Washington Community Schools Guideline to Apply for Substitute Teaching

- 1. Complete the attached forms. These forms include:
 - i. Application for Substitute Teaching
 - ii. W-4- Employee Withholding Allowance Certificate
 - iii. Direct Deposit Agreement Form
 - iv. 19 form (Please bring either a Passport or Driver's License AND Social Security Card)
- 2. It is an Indiana requirement for all new employees to complete a Background Check. <u>There are</u> two steps to the Background Check process.
 - a. Go to the Washington Community Schools website. Select Careers, then click the link to the Indiana School Background Checks. Complete the steps of the online background check. Please note that you will incur a cost for the background check. It must be paid online via credit card. The background check report will be sent to WCS.
 - b. Once the FIRST part of your background check is processed, you will receive an email from KidTraks to submit the Child Protection check. Using the link and password from the email(s) you will log-on to the site, scroll down to the bottom and submit the second part of the background check.
- 3. If you hold a current Indiana Teaching License or a current Indiana Substitute Teaching Certificate, you may skip this step. If not, please follow the steps below.

Access the IDOE Licensing (LVIS) website, https://license.doe.in.gov.

- a. Create Profile and wait for email confirmation.
- b. Verify email when you are sent an email from LVIS.
- c. Complete application. When asked for employer, select Washington Community Schools-1405.
- d. Pay Pending Application. (\$15.00 for license and \$1.32 processing fee- total \$16.32 to be paid by credit card.)
- e. Once your license has been processed, you must print a copy and bring it to the Superintendent's Office.
- 4. Your substitute application will not be complete until the following items are received at the Superintendent's Office: Substitute Application, W-4, Direct Deposit agreement, I9 form with documentation, completed background check (both parts) and a copy your Substitute Teaching License.
- 5. Once your sub application is approved you will receive a Welcome email to create an account in our Absence Management system, Frontline. After logging in to Frontline, you will be able to search for and accept available substitute jobs.



Washington Community Schools

301 East South Street Washington, IN 47501 (812) 254-5536 washingtoncommunityschools.org

APPLICATION FOR SUBSTITUTE TEACHING

PERSONAL INFORMATION

| Name | a e | | Pho | ne No | |
|--|------------------------|---------------------|----------|----------|---|
| First | Middle Initial Las | st | | | |
| Address | | | | | |
| Number Street | | City | | State | Zip Code |
| Email Address | | | | | |
| EDUCATIONAL BACKGROUI | ND | | | | |
| High School | | | | | |
| Name of School | | School Address | | | Year of Graduation |
| Vocational / Training School | | | | | |
| | Name of School | School Address | | | Year of Graduation/ # of Hours Completed |
| College | | | | | |
| Name of School | School Addres | | | | Year of Graduation/ # of Hours Completed |
| EMPLOYMENT HISTORY Please list last three employers, last or pre | esent employer first | | | | |
| Company Name | Address | | Su | pervisor | Dates of Employment |
| Company Name | Address | | Su | pervisor | Dates of Employment |
| Company Name | Address | | Su | pervisor | Dates of Employment |
| List any previous experiences in | instruction and/or sup | pervising children. | | | |
| | | 7 | | | |
| | | | | | |
| | | | | | |
| Please circle the grade level | in which you wish | to substitute. | PreK – 6 | 7-12 | PreK-12 |

