CAESAR RODNEY SCHOOL DISTRICT
EXTRA DUTY APPLICATION CHECKLIST

Name ____________________________

☐ Employee Data Sheet

☐ Driver's License / Social Security Card (copies)

☐ Pre-Employment Statement

☐ Coach Disclosure Form

☐ Child Protection Registry (to be submitted to DSCYF by the CR School District)

  Date Submitted ________________

☐ W-4 Form for current year

☐ Direct Deposit Authorization Form:

☐ State of Delaware and FBI Criminal Background Check Receipt:

  (Results from the Delaware State Police must be on file before employment may be offered)

  To obtain your State of Delaware and FBI Criminal Background Check:

  BLUE HEN CORPORATE CENTER AND MALL

  655 BAY ROAD (US 113)

  SUITE 1B

  DOVER, DE

  **HOURS: Monday, 8:30AM – 6:30PM, Tuesday through Friday, 8:30AM – 3:30PM

  Cost is $65.00 – cash, money order, Visa, MasterCard and Discover accepted. Personal checks are NOT accepted

☐ School Health Form and evidence of a current PPD (TB test results must be within the past 12 months)

☐ I-9 Form (Immigration)

☐ Oath to Support the Constitution: (CR will notarize this form)

☐ Drug-Free Workplace statement

RETURN COMPLETE PACKET TO: Caesar Rodney School District

  C/O Jennifer Rios

  7 Front Street

  Wyoming, DE 19934

Questions? Email Jennifer.Rios@cr.k12.de.us or call 698-4806
CAESAR RODNEY SCHOOL DISTRICT
EMPLOYMENT DATA SHEET

EMPLOYEE INFORMATION:

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First)</th>
<th>(M.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Street)</th>
<th>(City)</th>
<th>(County)</th>
<th>(State)</th>
<th>(Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Telephone Number)</th>
<th>(Social Security Number)</th>
<th>(Date of Birth)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Marital Status:  S  M
- U.S. Citizen:     Yes  No
- Sex:              M  F
- Handicapped:      Yes  No
- Race:             Black  White  Hispanic
- Veteran:          Yes  No
- Asian/Pacific Islander
- American Indian/Alaskan Native

Are you currently employed by the State of Delaware? Yes  No
If yes, please provide agency name ____________________________

__________________________
Employee Signature

__________________________
Date

FOR OFFICE USE ONLY

PHRST EMPL ID ________________

Dept ID 951000800  Position ________________  School ____________

Date of Service __________________

Work Status: Temporary ✓  Part-time ✓
Pension covered position: No ✓
PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK STATEMENT
FOR PUBLIC SCHOOL RELATED EMPLOYEES

Delaware State Code requires all public school employees to submit to a State of Delaware and FBI criminal background check through the State Bureau of Identification before employment is granted. Specifically, Delaware Code, Chapter 11, 8570-8572 requires that any person seeking employment with a public school shall be required to submit to a criminal background check.

NO EMPLOYEE MAY BEGIN THE FIRST DAY OF SCHOOL WITH STUDENTS UNLESS A RECEIPT OF THE CRIMINAL BACKGROUND CHECK IS ON RECORD WITH THE PERSONNEL OFFICE.

The public school may conditionally hire a person seeking employment, pending the determination of suitability for employment. If the information obtained from the criminal background check reveals that the person is disqualified from employment pursuant to Delaware Code, the person is subject to termination.

I understand that any appointment tendered me will be contingent upon the results of a complete criminal background investigation, reference check, and eligibility for certification in the assigned area (if applicable), and I am aware that withholding information or making false statements on application materials will result in non-employment or dismissal. I agree to these conditions and I hereby certify that all statements made by me on the application materials are true and complete.

I authorize any of the persons or organizations referenced in the application materials to give you any and all information concerning my previous or current employment, education, or any other information they may have, personal or otherwise, and release all such parties from all liability for any damage that may result from furnishing such information to you.

__________________________________________  ____________________________
Employee’s Signature                         Date

__________________________________________
Printed Name

__________________________________________
Witness (Caesar Rodney School District Staff)

WHERE EDUCATIONAL EXCELLENCE IS A TRADITION

The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800
Caesar Rodney School District
Coach Disclosure Form

It is the policy of the Caesar Rodney School District to make every reasonable effort to provide a safe learning environment for students working with coaches. Subsequently, the District requires the following confidential information from coaches who directly work with students.

