destroyed. Active status can be renewed or extended upon written request to the personnel department.

I understand that the St. James Parish School Board mandates pre-employment drug testing and receipt of a negative result prior to employment becoming official.

I also authorize the St. James Parish School Board, or its representative, to check my criminal records with law enforcement agencies concerning possible arrest records, to contact all persons or organizations listed above as references and/or previous employers for information pertinent to this application for employment.

Applicant’s Signature ________________________________ Date _____ / ____ / _______

*This application form will remain active for one (1) year from date submitted*

Revised 05/2017
Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filled with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

Personal Allowances Worksheet

A In Block A, enter "0" if you claim neither yourself nor your spouse, or

[Box left blank] A.

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or if your spouse has not claimed your exemption, or

[Box left blank] A.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

[Box left blank] A.

B In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

[Box left blank] B.

--- Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. ---

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial Last name

2. Social Security Number 3. ☐ No exemptions or dependents claimed ☐ Single ☐ Married

4. Home address (number and street or rural route)

5. City, State, ZIP

6. Total number of exemptions you are claiming (from Block A above) 6.

7. Total number of dependents you are claiming (from Block B above) 7.

8. Additional amount, if any, you want withheld each pay period 8.

I declare under the penalties imposed for filing false report that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature Date

The following is to be completed by employer.

9. Employer's name and address 10. Employer's state withholding account number
Form W-4
Employee’s Withholding Certificate

Step 1: Enter Personal Information
- First name and middle initial
- Last name
- Social security number
- Address
- City or town, state, and ZIP code
- Single or Married filing separately
- Married filing jointly (or Qualifying widow(er))
- Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)
- Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. □

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: If your income will be $200,000 or less ($400,000 or less if married filing jointly):
- Multiply the number of qualifying children under age 17 by $2,000 ▶ $
- Multiply the number of other dependents by $500 ▶ $
- Add the amounts above and enter the total here ▶ $ 3

Step 4 (optional): Other Adjustments
- Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income ▶ $ 4(a)
- Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here ▶ $ 4(b)
- Extra withholding. Enter any additional tax you want withheld each pay period ▶ $ 4(c)

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.) ▶ Date

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

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

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

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 of your 2019 Form 1040 or 1040-SF is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple Jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
### Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

1. **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ __________

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ __________

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ __________

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ __________

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 __________

4. Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ __________

### Step 4(b) — Deductions Worksheet (Keep for your records.)

1. Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $ __________

2. Enter:

   - $24,800 if you're married filing jointly or qualifying widow(er)

   2 $ __________

   - $18,650 if you're head of household

   - $12,400 if you're single or married filing separately

3. If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".

   3 $ __________

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

   4 $ __________

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

   5 $ __________
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 10,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - $9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 10,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 10,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>
ST. JAMES PARISH SCHOOL SYSTEM

Authorization Agreement for Automatic Deposits

I hereby authorize the St. James Parish School System, hereinafter called SJPSS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**Depository (Bank) Name**

**Depository Address**

**City/State**

**ACH Routing Number**

**Account Number**

**Account Type (please check one)**

- [ ] Checking
- [ ] Savings
- [ ] Flat Amount of: __________

This authority is to remain in full force and effect until the SJPSS has received written notification from me of its termination in such time and in such manner as to afford the SJPSS and DEPOSITORY a reasonable opportunity to act on it.

**Name**

(PLEASE PRINT)

**Employee ID Number**

**Signature**

**Date**

PLEASE ATTACH A VOIDED CHECK OR A LETTER FROM YOUR BANK VERIFYING ROUTING AND ACCOUNT NUMBERS.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number)

☐ 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: ______________________

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): ______________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ Employer Completes Next Page
Section 2: Employer or Authorized Representative Review and Verification

Employees or their authorized representatives 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 documents from List B and one document from List C as listed on the “List of Acceptable Documents.”

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

List A OR List B AND List C

<table>
<thead>
<tr>
<th>Identity and Employment Authorization</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AND</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employment Authorization</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ____________________ (See instructions for exemptions)

Signature of Employer or Authorized Representative: ______________________

Today’s Date (mm/dd/yyyy): ______________________

Title of Employer or Authorized Representative: ______________________

Last Name of Employer or Authorized Representative: Webre

First Name of Employer or Authorized Representative: Carol

Employer’s Business or Organization Name: St. James Parish Schools

Employer’s Business or Organization Address (Street Number and Name): PO Box 338/1876 West Main

City or Town: Lutcher

State: LA

ZIP Code: 70071

Section 3: Revalidation and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable) B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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: ______________________

Form 1-9 07/17/17 N
To: St. James Parish School Board Employees

From: Human Resource/Payroll Department

Subject: Notice of availability to participate in St. James Parish School Board 403(b) Plan

St. James Parish School Board offers a 403(b) Tax-Sheltered Account Plan. As an eligible employee you have the ability to participate in this Plan by making voluntary salary reduction contributions to the Plan. You may obtain a list of financial representatives that can assist you by visiting www.employeradvisory.com. Once you have accessed the website please follow these instructions:

1. Select "Employee" from the top menu
2. Select your state from the drop-down menu
3. Select your employer from the second drop-down menu
4. Select the "Plan Info" tab

The following documents are available:

1. A 403(b) Plan Summary Description which includes a list of participating investment providers. This document also provides a quick overview of a 403(b) plan.
2. A 403(b) Plan Basic Summary which outlines general provision of the 403(b) Plan.
3. An Approved Vendor List with contact information.

