

**CAESAR RODNEY SCHOOL DISTRICT  
EXTRA DUTY COACH APPLICATION CHECKLIST**

Name \_\_\_\_\_

- Employee Data Sheet
- Driver's License / Social Security Card (*copies*)
- Pre-Employment Statement
- Coach Disclosure Form
- Child Protection Registry (to be submitted to DSCYF by the CR School District)  
*Date Submitted* \_\_\_\_\_
- W-4 Form for current year
- Direct Deposit Authorization Form:
- State of Delaware and FBI Criminal Background Check Receipt:  
*(Results from the Delaware State Police must be on file before employment may be offered)*  
To obtain your State of Delaware and FBI Criminal Background Check:  
BLUE HEN CORPORATE CENTER AND MALL  
655 BAY ROAD (US 113)  
SUITE 1B  
DOVER, DE  
\*\*HOURS: Monday, 8:30AM – 6:30PM, Tuesday through Friday, 8:30AM – 3:30PM  
*Cost is \$65.00 – cash, money order, Visa, MasterCard and Discover accepted. Personal checks are NOT accepted*
- School Health PPD form (***TB test results must be within the past 12 months***)
- I-9 Form (*Immigration*)
- Oath to Support the Constitution :(*CR will notarize this form*)
- Drug-Free Workplace statement

RETURN COMPLETE PACKET TO: **Caesar Rodney School District  
C/O Jennifer Rios  
7 Front Street  
Wyoming, DE 19934**

**Questions?** Email [Jennifer.Rios@cr.k12.de.us](mailto:Jennifer.Rios@cr.k12.de.us) or call 698-4806

CAESAR RODNEY SCHOOL DISTRICT  
EMPLOYMENT DATA SHEET

EMPLOYEE INFORMATION:

\_\_\_\_\_  
(Last Name) (First) (M.I.)

\_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Social Security Number) (Date of Birth)

Marital Status: S <input type="checkbox"/> M <input type="checkbox"/>	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Handicapped: Yes <input type="checkbox"/> No <input type="checkbox"/>
Race: Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
Asian/Pacific Islander <input type="checkbox"/>	
American Indian/Alaskan Native <input type="checkbox"/>	

Are you currently employed by the State of Delaware? Yes  No   
If yes, please provide agency name \_\_\_\_\_

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

FOR OFFICE USE ONLY

PHRST EMPL ID \_\_\_\_\_

Dept ID **951000800** Position \_\_\_\_\_ School \_\_\_\_\_

Date of Service \_\_\_\_\_

Work Status: Temporary  Part-time

Pension covered position: No



# CAESAR RODNEY SCHOOL DISTRICT

*District Office*

Telephone: (302) 698-4800

Fax: (302) 697-4981

website: www.crk12.org

7 Front Street, Wyoming, Delaware 19934

OFFICE OF HUMAN RESOURCES

## PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK STATEMENT FOR PUBLIC SCHOOL RELATED EMPLOYEES

Delaware State Code requires all public school employees to submit to a State of Delaware and FBI criminal background check through the State Bureau of Identification *before* employment is granted. Specifically, Delaware Code, Chapter 11, 8570-8572 requires that any person seeking employment with a public school shall be required to submit to a criminal background check.

**NO EMPLOYEE MAY BEGIN THE FIRST DAY OF SCHOOL WITH  
STUDENTS UNLESS A RECEIPT OF THE CRIMINAL BACKGROUND  
CHECK IS ON RECORD WITH THE PERSONNEL OFFICE.**

The public school may conditionally hire a person seeking employment, pending the determination of suitability for employment. If the information obtained from the criminal background check reveals that the person is disqualified from employment pursuant to Delaware Code, the person is subject to termination.

I understand that any appointment tendered me will be contingent upon the results of a complete criminal background investigation, reference check, and eligibility for certification in the assigned area (if applicable), and I am aware that withholding information or making false statements on application materials will result in non-employment or dismissal. I agree to these conditions and I hereby certify that all statements made by me on the application materials are true and complete.

