

STUDENT WORKER New Employment Checklist

SUPERVISING TEACHER CHECKLIST

1. Provide selected candidate with Student Worker Application Packet
 - Intent to Employ / A1 State Form 896 (R6 / 6-99)
 - This form must be prefilled by hiring supervisor.
 - Student, and parent/guardian must sign form.
 - Student to bring signed form and birth certificate to AHS Guidance Office to get work permit.
 - Guidance office will hand permit to student.
 - Work permit to be submitted with completed application packet.
 - ACSC Application (3 references minimum)
 - ACSC **Criminal History Check**– if under 18 will not complete; if over 18 HR will send link.
 - Form W-4 (2018) and Deductions and Adjustments Worksheet
 - Form WH-4 State of Indiana Employee's Withholding Emption and County Status Certificate and Instructions
 - Form I-9 (2019) Employment Eligibility Verification
 - Employer / Employee Information Form
 - Verification of Eligibility for State or Local Public Benefit
 - ACSC Automatic Deposit Authorization Form
 - Ethnicity and Race Identification
 - Confidentiality Agreement
 - Mandatory Reporting of Convictions
 - Staff Network and Internet Acceptable Use policy form
 - Emergency Contact Info
2. All documents need to be turned into Supervising Teacher.
3. Supervising Teacher will then turn completed packet into Carol Ayler, Principal's Secretary.
4. Carol Ayler will send application packet to HR, Lynn Williams, and complete Employment Form.

STUDENT WORKER CHECKLIST

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 - ACSC Automatic Deposit Authorization Form
 - Ethnicity and Race Identification
 - Confidentiality Agreement
 - Mandatory Reporting of Convictions
 - Staff Network and Internet Acceptable Use policy form
 - Emergency Contact Info
 - Copy of Student ID/License
 - Copy of Birth Certificate or Passport
2. All documents need to be turned into Supervising Teacher.
3. Supervising Teacher will then turn completed packet into Carol Ayler, Principal's Secretary.
4. Carol Ayler will send application packet to HR, Lynn Williams, and complete Employment Form.

**AVON COMMUNITY SCHOOL CORPORATION
LIFEGUARD APPLICATION**

7203 East US Highway 36
Avon, IN 46123

Phone: (317) 544-6000

Name

Last

First

Middle

Address:

Street/Rural Route/Box Number/Apt Number

Telephone Number

City
Code

State

Zip

Cell Telephone Number

E-mail Address

Social Security Number

When are you available to start work?
(Please list date)

Date of Birth

Education	Years Attended	
	From	To
High School/City, State		
Diploma or GED.		
College.		
Technical.		

Lifeguard Information (Attach Photocopies of Current Certifications)	
Date Course Completed.	
CPR	
Lifeguard Training	
First Aid	

Lifeguarding experience, if any:

List your last two places of employment beginning with current (or most recent) place of employment:

Firm: _____ City, State: _____
Your Job: _____ Supervisor: _____

Dates of Employment From _____ To _____
(Ex. 6/10 - 6/11)

Telephone No: _____

Firm: _____ City, State: _____
Your Job: _____ Supervisor: _____

Dates of Employment From _____ To _____
(Ex. 10/07 - 6/10)

Telephone No: _____

Background Information

(1) Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer because you were under investigation for misconduct?

_____ Yes _____ No

(2) Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

_____ Yes _____ No

(3) Have you ever resigned from prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of mishandling funds or of criminal conduct resulting in a conviction or criminal penalty?

_____ Yes _____ No

(4) Have you ever pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime or mortal turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which contrary to the accepted rule of right and duty between persons, including, but not limited to theft, tempted theft, murder, rape, swindling and indecency with a minor)

_____ Yes _____ No

(5) Have you (a) even been convicted of a crime, other than a minor traffic offense, or (b) ever entered a plea of guilty or a plea (No contest) (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?

_____ Yes _____ No

If you answered yes to any question, explain the circumstances on a separate sheet and attach it to this questionnaire. In your explanation include the date of the charge, the court action, offense in question, and the address of the court involved where applicable.

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.

Any false or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, in accordance with IC 5-2-5, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies or entities that the Avon Community School Corporation contacts in connection with my employment application to fully provide the Avon Community School Corporation any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Avon Community School Corporation, its agents and officials or against any one who provides such information.

Signature: _____ Date: _____

NOTE: You may include a resume. If you see a specific position posted that is of interest to you, please submit a letter of interest and state that you have an application on file.