This form must be completed and returned to the Office of Human Resources prior to beginning a coaching experience in the Caesar Rodney School District.

1. Have you ever been convicted for a violation of the law other than a minor traffic violation? ___Yes ___No
If yes, please explain: ____________________________________________

2. Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children? ___Yes ___No
If yes, please explain: ____________________________________________

3. Are you required to register as a sex offender with the Sex Offender Registry? ___Yes ___No
If yes, please explain: ____________________________________________

4. Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? ___Yes ___No
If yes, please explain: ____________________________________________

I authorize the Caesar Rodney School District to review my personal background. I consent to having Caesar Rodney School District conduct a criminal background check. I understand that any misrepresentation on any of the coaching enrollment packet may result in immediate disqualification from any coaching service within the district. I understand the Caesar Rodney School District reserves the right to deny my application to serve as a coach. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

_________________________  ____________________________
Signature                                    Date

_________________________
Printed Name

*Signature required before candidate may work with students.
DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

When requesting Child Protection Registry checks:
- Allow 15 working days for results to be processed
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: ___________________________ ___________________________ ___________________________
Last First Middle
Other Name(s) used: ___________________________ DE Driver’s License #: ___________________________
Social Security #: __________ __________ __________ __________ Date of Birth: __________ __________ __________
Gender: __________ Race: __________
Address: ___________________________ ___________________________ ___________________________
(Street) (City) (State) (Zip)

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [ ] Yes [ ] No
If yes, explain: ____________________________________________________________

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named
agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection
registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees
from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: ____________________________________________________________________ Date: ____________________________________________________________________

Parent / Guardian Signature (If applicant is under the age of 18) ____________________________________________________________________

PART II. AGENCY INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Agency Identification Number (if applicable): 67
Contact ID: 2062
Requesting Agency Name: Caesar Rodney School District
Address: 7 Front Street, Wyoming, DE 19934
Phone: (302)698-4800 Ext 108 Fax: (302)697-4981 Contact Person: Michael Noel
Contact Email: michael.noel@cr.k12.de.us

DSCYF USE ONLY:
The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: __________ DSCYF Criminal History Unit ____________________________
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

W-4
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate
► 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.

OMB No. 1545-0074
2019

1 Your first name and middle initial

2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) .

6 Additional amount, if any, you want withheld from each paycheck

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

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)

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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
### Personal Allowances Worksheet (Keep for your records.)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Enter “1” for yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Enter “1” if you will file as married filing jointly</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Enter “1” if you will file as head of household</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Enter “1” if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You’re single, or married filing separately, and have only one job; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You’re married filing jointly, have only one job, and your spouse doesn’t work; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be less than $71,201 ($103,351 if married filing jointly), enter “4” for each eligible child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter “2” for each eligible child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter “1” for each eligible child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter “0-“</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be less than $71,201 ($103,351 if married filing jointly), enter “1” for each eligible dependent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter “2” for any two dependents (for example, “-0-” for one dependent, “1” if you have two or three dependents, and “2” if you have four dependents).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter “0-“</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G</strong></td>
<td>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter “-0-” on lines E and F.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>H</strong></td>
<td>Add lines A through G and enter the total here</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details. 1 $24,400

2. Enter:  
   - $24,400 if you’re married filing jointly or qualifying widow(er)  
   - $18,350 if you’re head of household  
   - $12,200 if you’re single or married filing separately 2 $36,950

3. Subtract line 2 from line 1. If zero or less, enter “-0-” 3 $3,400

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items). 4 $4,000

5. Add lines 3 and 4 and enter the total 5 $7,400

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest). 6 $6,000

7. Subtract line 6 from line 5. If zero, enter “-0-”. If less than zero, enter the amount in parentheses 7 $1,400

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 $0.33

9. Enter the number from the Personal Allowances Worksheet, line H, above 9

10. Add lines 8 and 9 and enter the total here. If zero or less, enter “-0-”. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 $1,733
**PHRST DIRECT DEPOSIT AUTHORIZATION FORM**

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department.