I authorize any of the persons or organizations referenced in the application materials to give you any and all information concerning my previous or current employment, education, or any other information they might have, personal or otherwise, and release all such parties from all liability for any damage that may result from furnishing such information to you.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Witness (Caesar Rodney School District Staff)**

### **WHERE EDUCATIONAL EXCELLENCE IS A TRADITION**

The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800

**Caesar Rodney School District**  
**Coach Disclosure Form**

It is the policy of the Caesar Rodney School District to make every reasonable effort to provide a safe learning environment for students working with coaches. Subsequently, the District requires the following confidential information from coaches who directly work with students.

This form must be completed and returned to the Office of Human Resources prior to beginning a coaching experience in the Caesar Rodney School District.

1. Have you ever been convicted for a violation of the law other than a minor traffic violation?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Are you required to register as a sex offender with the Sex Offender Registry?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I authorized the Caesar Rodney School District to review my personal background. I consent to having Caesar Rodney School District conduct a criminal background check. I understand that any misrepresentation on any of the coaching enrollment packet may result in immediate disqualification from any coaching service within the district. I understand the Caesar Rodney School District reserves the right to deny my application to serve as a coach. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Signature required before candidate may work with students.



# DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

## Web Portal

Request must be within 90 days of signature date in order to be processed

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### PART I - APPLICANT INFORMATION

Name (Last\*, First\*, Middle):

Other Name(s) used:

Social Security #:

Date of Birth (mm/dd/yyyy)\*:

Gender\*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes  No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18)

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### PART II - REQUESTER INFORMATION

Check one option below and complete required information\*:

1.  Agency Request – Agency Name\*: **Caesar Rodney School District**

2.  Individual Request - Self

\* Mandatory

# 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.**

**2020**

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> 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"/> <b>Single or Married filing separately</b>		
<input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))		
<input type="checkbox"/> <b>Head of household</b> (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.)

**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.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**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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## 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](http://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 1(a), 1(b), 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](http://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](http://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.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er), \$18,650 if you're head of household, \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



**DELAWARE** F O R M  
 DIVISION OF REVENUE W-4  
 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



1 FIRST NAME AND MIDDLE INITIAL	LAST NAME	2 TAXPAYER ID
HOME ADDRESS (Number and street or rural route)		3 MARITAL STATUS
		<input type="checkbox"/> Single <input type="checkbox"/> Married
CITY OR TOWN	STATE	ZIP CODE
4 Total number of dependents you can claim on your return .....		4
5 Additional amount, if any, you want withheld from each paycheck .....		5 \$

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**

(This form is not valid unless signed) ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

6 Employer's name and address (Employer: Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)



**DELAWARE** F O R M  
 DIVISION OF REVENUE **W-4R**  
 RESIDENT WITHHOLDING ALLOWANCE(S)  
 COMPUTATION WORKSHEET



Use the following instructions to determine the correct number of allowances for withholding.  
 Include only those individuals that you would include on your final income tax return.

<b>A</b>	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	<b>A</b>	
<b>B</b>	Enter "1" for your Spouse (2 if 60 years old or older) if no one else claims your spouse as a dependent	<b>B</b>	
<b>C</b>	Enter number of dependents other than your spouse that you will claim	<b>C</b>	
<b>D</b>	Enter "1" if you qualify to take a child/dependent care <i>credit</i> for one child or dependent and "2" if you qualify to take the credit for two or more	<b>D</b>	
<b>E</b>	Enter "1" for you are 65 or over OR blind. Enter "2" if you are both 65 or over AND blind.	<b>E</b>	
<b>F</b>	Enter "1" if your spouse is 65 or older OR blind. Enter "2" if your spouse is 65 or older AND blind.	<b>F</b>	
<b>G</b>	<b>Add</b> Line A through Line F	<b>G</b>	

If you plan to itemize, or you receive non-wage income, or you can claim other deductions and wish to adjust your withholding, continue with the following Section H. Otherwise, **STOP HERE** and enter the number from Line G onto the Delaware Form W-4.

<b>H</b>	<b>DEDUCTIONS AND INCOME ADJUSTMENTS</b>
----------	--

**NOTE:** Use this section only if you plan to itemize, claim other deductions, or have nonwage income. If computing this section on **Married Filing Separate** or **Combined Separate** status, include **only** the amount of itemized deductions that may be claimed on your separate return.