REFERENCES

Please list 3 and include personal and professional

| Name | Address | Phone Number | Relation | nship |
|---|---|---|--------------|--------------|
| | | | | |
| Name | Address | Phone Number | Relation | nship |
| | | 2 | | |
| | | Dhana Niverhan | Deleties | - alata |
| Name | Address | Phone Number | Relation | isnip |
| Is there any other informat | ion about you or your ability that should be considered as this ap | oplication if evaluated? | | |
| | | | | |
| | | | | |
| | | 120 | | |
| OTHER QUESTION | IS | | | |
| Please circle your answer | 13 | | | |
| • | | | | |
| Are you presently being | investigated or under a procedure to consider your discharge | arge for misconduct? | YES | NO |
| Have you ever been for | mally reprimanded, disciplined, discharged, or asked to re | sign from a prior position? | YES | NO |
| | function and a marking while under investigation for sowned | missandust with another nerson | | |
| mishandling of funds, or | from a prior position while under investigation for sexual reriminal conduct? | misconduct with another person, | YES | NO |
| | | | | |
| Have you ever been inve | estigated for physical or sexual abuse of another person? | | YES | NO |
| Have you ever been cha | rged with, pleaded guilty or "no contest" to, or been conv | victed of any crime involving physical or sex | cual | |
| and the contract of the first contract of the | any other crime of moral turpitude? | | YES | NO |
| Hava van avan baan aan | victed of a misdemeanor and/or felony, or ever entered a | a place of quilty or a place of "no contact " or | has any | |
| | ther proceedings without entering into a finding of guilty, | | YES | NO |
| | | * | | |
| | | | | |
| If you answer yes to any o | f the previous six questions, please explain on a separate paper | including: the date(s) of incident, charge, any o | ourt action | taken, the |
| offense in question, and the | ne address of any court involved. | | | |
| | | | | |
| Localforabet also also se infe | ormation is accurate to the best of my knowledge. I also hereby | vacros to have my references and employment | data varifia | .4 |
| WASHINGTON COMMUNI | TY SCHOOLS, INC. IS AN EQUAL OPPORTUNITY-AFFIRMATIVE AC SEX, NATIONAL ORIGIN, OR HANDICAP. | TION EMPLOYER AND DOES NOT DISCRIMINAT | E ON THE BA | ASIS OF AGE, |
| | | | | |
| C'andrea f Analisa | | Date of Application | | |
| Signature of Applicant | | Date of Application | | |
| | | | | |

Anti-Harassment Compliance Officer/Title IX Coordinator contact information:
Steve Peterson, Assistant Superintendent
speterson@wcs.k12.in.us
Washington Community Schools
301 E. South St.
Washington, IN 47501
(812) 254-5536





301 East South Street Washington, IN 47501 (812) 254-5536 washingtoncommunityschools.org

Background Check Instructions

It is an Indiana requirement for all new employees/coaches to complete a Background Check. There are two steps to the Background Check process. Both steps must be completed before the applicant can begin working for Washington Community Schools.

STEP 1

Go to the Washington Community Schools website- www.washingtoncommunityschools.org. Select Careers, then click the link to the Indiana School Background Checks. Complete the steps of the online background check. The background check report will be sent to WCS.

STEP 2

Once the FIRST part of your background check is processed, you will receive an email from KidTraks to submit the Indiana Child Protection check. Using the link and password from the email(s) you will log-on to the site, scroll down to the bottom and submit the second part of the background check.

If you have questions or issues with your background check, call Amanda Hagen at 812-254-5536.

Form W-4

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.

2024

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Your withholding is subject to review by the IRS.