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Empl ID:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

**Direct Deposit Instructions:** If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in **Section A**. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as Flat Amount and shall be designated by Priority beginning with 100, 200, etc. in Section B.

**Section A: Balance Account:** The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Balance</th>
<th>Transit #</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td>999</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bank Name: __________________________

Bank Address: __________________________

**Section B: Additional Accounts For Multiple Direct Deposits**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Flat Amount</th>
<th>Transit #</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bank Name: __________________________

Bank Address: __________________________

<table>
<thead>
<tr>
<th>Priority</th>
<th>Flat Amount</th>
<th>Transit #</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bank Name: __________________________

Bank Address: __________________________

<table>
<thead>
<tr>
<th>Priority</th>
<th>Flat Amount</th>
<th>Transit #</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bank Name: __________________________

Bank Address: __________________________

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: __________________________

Date: __________________________

**YOU ARE RESPONSIBLE** for ensuring the routing and account numbers on this form are correct. Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR PAY BEING DELAYED.**

P8110 Direct Deposit Authorization

Revised: 07/26/2018
This form is to be completed and submitted by the employee only. Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a Fidelity College Investing Plan Direct Deposit Form AND the State of Delaware Direct Deposit Authorization Form.

If you designate only one account
Complete Section A –Balance Account only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

If you have multiple direct deposit accounts
Complete Section A –Balance Account and Section B - Additional Accounts for Multiple Direct Deposits. Indicate the priority (beginning with 100, 200, etc.) and the flat amount to be deposited into each account. The remaining balance will be deposited into the account listed in Section A.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a “closed account” on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.
STATE OF DELAWARE AND FBI
CRIMINAL BACKGROUND CHECK
INFORMATION

BLUE HEN CORPORATE CENTER AND MALL
SUITE 1B
655 BAY ROAD (US 113)
DOVER, DE

HOURS:
Monday, 8:30AM – 6:30PM
Tuesday through Friday, 8:30AM – 3:30PM

Cost is $65.00 – cash, money order, Visa,
MasterCard and Discover accepted

Personal checks are NOT accepted
CAESAR RODNEY SCHOOL DISTRICT
7 Front St.
Wyoming, DE 19934
302-698-4800

SCHOOL HEALTH AND PPD (Tuberculin Skin Test) RECORDING FORM

Patient's Name ____________________________
Patient's DOB ____________________________

This is to certify that the applicant has been examined and is known by me to be free of any medical condition which would prevent the applicant from performing the essential functions of the applicant's job and (b) free from any medical condition which cannot be remedied through reasonable accommodations.

Printed name of Health Care Provider or Physician ____________________________

Address of Health Care Provider or Physician ____________________________

Telephone # of Health Care Provider or Physician ____________________________

__________________________  ____________________________
Signature of Physician or Health Care Provider  Date

PPD RECORD (results must be from a test administered within the past 12 months)
Date Test Administered ____________________________

Date Test Read ____________________________  Reading/Result ____________________________
(In millimeters induration)

At initial employment, all employees of school districts, charter schools, and alternative programs shall provide a physician's certification that he or she is free (a) from any medical condition which would prevent the applicant from performing the essential functions of the applicant's job and (b) free from any medical condition which cannot be remedied through reasonable accommodations.

DE 14, Sec 718, 1.0

School Staff and Extended Services Personnel shall provide the Tuberculosis Test results from a test administered within the past 12 months during the first 15 working days of employment.

DE 14, Sec 805, 2.0
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>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</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>Address (Street Number and Name)</td>
<td>City or Town</td>
</tr>
</tbody>
</table>
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.”)

<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  
| Document and Employment Authorization |  |  |  |
|----------------------------------------|  |  |  |
| Document Title                         |  |  |  |
| Issuing Authority                      |  |  |  |
| Document Number                        |  |  |  |
| Expiration Date (if any) (mm/dd/yyyy) |  |  |  |

List B  
| Identity |  |  |  |
|-----------|  |  |  |
| Issuing Authority                        |  |  |  |
| Document Number                          |  |  |  |
| Expiration Date (if any) (mm/dd/yyyy)    |  |  |  |

List C  
| Employment Authorization |  |  |  |
|--------------------------|  |  |  |
| Document Title           |  |  |  |
| Issuing Authority        |  |  |  |
| Document Number          |  |  |  |
| Expiration Date (if any) (mm/dd/yyyy) |  |  |  |

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (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>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (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.