<b>1</b>	Enter an estimate of your itemized deductions for the current year, i.e. home mortgage interest, real estate and other taxes (excluding state income tax paid) limited to \$10,000, charitable contributions, medical expenses in excess of 10% of adjusted gross income, and miscellaneous deductions (most miscellaneous deductions are now deductible only in excess of 2% of your adjusted gross income).	<b>1</b>	\$	
<b>2</b>	Delaware Standard Deduction of \$3,250	<b>2</b>	\$	3,250.00
<b>3</b>	<b>Subtract</b> Line 2 from Line 1. If less than zero, enter 0.	<b>3</b>	\$	
<b>4</b>	Enter an estimate of your adjustments to income for the current year including alimony paid, IRA contributions, the pension exclusion and the exclusion for certain persons over 60 years old or disabled	<b>4</b>	\$	
<b>5</b>	<b>Add</b> Lines 3 and 4	<b>5</b>	\$	
<b>6</b>	Enter an estimate of your non-wage income for the current year	<b>6</b>	\$	
<b>7</b>	<b>Subtract</b> Line 6 from Line 5	<b>7</b>	\$	
<b>8</b>	<b>Divide</b> the amount on Line 7 by \$2,000. Round down to nearest whole number.	<b>8</b>		
<b>9</b>	Enter the number from Line G above	<b>9</b>		
<b>10</b>	<b>Add</b> Lines 8 and 9. Report this number of allowances to your employer on Delaware Form W-4.	<b>10</b>		

<b>H</b>	<b>SPECIAL INSTRUCTIONS</b>
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If the total on Line 10 is less than zero you may need additional withholding as a result of non-wage income to avoid owing tax on your income tax return. You can calculate the amount of additional withholding as follows:

- (1) Multiply number on Line 10 by \$110;
- (2) Divide the result by the number of pay periods during the year (e.g., if you are paid monthly, divide by 12); The result is the additional amount of withholding required per pay.

**EXAMPLE:** Total on Line 10 is "-2" and you are paid once a month.

- (1) Line H = 2 x \$110 = \$220.00
- (2) Number of pay periods = \$220.00/12 = \$18.33

You should notify your employer on a Delaware Form W-4 that your withholding allowance should be "0" and an additional \$18.33 per pay should be withheld for the current year.



# DELAWARE F O R M

## DIVISION OF REVENUE **W-4NR**

### NON-RESIDENT WITHHOLDING ALLOWANCE(S) COMPUTATION WORKSHEET



<b>A</b>	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	<b>A</b>	
<b>B</b>	Enter "1" for your Spouse (2 if 60 years old or older) if you claim your spouse as a dependent on the State tax return	<b>B</b>	
<b>C</b>	Enter number of dependents other than your spouse that you will claim	<b>C</b>	
<b>D</b>	Add Lines A through C	<b>D</b>	

			Column A	Column B
			TOTAL	DELAWARE SOURCE
<b>INCOME AND ADJUSTMENTS</b>				
<b>1</b>	Wages	<b>1</b>		
<b>2</b>	Non-wage Income (Net of Losses - See Instructions)	<b>2</b>		
<b>3</b>	Total Income (Add Line 1 and Line 2)	<b>3</b>		
<b>4a</b>	Federal Adjustments to Income (See Instructions)	<b>4a</b>		
<b>4b</b>	Delaware Adjustments to Income (See Instructions)	<b>4b</b>		
<b>4c</b>	Total Adjustments to Income (Add Line 4a and Line 4b)	<b>4c</b>		
<b>5</b>	Adjusted Gross Income (Subtract Line 4c from Line 3)	<b>5</b>		
<b>6</b>	<b>PRORATION DECIMAL</b> (Line 5: Column B ÷ Column A)	<b>6</b>		

**DEDUCTIONS**

<b>7</b>	Deductions (Higher of Standard or Itemized - See Instructions)	<b>7</b>	
<b>8</b>	Estimated Taxable Income (Subtract Line 7 from Line 5, Column A)	<b>8</b>	
<b>9</b>	Gross Tax Liability (Computed using Line 8 - See Example Below)	<b>9</b>	
<b>10</b>	Personal Credits (Multiply Line D by \$110)	<b>10</b>	
<b>11</b>	Net Liability before Proration (Subtract Line 10 from Line 9)	<b>11</b>	
<b>12</b>	Proration Decimal (Enter from Line 6)	<b>12</b>	
<b>13</b>	Estimated Tax Liability (Multiply Line 11 by Line 12)	<b>13</b>	
<b>14</b>	Number of Pay Periods (From Employer or See Instructions)	<b>14</b>	
<b>15</b>	Withholding per Pay Period (Divide Line 13 by Line 14)	<b>15</b>	

