



**KETTERING CITY
SCHOOL DISTRICT**
*Serving the communities
of Kettering and Moraine*

**APPLICATION FOR
SUPPORT POSITION**

Date of Application _____

NAME _____ Social Security No. _____
Last First Middle

ADDRESS _____ Telephone (H) _____
Street & No. City State Zip

Telephone (W) _____

Have you lived in the state of Ohio for the past five (5) years? Yes No

Years you have resided in the state of Ohio: from _____ to _____

POSITIONS APPLIED FOR:

(Please check regular and/or substitute)

	Regular	Substitute
Bus Driver	<input type="checkbox"/>	<input type="checkbox"/>
Bus Aide	<input type="checkbox"/>	<input type="checkbox"/>
Custodial	<input type="checkbox"/>	<input type="checkbox"/>
Groundskeeper	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Food and Nutrition Service	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>
Payroll	<input type="checkbox"/>	<input type="checkbox"/>
Data Processing	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Media Learning Center	<input type="checkbox"/>	<input type="checkbox"/>
Reading Aide	<input type="checkbox"/>	<input type="checkbox"/>

To be considered for employment, applicants must submit:

- The completed application form
- A personal resume (optional)

EQUAL OPPORTUNITY EMPLOYER

No otherwise qualified individual shall, on the basis of race, color, creed, religion, ancestry, citizenship, sex, national origin, age of forty or older, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in, employment or recruitment, consideration or selection therefore, or under any educational, academic, extracurricular and/or co-curricular program, guidance or counseling, or activity within the direct control of the Kettering City Schools Board of Education.

NOTE:
This application will remain in the active file for two school years. If you wish to remain active thereafter, please notify us.

RETURN THIS FORM TO:
Business Services
Kettering City School District
3750 Far Hills Avenue
Kettering, Ohio 45429-2584
(937) 499-1418

For handicapped access information call (937) 499-1418

OVER
Please see reverse side

EDUCATIONAL PREPARATION

School	Degree/Diploma	Name of School	Location
High School			
Post High School Education			

WORK EXPERIENCE - (List Last Employer First)

Employed by	Location	Phone No.	From Mo/Yr	To Mo/Yr

REFERENCES

Name	Title and Place of Employment	Complete Address and Phone No.

GENERAL INFORMATION

Have you, since the age of 18, ever been convicted of a felony, any sex offense, offense of violence, theft offense, or drug abuse offense? If yes, please list dates and details of all convictions. Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No (Proof of citizenship or immigration status will be required upon employment).

RELEASE AND AUTHORIZATION FOR REFERENCE CHECKS/APPLICANT'S STATEMENT

In consideration of Kettering City Schools Board of Education's evaluation of my suitability for employment, I hereby authorize them to perform all checks of my references, experience and credentials as allowed by law. I further authorize Kettering City Schools to perform the following background checks: verifying education background and investigating any criminal record I may have, if any.

I understand that if I am a finalist for a position, I may be required to provide a set of impressions of my fingerprints and that a criminal records check is required to be conducted and satisfactorily completed, in accordance with Section 109.572 of the Ohio Revised Code, as a precondition to my employment. I also understand that if I am a finalist for a position, I may be asked to pay to the school district a fee not to exceed the amount charged by the Ohio Bureau of Criminal Investigation and Information for state and federal criminal records, and that, unless the fee is paid, I will not be considered for employment.

In the event of employment, I understand that false misleading information given in my application, resume, transcript or interview(s) may result in discipline up to and including discharge. I further understand that, if selected, I may begin conditional employment until the criminal records check is completed, and should this check reveal convictions that disqualify my employment, I will be released.

I release Kettering City Schools, its agents, its employees and the individuals and companies contacted by Kettering City Schools as part of its investigation, from any and all claims or causes of action arising from Kettering City Schools' investigation of my credentials.

 Print applicant's name

 Applicant's signature

 Date

Employee's Withholding Certificate

OMB No. 1545-0074

2020

▶ 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 online estimator, 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 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: Claim Dependents	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	(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.

