

Employee Profile & Employee Information for Newly Hired Employees

Section I: To Be Completed By Head of Schools and/or Principal

School Name: Seaside School Inc.

Campus Location: _____

Check one: Master Bachelors High School Diploma

Position: Sustitute Teacher

Pay Rate: _____

Job Description: _____

Tricia Peterson - Human Resource Dept.

Date

Section II: To Be Completed by New Employee (This form must be completed in its entirety to be accepted. Forms that are incomplete will be returned.)

Today's Date: ___/___/___

Social Security Number: _____

Last Name: _____ First Name: _____

Mailing Address: _____
Street / P.O. Box Apt. # City State Zip

Date of Birth: _____ Telephone: (____) _____ - _____ County: _____

In case of emergency, notify: _____
Name Relationship Telephone Number

Gender: Male Female Filing Status: Married Single Divorced Widowed

Driver's License #: _____ State: _____ Expiration Date: _____

Email Address (personal): _____

Employee's Withholding Certificate

▶ **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.**

2022

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 2022 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)
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Carlene Anderson
Superintendent of Schools



145 Park Street
DeFuniak Springs, FL 32435
(850) 892-1100
FAX: (850) 892-1190
www.walton.k12.fl.us

Level II Screening Clearance/Background Check

Fingerprinting Fee: \$75.00

Payments Accepted:
Cash or Money Order or Debit Card

***Money orders should be made out to:
Walton County School District

NO OTHER PAYMENT WILL BE ACCEPTED

**Call (850) 892-1100 ext. 1354 to schedule an appointment
for fingerprinting.**

"Making All Decisions in the Best Interest of Students"

Mildred Wilkerson
District 1

Faye Leddon
District 2

Sharon Roberts
District 3

Mark D. Davis
District 4

Dennis Wallace
District 5

Seaside School, Inc.
Human Resources Department
PO Box 4610
Santa Rosa Beach, FL 32459

Healthmark Regional Medical Center
4413 US Highway 331 South
DeFuniak Springs, Florida 32435

Date _____

Dear Sir or Madam:

_____ Applicant Name _____ SS Number

is seeking employment with Seaside School, Inc.

Please perform a non-DOT pre-employment drug screening on this applicant.

The applicant has been informed of the following:

1. **The applicant is to pay to Healthmark Regional Medical Center all cost associated with the pre-employment drug screening (\$38.50).**
2. **Healthmark Regional Medical Center office hours are Monday through Friday, 8 AM until 4:30 PM.**
3. **The applicant must present a photo ID.**

The results of the drug screen are to be mailed to:

Seaside School, Inc.
Human Resources Department
PO Box 4610
Santa Rosa Beach, FL 32459

Sincerely,

Administrator/Center