TAX TABLE			
Taxable Income Between	Pay	Plus	On Amounts Over
\$ 0 - 2,000	\$ 0.00	0.00 %	\$ 0
2,001 - 5,001	\$ 0.00	2.20 %	\$ 2,000
5,001 - 10,001	\$ 66.00	3.90 %	\$ 5,000
10,001 - 20,001	\$ 261.00	4.80 %	\$ 10,000
20,001 - 25,001	\$ 741.00	5.20 %	\$ 20,000
25,001 - 60,001	\$ 1,001.00	5.55 %	\$ 25,000
60,001 & over	\$ 2,943.50	6.60 %	\$ 60,000

**EXAMPLE OF GROSS TAX LIABILITY CALCULATION:**

If you Estimated Taxable Income, (Line 8) is \$12,000:

PAY:     \$261.00 + {(12,000 - 10,000) x 0.048}  
            = \$261.00 + (2,000 x 0.048)  
            = \$261.00 + 96.00  
            = \$357.00

# PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department.

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

Employee Name: \_\_\_\_\_

Empl ID: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Direct Deposit Instructions:**

If only one banking instruction is set up, Section A designates the account to receive the balance of net pay. If there are multiple banking instructions in Section B, then Section A designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as Flat Amount and shall be designated by Priority beginning with 100, 200, etc. in Section B.

**Section A: Balance Account:** The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in Section B, the list of Additional Accounts.

999	Balance			<input type="checkbox"/>	<input type="checkbox"/>
Priority	Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

**Section B: Additional Accounts For Multiple Direct Deposits**

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU ARE RESPONSIBLE** for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS  
WILL RESULT IN YOUR PAY BEING DELAYED.**

**STATE OF DELAWARE AND FBI  
CRIMINAL BACKGROUND CHECK  
INFORMATION**

**BLUE HEN CORPORATE CENTER AND MALL  
SUITE 1B  
655 BAY ROAD (US 113)  
DOVER, DE**

**HOURS:**

**Monday, 8:30AM – 6:30PM  
Tuesday through Friday, 8:30AM – 3:30PM**

**Cost is \$65.00 – cash, money order, Visa,  
MasterCard and Discover accepted**

**Personal checks are NOT accepted**

**CAESAR RODNEY SCHOOL DISTRICT**

7 Front St.

Wyoming, DE 19934

302-698-4800

**SCHOOL HEALTH PPD (Tuberculin Skin Test) RECORDING FORM**

Patient's Name \_\_\_\_\_

Patient's DOB \_\_\_\_\_

**PPD RECORD** *(results must be from a test administered within the past 12 months)*

Date Test Administered \_\_\_\_\_

Date Test Read \_\_\_\_\_ Reading/Result \_\_\_\_\_  
(In millimeters induration)

**Printed** name of Health Care Provider or Physician \_\_\_\_\_

Address of Health Care Provider or Physician \_\_\_\_\_

Telephone # of Health Care Provider or Physician \_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician or Health Care Provider* *Date*

*School Staff and Extended Services Personnel shall provide the Tuberculosis Test results from a test administered within the past 12 months during the first 15 working days of employment.*  
**DE 14, Sec 805, 2.0**



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31 2019

▶ **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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b></p> <p>2. Form I-94 Admission Number: _____ <b>OR</b></p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
OR Code - Section I 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



*Employer Completes Next Page*







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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <i>Drivers License</i>		Document Title <i>Social Security Card</i>
Issuing Authority		Issuing Authority		Issuing Authority <i>USA</i>
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)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>HR Specialist</i>	
Last Name of Employer or Authorized Representative <i>Rios</i>	First Name of Employer or Authorized Representative <i>Jennifer</i>	Employer's Business or Organization Name <i>Caesar Rodney School District</i>	
Employer's Business or Organization Address (Street Number and Name) <i>7 Front St</i>	City or Town <i>Wyoming</i>	State <i>DE</i>	ZIP Code <i>19934</i>

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# CAESAR RODNEY SCHOOL DISTRICT

*District Office*

Telephone: (302) 698-4800  
Fax: (302) 697-4981  
website: [www.crk12.org](http://www.crk12.org)

7 Front Street, Wyoming, Delaware 19934

OFFICE OF HUMAN RESOURCES

## Oath to Support Constitution

Every officer and employee of the State or any political subdivision thereof shall take an oath to support and defend the Constitution of the United States and the Constitution of the State before commencing duties as such officer or employee.