▶ _____ ▶ Date

Employee's signature (This form is not valid unless you sign it.)

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

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 on your 2019 Form 1040 or 1040-SR 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 1a, 1b, 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.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____





SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

MEMBERSHIP RECORD

____-____-____

SOCIAL SECURITY NUMBER

PART A - TO BE COMPLETED BY MEMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS: STREET MALE FEMALE

CITY STATE ZIP

DATE OF BIRTH: MONTH DAY YEAR E-MAIL ADDRESS: SINGLE DIVORCED

PHONE NUMBER: () MARRIED WIDOWED

FAMILY DATA

LAST NAME FIRST MIDDLE OR MAIDEN DATE OF BIRTH MONTH/DAY/YEAR

SPOUSE: _____

CHILDREN: _____

FATHER: _____

MOTHER: _____

JOB CLASSIFICATION *Mark one box only:*

- Administrative Educational Aide Supplemental (Coach, Advisor, Etc.)
- Clerical/Secretarial Food Service School Board Member
- Custodial/Maintenance Transportation Other _____

If an employee of the schools through an outside contract company:
Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER		BENEFIT			
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Cincinnati Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: _____ DATE: _____
DO NOT PRINT

PART B - TO BE COMPLETED BY EMPLOYER

KETTERING CITY SCHOOL DISTRICT | MONTGOMERY | 5 | 7 | COUNTY | 2 | 4 | 0 | DISTRICT NO.

SCHOOL DISTRICT COUNTY COUNTY DISTRICT NO. MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): _____

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____ ^{SS#}

Employer Name KETTERING CITY SCHOOLS Employer ID# 57-240

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

REQUIRED ADDRESS VERIFICATION FORM FOR CITY, STATE, AND SCHOOL DISTRICT INCOME TAX REPORTING.

As an employee of the Kettering City Schools, you are subject to a city income tax to be paid to either the City of Kettering or the City of Moraine, depending on your work location. If your residence is in another municipality or school district, you may also be subject to additional local city and school district income taxes. Please provide the following required information:

DATE: _____ BLDG LOCATION: _____

NAME: _____ SS# _____
 (As it appears on your social security card)

STREET ADDRESS/P.O. BOX: _____

CITY, STATE: _____ ZIP CODE _____ COUNTY: _____

HOME PHONE NUMBER: (____) _____ UNLISTED:(please circle) YES NO

CELL PHONE NUMBER: (____) _____

(FOR EMPLOYEES WHO DO NOT HAVE A KETTERINGSCHOOLS.ORG EMAIL)

EMAIL ADDRESS _____

FOR TAX PURPOSES, do you live within the city limits of the city you listed above? _____ YES _____ NO

If NO, what city, township, village, etc? _____

What school district do you live in? Please provide the Ohio School District number as reported on your Ohio Income Tax Form : _____

OHIO PUBLIC SCHOOL DISTRICT NUMBERS

MONTGOMERY COUNTY		Oakwood City	5711	Xenia City	2906
		Trotwood Madison City	5712	Yellow Springs	2907
Brookville Local	5701	Valley View Local	5713		
Centerville City	5702	Vandalia-Butler City	5714	WARREN COUNTY	
Dayton City	5703	West Carrollton City	5716		
Huber Heights City	5715			Carlisle Local	8301
Jefferson Twp. Local	5704	GREENE COUNTY		Clearcreek Local/Springboro CSD	8302
Kettering City	5705			Franklin City	8304
Mad River Local	5706	Beavercreek Local	2901	Kings Local	8303
Miamisburg City	5707	Cedar Cliff Local	2902	Lebanon City	8305
New Lebanon Local	5708	Fairborn City	2903	Little Miami Local	8306
Northmont City	5709	Greenview Local	2904	Mason Local	8307
Northridge Local	5710	Sugarcreek Local	2905	Wayne Local	8308