| Step 1: | (a) First name and middle initial | Last name | 8 | (b) Social security number | | |
|---|--|--|---|---|--|--|
| Enter Personal Information | Address City or town, state, and ZIP code | | | 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. | | |
| | (c) Single or Married filing separately Married filing jointly or Qualifying surviving Head of household (Check only if you're unma | | of keeping up a home for yo | urself and a qualifying individual.) | | |
| | os 2-4 ONLY if they apply to you; otherwing from withholding, and when to use the est | | | n on each step, who can | | |
| Step 2: Multiple Job or Spouse Works | Complete this step if you (1) hold mo also works. The correct amount of w Do only one of the following. (a) Use the estimator at www.irs.gov or your spouse have self-employs (b) Use the Multiple Jobs Worksheet (c) If there are only two jobs total, yo option is generally more accurate higher paying job. Otherwise, (b) | ithholding depends on income //W4App for most accurate wiment income, use this option; on page 3 and enter the resulu may check this box. Do the than (b) if pay at the lower page than (b) if pay at the lower page. | thholding for this step or lt in Step 4(c) below; same on Form W-4 f | o (and Steps 3–4). If you or or the other job. This half of the pay at the | | |
| | os 3–4(b) on Form W-4 for only ONE of the if you complete Steps 3–4(b) on the Form | | | s. (Your withholding will | | |
| Step 3: Claim Dependent and Other Credits Step 4 (optional): Other Adjustments | If your total income will be \$200,000 Multiply the number of qualifying Multiply the number of other dep Add the amounts above for qualifyir this the amount of any other credits. (a) Other income (not from jobs) expect this year that won't have to This may include interest, divider (b) Deductions. If you expect to claim want to reduce your withholding, the result here | children under age 17 by \$2,0 endents by \$500 | on \$ ents. You may add to or other income you of other income here andard deduction and to n page 3 and enter | 3 \$ 4(a) \$ | | |
| Step 5: Sign Here | Under penalties of perjury, I declare that this cer | * | dge and belief, is true, co | orrect, and complete. | | |
| | Employee's signature (This form is not v | alid unless you sign it.) | Da | te | | |
| Employers Only | Employer's name and address | | First date of employment | Employer identification number (EIN) | | |

Washington Community Schools

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Washington Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Washington Community Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Washington Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Washington Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Corporation Treasurer.

| Account Information | | |
|--|----------|---------|
| Name of Financial Institution: | | |
| Routing Number: | | |
| Account Number: | Checking | Savings |
| *Your entire payroll amount will be deposited into the account listed below that you want a certain amount to go into a different account section if you want all of you pay deposited in the above account. | | |
| Name of Additional Financial Institution: | | |
| Routing Number | Checking | Savings |
| Account Number: | | |
| Amount per pay to be deposited into second account _\$ | | |
| Signature | | |
| Authorized Signature: | Date: _ | |

Please attach a voided check and return this form to the Superintendent's Office



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 than the first day of employment, but not | | | st complete an | d sign Se | ection 1 of | Form I-9 no later | |
|--|--|-----------------------|-----------------|--------------------------------|-------------|--|--|
| Last Name (Family Name) | First Name (Given Name) Middle Ini | | | Other Last Names Used (if any) | | | |
| Address (Street Number and Name) | Apt. Numbe | City or Town | | | State | ZIP Code | |
| Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address | | | | | | Telephone Number | |
| I am aware that federal law provides for connection with the completion of this to the completion of this to the completion of the complet | form. | | | or use o | f false do | cuments in | |
| I attest, under penalty of perjury, that I a | am (check one of the | he following box | es): | | | | |
| 1. A citizen of the United States | | | | | | | |
| 2. A noncitizen national of the United States | (See instructions) | | | | | | |
| 3. A lawful permanent resident (Alien Reg | gistration Number/USC | CIS Number): | | | | | |
| 4. An alien authorized to work until (expiration of the source of the source) 4. An alien authorized to work until (expiration | | | | _ | | | |
| Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number 1. Alien Registration Number/USCIS Number: OR | OR Form I-94 Admiss | | | | | R Code - Section 1 of Write In This Space | |
| 2. Form I-94 Admission Number: OR | | | | | | | |
| Foreign Passport Number: Country of Issuance: | Service Control of the Control of th | | | | | | |
| Signature of Employee | | 9 | Today's Dat | te (mm/do | d/yyyy) | | |
| Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and signal | A preparer(s) and/or | translator(s) assiste | | | | | |
| I attest, under penalty of perjury, that I h knowledge the information is true and c | | e completion of | Section 1 of th | is form | and that | to the best of my | |
| Signature of Preparer or Translator | | | | Today's | Date (mm/ | dd/yyyy) | |
| Last Name (Family Name) | | First Nan | ne (Given Name) | | | | |
| Address (Street Number and Name) | | City or Town | | | State | ZIP Code | |