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

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>(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,</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>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</td>
<td>10. School record or report card</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
OATH TO SUPPORT CONSTITUTION

STATE OF DELAWARE  )  ) ss
COUNTY OF KENT  )

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Delaware, and that I will faithfully discharge, according to the best of my ability, the duties of the position of ____________________________

(Position Hired For)
to which I am now assigned.

Subscribed before me this

day of A.D. 20____

Signature Date

Print Name

Delaware Code, Title 29, Section 5102,

Oath to support Constitution: "Every officer and employee of the State of Delaware or any political subdivision thereof shall take an oath to support and defend the Constitution of the United States and the Constitution of the State of Delaware before commencing his duties as such officer or employee."

WHERE EDUCATIONAL EXCELLENCE IS A TRADITION

Caesar Rodney School District does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, sex, age or disability in accordance with state and federal laws.
Drug-Free Workplace

The Caesar Rodney School District will provide a drug-free workplace in accordance with the Federal Drug-Free Workplace Act of 1988 and its implementing regulations. The District’s goal is to prevent the illicit use of controlled substances and alcohol by the employees of the District.

The unlawful manufacture, distribution, dispensing, use, or possession, or being under the influence of controlled substances and/or alcohol by any employee during the work day, at any school activity or while in the performance of their employment by the District, wherever located including when carrying out any Federal grant activity, is absolutely prohibited. Violation of this policy by any employee will be cause for disciplinary action, as outlined in the accompanying regulations, up to and including termination of employment and referral for prosecution. Observation of this policy is mandatory. In appropriate circumstances, disciplinary action may include completion of a mutually agreeable drug-abuse assistance or rehabilitation program at the employee’s expense; however, any applicable insurance benefits will be applied.

For purposes of this policy and related regulations, controlled substances are defined as any substances that have a profound and rapid mood-altering or intoxicating effect on the central nervous system and includes those substances that are illegal as defined by state and Federal laws, legal for adults but statutorily prohibited for those under age 21 (such as alcohol), legal by physician’s prescription only but obtained and/or used in non prescribed ways, or any substances presented as or believed by the employee to be any such controlled substance.

All violations of the above policy shall be reported to the Superintendent, who shall report the violation to the appropriate police authority. Personnel action shall be taken in all cases of a chargeable offense under 16 Delaware Code, Chapter 47 or comparable federal law; however, a conviction for the charged offense shall not be necessary to take personnel action against the employee for a violation of the policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Delaware Code, Chapter 101 and the rules and regulations of the State Board of Education.

Nothing in this policy shall preclude the Board from taking concurrent and/or independent personnel action against the employee under 14 Delaware Code, Section 121(5) for immorality, misconduct in office, incompetency, or willful neglect of duty.

All employees shall notify the Superintendent in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the schedule outlined in the accompanying regulation.

Caesar Rodney School District employees who violate the District’s Drug-Free Workplace Policy shall be subject, as a minimum, to the following penalties:

<table>
<thead>
<tr>
<th>Violation</th>
<th>Minimum Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>First incident of possession, use, being under the influence of alcohol or dispensing alcohol to adults.</td>
<td>Five days suspension without pay and/or participation in a mutually agreeable alcohol abuse program at the employee’s expense.</td>
</tr>
<tr>
<td>First offense of distribution of alcohol dispensing alcohol to minors, or manufacture, possession, use, distribution dispensing or being under the influence of a controlled substance.</td>
<td>Termination</td>
</tr>
<tr>
<td>Second offense of possession, use, being under the influence of alcohol or dispensing alcohol to adults</td>
<td>Termination</td>
</tr>
</tbody>
</table>
I HAVE RECEIVED THE POLICY OF THE CAESAR RODNEY
BOARD OF EDUCATION REGARDING THE MAINTENANCE OF A
DRUG-FREE WORKPLACE

Signature

Print or Type Name

Date

WHERE EDUCATIONAL EXCELLENCE IS A TRADITION
The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800