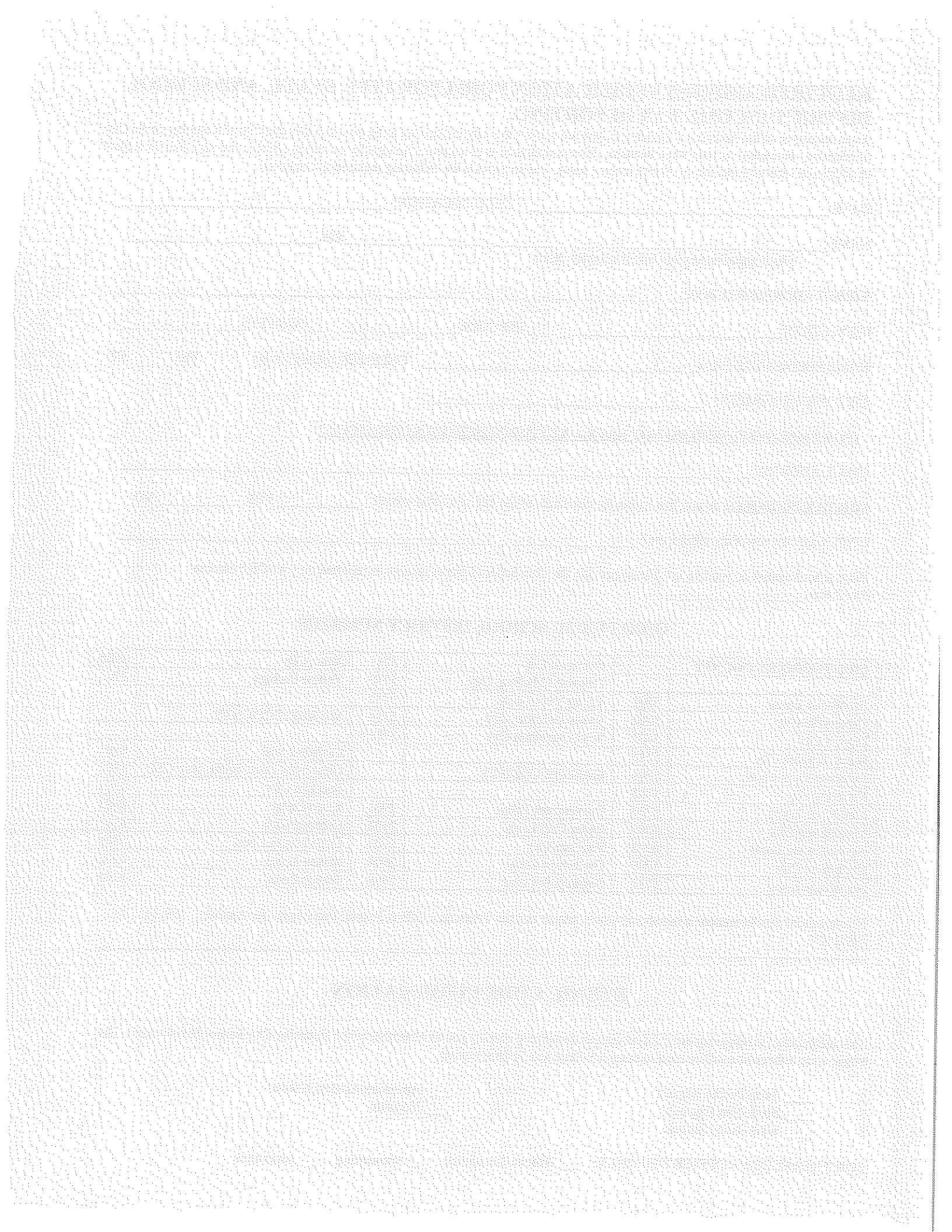
If your school district number is not shown above, please call the Treasurer's Office, Payroll Department for number, 499-1416 or 499-1417.

ETHNIC CODE INFORMATION

This information is being requested following our decision to employ you as a member of the Kettering City School District staff. The ethnic code information will be used to complete State and Federal reports.