Employer Completes Next Page



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 | Do | LIST B cuments that Establish Identity | D | LIST C Documents that Establish Employment Authorization |
|----|--|----|---|--|----|---|
| 3. | U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form | | State Unite photo name color 2. ID ca gove provie inforr | er's license or ID card issued by a cor outlying possession of the ed States provided it contains a cograph or information such as e, date of birth, gender, height, eye e, and address ard issued by federal, state or local rnment agencies or entities, ded it contains a photograph or mation such as name, date of birth, ler, height, eye color, and address | 2. | A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms |
| 5. | For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has | | Scho Voter U.S. | ool ID card with a photograph r's registration card Military card or draft record ary dependent's ID card | 3. | DS-1350, FS-545, FS-240) |
| | the following: (1) The same name as the passport; and | | 7. U.S. Card | Coast Guard Merchant Mariner | 5. | Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of |
| 14 | (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. | | gove For pe | er's license issued by a Canadian ernment authority ersons under age 18 who are ble to present a document listed above: | | Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security |
| 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 | | 11. Clin | nool record or report card nic, doctor, or hospital record y-care or nursery school record | | |

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

Refer to the instructions for more information about acceptable receipts.



Absence Management



SIGNING IN

To log in to the absence management application, type <u>aesoponline.com</u> in your web browser's address bar.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

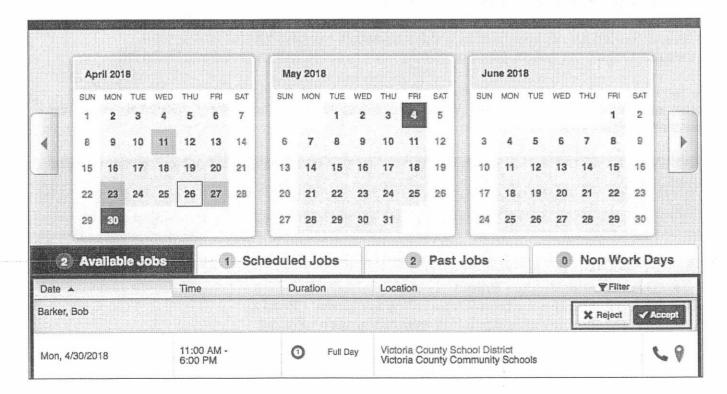
RECOVERING CREDENTIALS

If you cannot recall your credentials, use the recovery options or click the "Having trouble signing in?" link for more details.

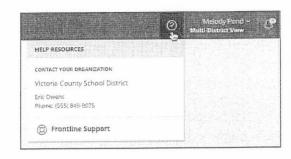
SEARCHING FOR AVAILABLE JOBS

You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the "Available Jobs" tab.

To accept a job, click the Accept button beside the absence (or click Reject to remove a job from the list).







GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click Help Resources and select Frontline Support. This opens a knowledge base of help and training materials.

ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also find and accept available jobs, manage personal information, change your PIN number, and more, all on the phone.

When You Call into Absence Management

To call, dial 1-800-942-3767. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

When calling the absence management system, you can:

- Find available jobs Press 1
- Review or cancel upcoming jobs Press 2
- Review or cancel a specific job Press 3
- Review or change your personal information Press 4

When the Absence Management System Calls You

If an available job has not been filled by another substitute two days before the absence is scheduled to start, the system will automatically begin to call substitutes and try to fill the job.

Keep in mind, when the system calls you, it will call about one job at a time, even if you're eligible for other jobs. You can always call in (see "When You Call into Absence Management" section above) to hear a list of all available jobs.

Note: When the system calls, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call, you can:

- Listen to available jobs Press 1
- Prevent absence management from calling again today Press 2
- Prevent absence management from ever calling again Press 9

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). The absence management system will list the job details, and you will have the opportunity to accept or reject the job.