Avon Community School Corporation does not discriminate, deny benefits to, nor exclude anyone from participation on the basis of sex, race, national origin, religion or handicaps.

Teacher Recommendation for AHS Lifeguards

This is to be filled out by a teacher/administrator whose class you are currently enrolled. Please give this form to your teacher, and have him/her return it to Mr. Karr.

Student's Name: _____ Grade: _____

Teachers: Please rank the student's abilities in the following areas, 1 being poor and 5 being excellent:

Student's overall attitude towards others	1	2	3	4	5
Student's ability to lead	1	2	3	4	5
Student's work ethic	1	2	3	4	5
Student's social interactions with peers	1	2	3	4	5
Student's accountability	1	2	3	4	5
Student's integrity	1	2	3	4	5

Other Comments:

Teacher's Name: _____

Teacher's Signature: _____

THANK YOU FOR YOUR TIME.
Jon Karr

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Other Comments:

Teacher's Name: _____

Teacher's Signature: _____

THANK YOU FOR YOUR TIME.
Jon Karr



INTENTION TO EMPLOY / A1

State Form 896 (R6 / 6-99)

NOTE: This card must be presented by the minor to the issuing officer in their school before a certificate will be issued. For employer's protection, the minor must also present an acceptable proof of age to obtain an employment certificate. The hours minor may work are shown on the reverse side.

Name of minor (Intend to employ)			Date
Residential street address			City, state, ZIP code
Hours per day (appr)	Days of week (appr)	Hours per week (appr)	Is minor on school-directed Vocational Education Program with your firm? Yes No
List exact duties			
Name of business		Telephone no	Type of business (Mfg, Process, Retail, Restaurant)
Street address		City, state, ZIP code	
Signature of employer's rep		Signature of minor	Signature of parent or guardian

FRONT

← Fold here

46204 (Telephone 317-232-2675 / TTY Voice 1-800-743-3333)
For more information, contact Indiana Department of Labor, 402 W Washington St., Rm W195, Indianapolis, IN
HOUR OFFICE, U.S. DEPARTMENT OF LABOR, NEAREST YOU.
PLEASE CHECK ADDITIONAL JOB AND HOUR RESTRICTIONS IN FEDERAL LAW WITH THE WAGE AND

NO MINOR UNDER THE AGE OF 18 MAY BE EMPLOYED IN ANY OCCUPATION DEEMED PROHIBITED UNDER THE CHILD LABOR PROVISIONS OF THE FEDERAL FAIR LABOR STANDARDS ACT.

PROHIBITED OCCUPATIONS (UNDER 18)

* Requires written permission of parents on file with employer.

- Not more than 6 working days per week
- 48 hours per week
- 40 hours per school week
- 30 hours per nonschool day
- 8 hours per school day
- 3 hours per school day
- 8 hours per school day
- 9 hours per school day
- 30 hours per school week
- 40 hours per school week
- 48 hours per nonschool week
- No work before 6 a.m.
- Until 10:00 p.m. on school nights
- Until 11:30 p.m. on school nights
- Until 10:00 a.m. on school nights, but not on consecutive nights and not more than two school nights per week

AGE 17 - Restricted to:

HOURS OF LABOR (UNDER 18)

AGES 14 and 15 - Restricted to:

- 3 hours per school day
- 8 hours per school day
- 18 hours per school week
- 40 hours per nonschool week
- No work BEFORE 7 a.m. or AFTER 7 p.m. except on local standards
- 9 p.m. from June 1 through Labor Day (time depends on local standards)

AGE 16 - Restricted to:

- 8 hours per school day
- 9 hours per school day
- 30 hours per school week
- 40 hours per school week
- 48 hours per nonschool week
- No work before 6 a.m.
- Until 10:00 p.m. on school nights
- Until midnight on nonschool nights
- No more than 6 working days per week

BACK

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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.)		

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 estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

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 2021 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: Claim Dependents	If your total 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	(a) 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)	\$
	(b) 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)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	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)
	Avon Community School Corporation 7203 E. U.S. Hwy 36 Avon, Indiana 46123		35-1074060



Form WH-4
State Form 48845
(R6 / 12-19)

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: _____

AVON COMMUNITY SCHOOL CORPORATION
Automatic Deposit Authorization

_____ New Authorization

_____ Change Prior as Noted Below

I hereby authorize Avon 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 (Amt. \$)
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.

- If NO account information is provided or the account provided is not a valid account, the employee is responsible for any associated fees or charges incurred. There is also a five (5) day waiting period before any funds are re-issued.