1. _____ Asian/Pacific Islander
2. _____ American/Alaskan Native
3. _____ Black-Non Hispanic
4. _____ Hispanic
5. _____ White-Non Hispanic

FOR TREASURER'S OFFICE USE ONLY: _____ Human Resources _____ Accounting _____ Insurance





EMERGENCY MEDICAL INFORMATION



Name:		Date:
Address:		
City:		Zip Code:
Home Phone: ()		Cell Phone: ()
Date of Birth: / /		Age:
Social Security Number:		

Medical History

Please check any medical conditions that apply.

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Pulmonary Hypertension |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Wolf-Parkinson-White |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Renal Dialysis | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |

Please list any recent surgeries or additional medical history below:

Family Physician/Specialist:

Preferred Hospital:

Medications: Please list all medications below or include a printout from your pharmacist.

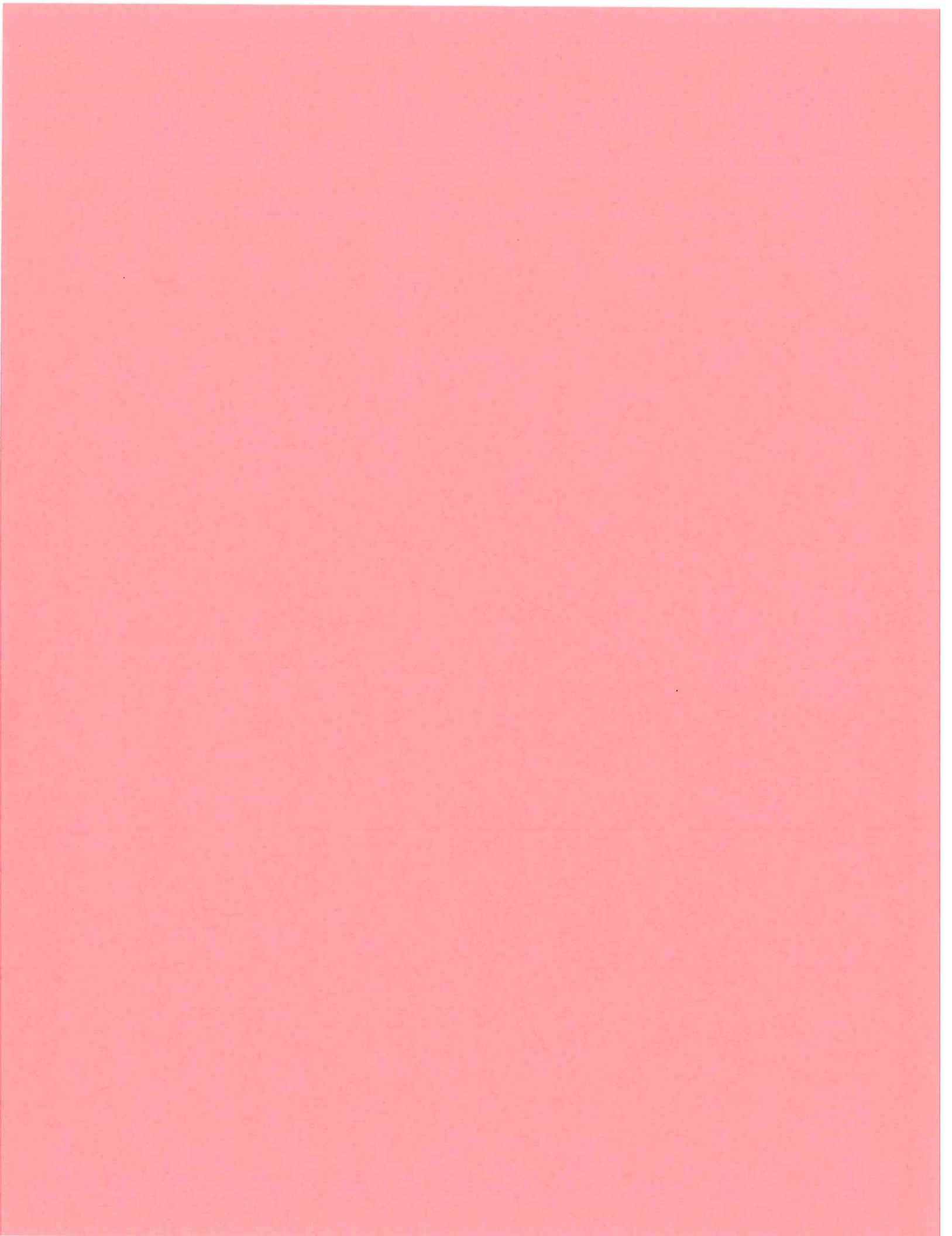
Medication	Dosage	Frequency

Allergies: Please list below any allergies to medications or food.

