

## ***Employment Application Packet***

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### **Required Legal Forms for Initial Employment:**

1. Employment Application
2. SLED Background Check Authorization
3. TB Evaluation Form - must be completed before working in a classroom. You may provide a copy of your most recent test results if you have had a TB test within the last year.
4. I-9 Form (Employment Eligibility - Complete Section I and attach a copy of two forms of identification such as your social security card and driver's license.
5. Declaration of Employment Interest
6. Federal and SC W-4 forms
7. Copy of 2 IDs such as driver's license and SS card.
8. Direct Deposit is optional

Please carefully read all materials and submit completed forms to:

Human Resources  
ACTC  
702 Belton Hwy  
Williamston, SC 29697  
E-mail: [cbayne@andersonctc.org](mailto:cbayne@andersonctc.org)  
Fax: 864-847-3539

Thank You!



### Employment Application

Position applied for: \_\_\_\_\_

702 Belton Highway  
Williamston, SC 29697  
Phone: 864-847-4121 Fax: 864-847-3539

Date of Application: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Important:** Attach a copy of 2 IDs such as your driver's license and social security card.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail Address (required): \_\_\_\_\_

Have you ever been a member of the South Carolina Retirement System? \_\_\_\_\_

Have you been through the Substitute Training class? \_\_\_\_\_ Date Attended: \_\_\_\_\_

Subject(s) preferred: \_\_\_\_\_

Have you ever been convicted by federal, state, or other law enforcement authorities or pleaded "no contest" for violation of any federal law, state law, county or municipal law, regulation, or ordinance, including fraudulent checks? (Do not include any offense or minor traffic violations for which a fine of \$100 or less was imposed.)

#### Education

Do you hold a valid teaching certificate? \_\_\_\_\_ Certification no. and year it expires: \_\_\_\_\_

Area(s) of Certification: \_\_\_\_\_

Indicate the highest level of formal education completed by circling the appropriate category below:

High School Associate Degree Bachelor's Degree Master's Degree or above Other

#### Work Experience (Teaching or Other)

List name of employer, complete address and telephone, dates employed, title of position, and kind of work.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

#### References (Please list at least two individuals who are familiar with your work habits and skills.)

Name Position Address and Telephone

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, employers, and other organizations I have named in this application to provide the Career and Technology Center with any relevant information. I further release all parties providing information from any and all liability or claims for damages that may result from the disclosure or use of this information. I understand that information collected from the parties named will be used solely for the purpose of evaluation of my application for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Anderson Career and Technology Center does not discriminate based on race, color, national origin, religion, sex, age, disability, or citizenship status. Your response to the questions contained on this application will be used only as relevant to the position you are seeking.



**School Employee/Individual Certificate of Evaluation for Tuberculosis**

Name: Last First M.I. Residence Address City County

Public or private school, kindergarten, nursery or day care center Date Employed  
of current employment or other employer or individual

TEST RESULTS	TUBERCULIN SKIN TEST _____ Date Given _____	CHEST X-RAY Date: _____ Interpretation: _____	REMARKS
	5 TU PPD MANTOUX METHOD _____mm _____ Date Interpreted _____		
	<b>DISPOSITION</b> _____ No tuberculosis infection per 5 TU PPD <sup>1</sup> _____ Tuberculosis infection, no evidence of disease _____ Prevention treatment started _____ and completed _____ <sup>1</sup> _____ Prevention treatment started _____ but not completed _____ <sup>2</sup> _____ Prevention treatment not prescribed/refused <sup>2</sup> _____ History of tuberculosis disease Treatment started _____ and completed _____ <sup>1</sup> _____ Current tuberculosis disease _____ Non contagious as of _____ and medically cleared to start/resume school other employment on _____ <sup>2</sup> <sup>1</sup> No further routine screening required <sup>2</sup> Remains at lifelong risk of developing tuberculosis		
<b>CERTIFICATION</b> _____ This is to certify that I have examined the school employee named herein for tuberculosis and report my finding as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979 _____ This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above. _____ Physician's Signature _____ Date _____			

DHEC 1420 (08/1998) DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.

SCHOOL EMPLOYEE/INDIVIDUAL CERTIFICATE OF EVALUATION FOR TUBERCULOSIS: this form may be used for school employees or other individuals who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees and by employer or individual for other needs.

CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED APRIL 1979, SECTION 44-29-150. No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the south Carolina department of Health and Environmental Control. Reevaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

SECTION 44-29-160. Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active state.

SECTION 44-29-170. the physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental control, whose duty it shall be to provide such forms upon request of the applicant.

SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. (Regulation 61-22) Each employee shall have, prior to employment, and unless so previously tested, as a condition for further employment, a tuberculin skin test performed by intradermal injection of 5 tuberculin units of purified protein derivative of tuberculin (Mantoux test with 5 TU of PPD). Employees with test reactions measuring less than 10mm or more shall have a chest x-ray, shall be recorded on the DHEC for 1420 which shall be kept in the files of the school principal/designee. These forms shall be subject to review by DHEC. If the chest x-ray (and examination of sputum, if necessary) shows evidence of current tuberculosis disease, the employee shall not be allowed to work until she/he receives written certification for DHEC that he/she is not contagious. Employees whose skin test reactions measure 10mm or more and who have a normal chest x-ray shall be evaluated for preventive therapy for their tuberculous infection. If preventive therapy is not prescribed, or is prescribed, but refused, a notation shall be made on the employee's certificate that he/she is considered to be infected with tubercle bacilli and remains at lifelong risk of developing tuberculosis disease. Testing other than the described above, shall be required only if there is epidemiological evidence that employees, attendees, or students in the school, nursery, day care center, or kindergarten have become infected with tuberculosis.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ▼
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ]-[ ]-[ ]		E-mail Address		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):

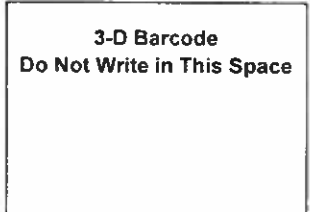
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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<b>Preparer and/or Translator Certification</b> <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>
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I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State ▼	Zip Code



**Employer Completes Next Page**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: SC Department of Motor Vehicle		Issuing Authority: Social Security Administration
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): n/a
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR Administrator	
Last Name (Family Name) Bayne	First Name (Given Name) Cheryl	Employer's Business or Organization Name Anderson Career & Technology Center		
Employer's Business or Organization Address (Street Number and Name) 702 Belton Hwy		City or Town Williamston	State SC <input type="checkbox"/>	Zip Code 29697

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**DECLARATION OF EMPLOYMENT INTEREST  
FOR SUBSTITUTES and ACTIVITY BUS DRIVERS**

I desire work only as a part-time temporary employee for the Anderson Career and Technology Center on an as-needed basis. I understand that, by signing this form, I will not be excluded from applying for future positions at the center if I desire.

\_\_\_\_\_  
Signature Date

I provide the following personal information to place my name on the substitute call list:  
(Please **print** all information legibly).

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Other Phone \_\_\_\_\_

\_\_\_\_\_  
Social Security No. \_\_\_\_\_

Please check one of the following:

- \_\_\_\_\_ Certified Teacher      Certificate No. \_\_\_\_\_
- \_\_\_\_\_ College Graduate      2 year \_\_\_\_\_ 4 year \_\_\_\_\_
- \_\_\_\_\_ College Student
- \_\_\_\_\_ High School Graduate or GED

Even if we have asked for this information from you in the past, we would appreciate you taking the time to complete this form and returning it so that our records are up to date. Please return form to:

Cheryl Bayne  
ACTC  
702 Belton Hwy.  
Williamston, SC 29697

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**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**

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



1350



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**SC W-4**  
(Rev. 12/13/19)  
3527  
**2020**

dor.sc.gov

**SOUTH CAROLINA EMPLOYEE'S  
WITHHOLDING ALLOWANCE CERTIFICATE**

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

1 Your first name and middle initial		Last name		2 Your Social Security Number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If Married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name is different on your Social Security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .					5
6 Additional amount, if any, you want withheld from each paycheck . . . . .					6 \$
7 I claim exemption from withholding for 2020. Check the box for the exemption reason and write "exempt" on line 7. <input type="checkbox"/> For tax year 2019, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2020 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement. State of domicile:					7
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 (required) ▶				Date ▶	
Employer: Complete boxes 8 and 10 if sending to the SCDOR and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.					
8 Employer's name and address			9 First date of employment		10 Employer identification number (EIN)

**SC W-4 Instructions**

Complete SC W-4 so that your employer can withhold the correct South Carolina Income Tax from your pay. 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.

Determine the number of withholding allowances you should claim for withholding for 2020 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.

Consider completing a new SC W-4 each year and when your personal or financial situation changes to keep your withholding accurate and help you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit [dor.sc.gov/withholding](http://dor.sc.gov/withholding).

**Exemptions.** You may claim exemption from South Carolina withholding for 2020 for one of the following reasons:

- For tax year 2019, you had a right to a refund of all South Carolina Income Tax withheld because you had no tax liability, and for tax year 2020 you expect a refund of all South Carolina Income Tax withheld because you expect to have no tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). The military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you're exempt, complete only lines 1, 2, 3, 4, and 7. Check the box for the reason you are claiming an exemption and write "exempt" on line 7. Your exemption for 2020 expires February 17, 2021. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

**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, you may want to add additional withholdings on Line 6 to ensure you are withholding enough. Each employer will require an SC W-4.

**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 SC 1040ES, Individual Declaration of Estimated Tax, or you can add additional withholding from this job's wages on Line 6. Otherwise, you may owe additional tax.

# Anderson Career & Technology Center

## Direct Deposit Authorization Form

(This benefit is optional)

New     Change     Cancel

Employee Name: (print) \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_

*\*For part-time and non-portal users -*

Email for Direct Deposit Notification: \_\_\_\_\_

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### Primary Direct Deposit

Checking     Savings

Bank Name: \_\_\_\_\_

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### You may elect up to 3 additional deposit accounts

Deposit #1 amount: \_\_\_\_\_     checking     savings

Bank name: \_\_\_\_\_

Deposit #2 amount: \_\_\_\_\_     checking     savings

Bank name: \_\_\_\_\_

Deposit #3 amount: \_\_\_\_\_     checking     savings

Bank name: \_\_\_\_\_

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I hereby authorize Anderson Career & Technology Center and the financial institution shown below to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize Anderson Career & Technology Center to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization Form cancel my participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Checking: Attach a voided check to this form**

**For Savings: Attach a pre-printed deposit slip**