Employee Name

Date

Employee Signature

- Please attach a copy of a voided check or bank printed information sheet 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. Please DO NOT use percentages.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.			
Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.			
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181
 Revised August 2005
 Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446



Human Resources Department

Avon Community School Corporation

Avon Community School Corporation Staff Network and Internet Acceptable Use policy Form

As a condition of using the Avon Community School Corporation's computer network and internet, I understand and agree to the following:

1. I will abide by the Staff Network and Internet Access Use Policy 7540.04 and its implementing guidelines, as adopted by the Avon Community School Corporation.
2. I hereby knowingly and voluntarily agree that the Avon Community School Corporation shall have the right to review any material stored on any system provided by the school corporation and to edit or remove any material.
3. In consideration for using the internet and having access to public networks, I hereby release Avon Community School Corporation, its officers, employees, and agents from any and all claims or damages arising from misuse, or inability to use the internet.
4. I understand and agree that I will assume full responsibility, financial and otherwise, for any and all costs that I may incur while using district-provided access to the internet that has not be authorized or approved by the school corporation.
5. I have read and agree to comply with the Staff Network and Internet Access Use Policy 7540.04 and the implementing guidelines adopted by the Superintendent. I also understand that any violation of the regulations is unethical and may constitute a criminal offense. Should any violations of the regulations, criminal code, Board Policy 7540.04 and/or these guidelines be committed, I understand and agree that access privileges are subject to revocation and/or that I may be subject to disciplinary action, up to and including termination.

Signature: _____ Date: _____



Human Resources Department

Avon Community School Corporation

Avon Community School Corporation Confidentiality Agreement

In consideration for School's continued employment of Employee, Employee agrees as follows:

Obligation to Protect: Employee agrees to protect the confidentiality, privacy, and security of employee, student, personnel, business and other confidential, sensitive electronic or proprietary information (collectively, "Confidential Information") of the School from any source and in any form (talking, paper, electronic). Employee understands that the kinds of Confidential Information that they may see or hear during their job and must protect include the following, non-exhaustive examples:

- **EMPLOYEES or STUDENTS**, such as social security numbers, evaluations, salaries, employment records, disciplinary actions, and any student information;
- **BUSINESS INFORMATION**, such as financial records, research or clinical trial data, reports, contracts, computer programs, technology;
- **THIRD PARTIES**, such as vendor contracts, computer programs, technology;

This obligation includes that Employee shall not take any pictures of employees or students for personal use, nor post Confidential Information on any social media site (including School social media sites) without the appropriate permission consistent with School policy and procedure.

Follow Policies and Procedures: Employee agrees to follow all School policies, procedures, and other privacy/security requirements. In addition, Employee agrees to comply with all Federal and State laws and regulations.

Access and Deletion: Employee agrees to only access, show, tell, use, release, e-mail, copy, give, sell, review, change or dispose of Confidential Information as needed to complete his or her job. Employee further agrees to only access and use the minimum Confidential Information necessary to complete the required task. If Employee's job tasks require the Employee to take Confidential Information off School property, Employee agrees to do so only after receiving written permission from his/her supervisor and to return the Confidential Information to School property. Employee agrees to be responsible for ensuring privacy and security of any Confidential Information accessed via a remote connection. School may revoke or limit Employee access to Confidential Information at any time.

No Expectation of Privacy: Employee agrees and understands that any Confidential Information sent or received through the School's e-mail or other School system may be examined by the School. Employee agrees and understands they have no expectation of privacy in any School e-mail account, system, or School provided technology.

Upon Separation: Separation or termination of employment shall not release Employee from the obligations to protect and keep the Confidential Information private. Upon separation or termination, Employee shall not take any Confidential Information.

By signing below, you understand your continued employment is contingent on complying with the terms set forth above; and that you knowingly and voluntarily agree to be bound by the conditions of this Confidentiality Agreement. Failure to comply will result in termination.

Signature: _____

Date: _____

2020-2021
AVON COMMUNITY SCHOOL CORPORATION
EMERGENCY INFORMATION

In order to provide for your health and safety in the event that you become incapacitated, we would like to have emergency contact information on file for everyone. Please complete this form and return it to Human Resources. We will put this information within your personnel file.

Name: _____

Position: _____

Address: _____

Department: _____

In Case of Emergency call:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

The following information is ENTIRELY VOLUNTARY:

Doctor Preference: _____

Doctor's Phone: _____

Hospital Preference: _____