Advanced Directives: Please attach any applicable paperwork (i.e., DNR)

Emergency Contact Information:

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:
City/State/Zip:	City/State/Zip:



Food & Nutrition Personal Hygiene and Employee Health Agreement

The purpose of this agreement is to inform Food & Nutrition employees of their personal health and hygiene responsibilities in preventing the transmission of a foodborne illness:

I agree to report to the Food & Nutrition Manager:

- Any of the following symptoms, while at work or outside of work. I will include the date when I first experienced the symptom:
 1. Diarrhea
 2. Vomiting
 3. Sore throat with fever
 4. Jaundice (yellow tint to skin and the whites of the eyes)
 5. An improperly covered wound or lesion containing pus on the hand, wrist, or exposed part of the arm
- Recent, current or future medical diagnosis or exposure of either myself or a household member due to one of the following (include the onset date):
 1. Norovirus
 2. Typhoid fever (*Salmonella* Typhi) or *Salmonella* spp
 3. Shigella
 4. *E. coli* O157:H7 or other EHEC/STEC infection (such as one caused by *E. coli* O26, O111, or O103)
 5. Hepatitis A
 6. *Campylobacter*
 7. *Cryptosporidium*
 8. *Cyclospora*
 9. *Entamoeba histolytica*
 10. *Vibrio cholera*
 11. *Yersinia*
 12. *Giardia*

I have read (or had explained to me) and understand that once I have reported the above, the Food & Nutrition Manager/Supervisor has the responsibility to determine if I am to be restricted or excluded from the food preparation site.

- *Exclusion* means I will not be permitted to work in or enter a food preparation site. This applies to areas where food is received, prepared, stored, packaged, served, vended, transported, or purchased.
- *Restriction* means I cannot work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.
- The Food & Nutrition Manager/Supervisor can remove, adjust, or retain the exclusion or restriction. In some cases, an approved medical practitioner or the local health department is required to lift an exclusion or restriction depending on the illness.

I agree that I have read (or had read to me) and understand the steps of effective handwashing which are:

- Use the handwashing sink with warm running water.
- Rinse hands and exposed parts of arms under running water and apply soap.
- Lather hands together for at least 10-15 seconds paying close attention to fingernails, between the fingers/fingertips, and surfaces of the hands and arms.
- Rinse thoroughly with clean, warm running water.
- Thoroughly dry the hands and exposed portions of arms with single-use paper towels, a heated-air hand-drying device, or a clean, unused towel from a continuous towel system that supplies each user with a clean towel.
- Avoid recontamination of hands and arms by using a paper towel to turn off hand sink faucets or to open the restroom door.

I agree that I understand I should wash my hands immediately:

- When entering a food preparation area.
- Before putting on clean, single-use gloves for working with food and between glove changes.
- Before starting food preparation.
- Before handling clean equipment and serving utensils.
- When changing tasks and switching between handling raw foods and working with ready-to-eat foods.
- After handling soiled dishes, equipment, or utensils.
- After touching bare human body parts, for example, parts other than clean hands and clean, exposed portions of arms.
- After using the toilet.
- After coughing, sneezing, blowing the nose, using tobacco, eating, or drinking.

I also agree that I am aware of the Body Fluid Clean-Up procedures and Body Fluid Clean-up Kit.

I understand that failure to comply with the terms of this agreement could lead to action by my employer that may jeopardize my employment and may involve legal action against me.

Employee Signature: _____ **Date:** _____

Print Name: _____