48 Del. Laws, c. 264, § 1; 29 Del. C. 1953, § 5102; 70 Del. Laws, c. 186, § 1.

In accordance with Title 29, § 5102, Oath to Support Constitution, I do solemnly agree to support and defend the Constitution of the United States and the Constitution of the State of Delaware.

Please print and sign your name below:

Position Hired for: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WHERE EDUCATIONAL EXCELLENCE IS A TRADITION**

The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800

## Drug-Free Workplace

File: GBEC

The Caesar Rodney School District will provide a drug-free workplace in accordance with the Federal Drug-Free Workplace Act of 1988 and its implementing regulations. The District's goal is to prevent the illicit use of controlled substances and alcohol by the employees of the District.

The unlawful manufacture, distribution, dispensing, use, or possession, or being under the influence of controlled substances and/or alcohol by any employee during the work day, at any school activity or while in the performance of their employment by the District, wherever located including when carrying out any Federal grant activity, is absolutely prohibited. Violation of this policy by any employee will be cause for disciplinary action, as outlined in the accompanying regulations, up to and including termination of employment and referral for prosecution. Observation of this policy is mandatory. In appropriate circumstances, disciplinary action may include completion of a mutually agreeable drug-abuse assistance or rehabilitation program at the employee's expense; however, any applicable insurance benefits will be applied.

For purposes of this policy and related regulations, controlled substances are defined as any substances that have a profound and rapid mood-altering or intoxicating effect on the central nervous system and includes those substances that are illegal as defined by state and Federal laws, legal for adults but statutorily prohibited for those under age 21 (such as alcohol), legal by physician's prescription only but obtained and/or used in non prescribed ways, or any substances presented as or believed by the employee to be any such controlled substance.

All violations of the above policy shall be reported to the Superintendent, who shall report the violation to the appropriate police authority. Personnel action shall be taken in all cases of a chargeable offense under 16 Delaware Code, Chapter 47 or comparable federal law; however, a conviction for the charged offense shall not be necessary to take personnel action against the employee for a violation of the policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Delaware Code, Chapter 101 and the rules and regulations of the State Board of Education.

Nothing in this policy shall preclude the Board from taking concurrent and/or independent personnel action against the employee under 14 Delaware Code, Section 121(5) for immorality, misconduct in office, incompetency, or willful neglect of duty.

All employees shall notify the Superintendent in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the schedule outlined in the accompanying regulation.

Caesar Rodney School District employees who violate the District's Drug-Free Workplace Policy shall be subject, as a minimum, to the following penalties:

<u>Violation</u>	<u>Minimum Penalty</u>
First incident of possession, use, being under the influence of alcohol or dispensing alcohol to adults.	Five days suspension without pay and/or participation in a mutually agreeable alcohol abuse program at the employee's expense.
First offense of distribution of alcohol dispensing alcohol to minors, or manufacture, possession, use, distribution dispensing or being under the influence of a controlled substance.	Termination
Second offense of possession, use, being under the influence of alcohol or dispensing alcohol to adults	Termination



# CAESAR RODNEY SCHOOL DISTRICT

*District Office*

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7 Front Street, Wyoming, Delaware 19934

OFFICE OF HUMAN RESOURCES

I HAVE RECEIVED THE POLICY OF THE CAESAR RODNEY  
BOARD OF EDUCATION REGARDING THE MAINTENANCE OF A  
DRUG-FREE WORKPLACE

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Signature

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Print or Type Name

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Date

### **WHERE EDUCATIONAL EXCELLENCE IS A TRADITION**

The Caesar Rodney School District is an Equal Opportunity Employer and does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, gender, age, veteran or marital status, disability, sexual orientation, gender identification or genetic information in accordance with State and Federal laws. Inquiries about compliance should be made to the Title IX, District 504 and ADA Compliance Officers: Paul L. Dunbar Administrative Building, 7 Front Street, Wyoming DE, 19934. Phone (302) 698-4800