I have received this notification and understand my ability to participate and make salary reduction contributions under the St. James Parish School Board 403(b) Plan.

Name: ________________________________

Signature: ________________________________

Date: ________________________________
Please complete the 2 question ethnicity/race survey below by checking Y (yes) or N (no):

Question 1: Ethnicity
Are you Hispanic/Latino? ___ Y or ___ N

Question 2: Race
Select one or more of the following Racial Groups:

1. American Indian or Alaskan Native ___ Y or ___ N
2. Asian ___ Y or ___ N
3. Black or African American ___ Y or ___ N
4. Native Hawaiian or other Pacific Islander ___ Y or ___ N
5. White ___ Y or ___ N

You are encouraged to answer both questions. Answering yes to Hispanic should not prevent or discourage you from answering yes to one or more races in Question 2 if you so choose. At a minimum, you should answer yes to at least one ethnic or race category, but you may answer yes to as many as you choose.

For statistical reporting, employees will be assigned to one of seven race categories based on the combination of Y/N answers above:

- **Hispanic/Latino of any race** (Y to Hispanic/Latino only, or Y to Hispanic/Latino and one or more races in question 2)
- **American Indian or Alaskan Native** (Y to this race only)
- **Asian** (Y to this race only)
- **Black or African American** (Y to this race only)
- **Native Hawaiian or Other Pacific Islander** (Y to this race only)
- **White** (Y to this race only)
- **Two or more races** (Multi-racial) (2 or more Y’s in any combination of race categories, N to Hispanic/Latino)
Confidentiality Agreement

I understand that information required to perform duties associated with my contractual obligations with the St. James Parish School Board's Special Education Department may contain personally identifiable information and must be treated in a confidential manner. This information may include, but not limited to, facts and data regarding students, their families, teacher, and other staff members. This confidential information may be in any form, e.g., written, electronic, oral, overheard, or observed. I also understand that access to confidential information is granted only as specified by the Director of Special Education for educational purposes and in fulfillment of this contract.

I will not disclose confidential information to anyone else except as permitted by St. James Parish School Board policies and applicable law/regulations, and only as required by law to perform my work as a paraprofessional, student teacher, extern, intern, substitute teacher, observer, consultant, contractor or vendor for the St. James Parish Special Education Department.

I will protect the confidentiality of personally identifiable information while at St. James Parish School Board (SJPB) sites and after I leave SJPB sites. All confidential information remains the property of the school system and may not be removed or kept by me except as permitted specifically by the Director of Special Education and only in fulfillment of my work for the St. James Parish School Board.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of the St. James Parish School Board. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above to be bound by it.

Name (print): ______________________________ Company: ______________________________________

Signature: _______________________________ Date: ______________________________

The original signed copy of this Agreement will be maintained electronically in employees personnel record.
Background Check Information

Where: Louisiana State Police Headquarters
225-925-6006
7919 Independence Blvd.
Baton Rouge, LA 70806

Hours: Monday thru Friday 8am-4pm

Cost: $10 and $39.25
Payable with two money orders OR may use a credit card (will be charged a service fee)

Forms: Must complete attached forms and bring with you for the background check

*Keep receipt and turn into Carol Webre if you would like to be reimbursed.
SUBMIT TO:
Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS $16. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL $12 FEE.

ACCEPTABLE FORMS OF PAYMENT INCLUDE: CASH, CHECK, BUSINESS CHECK WITH PREPRINTED BUSINESS NAME OR MONEY ORDER.

CREDIT CARD PAYMENTS ARE ACCEPTED WHEN PAYING IN PERSON AT LOUISIANA STATE POLICE HEADQUARTERS.

**FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY OR INDIVIDUAL FOR ACCURACY.**

****PLEASE PRINT****

---

St. James Parish Public Schools
AGENCY, FACILITY OR INDIVIDUAL

PO Box 538
MAILING ADDRESS

Lutcher LA 70071
CITY STATE ZIP CODE

(225) 258-4504
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

---

Agency, Facility or Individual Authorized Representative or Individual

---

APPENDIX IV

APPLICANTS FULL NAME: ________________________ LAST FIRST MIDDLE

(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: ________________________

APPLICANTS SOCIAL SECURITY #: ___________ DATE OF BIRTH: ___/___/___

ID or DRIVER'S LICENSE #: ___________ & STATE ______ RAC: ___________ SEX _____

POSITION OR LICENSE APPLIED FOR:

---

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other state files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28 C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6698

Revised 10/01/2016
APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

St. James Parish Public Schools
AGENCY, BUSINESS OR INDIVIDUAL NAME:

PO Box 338
MAILING ADDRESS

Lutcher, LA 70071
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

NAME OF APPLICANT DATE OF BIRTH PLACE OF BIRTH
STATE

WEIGHT HEIGHT HAIR COLOR EYE COLOR

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.
DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

NOTICE: The response to your request for a criminal history check is based on a review of the State of
Louisiana’s criminal history records database as is available at the time of request. This does not preclude
the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

☐ RAP SHEET ATTACHED
☐ RESPONSE BELOW

Revised 08/2018