

Coaching/Extracurricular

Central	South	Cary	-Grove	Prairie Ridge
Name				
Maiden Name (if appli				
Address				
City, State, Zip				
Cell Phone		Home Pho	one	
Date of Birth		SSN		
IEIN Number	OR AS	SEP Certific	ation Date	
Are you receiving a pe	nsion from TRS?	YES	NO	
E-mail Address				
Emergency Contact			Phone	
Sport			School Year _	
Signat	ure		Da	 te

U.S. DEPARTMENT of EDUCATION RACE and ETHNICITY DATA STANDARDS

In the fall of 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires current staff and *new employees* of educational institutions to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity).

Please answer both questions below:

Question 1 - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No, not Hispanic/Latino	Yes, Hispanic/Latino	
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Question 2 - Please select the racial category or categories with which you most closely identify. Select as many as apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)	Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
Black or African American (A person having origins in any of the black racial groups of Africa.)	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	

Signature: D	Date:
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ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I,	, understand that when I am employed as a
(Employee Name)	
	, I will become a mandated reporter under the
report to be made to the child abuse and neg whenever I have reasonable cause to believe tha	ILCS 5/4]. This means that I am required to report or cause a glect Hotline number at 1-800-25-ABUSE (1-800-252-2873) at a child known to me in my professional or official capacity here is no charge when calling the Hotline number and that the ek, 365 days per year.
recognizing and reporting child abuse/negled	eporters understand their critical role in protecting children by et, DCFS administers an online training course entitled raining for Mandated Reporters, available 24 hours a day,
grounds for failure to report suspected child abu	of communication between me and my patient or client is not see or neglect, I know that if I willfully fail to report suspected Class A misdemeanor. This does not apply to physicians who iplinary Board for action.
Nursing Act of 1987, the Medical Practice Act of Acupuncture Practice Act, the Illinois Optometric Physician Assistants Practice Act of 1987, the Policensing Act, the Clinical Social Work and So Act, the Dietetic and Nutrition Services Practice Act, the Respiratory Care Practice Act, the	ng under, but not limited to, the following acts: the Illinois of 1987, the Illinois Dental Practice Act, the School Code, the ic Practice Act of 1987, the Illinois Physical Therapy Act, the idiatric Medical Practice Act of 1987, the Clinical Psychologist icial Work Practice Act, the Illinois Athletic Trainers Practice Act, the Marriage and Family Therapy Act, the Naprapathic the Professional Counselor and Clinical Professional Counselor mology and Audiology Practice Act, I may be subject to license it suspected child abuse or neglect.
I affirm that I have read this statement and have which apply to me under the Abused and Neglect	e knowledge and understanding of the reporting requirements, red Child Reporting Act.
	Signature of Applicant/Employee
CANTS 22 Rev. 5/2019	Date

Office of the Director 406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov



Board Policies

Community High School District 155's Board of Education adopts policies for the operations of the school district. These Board Policies are available on the District website at www.d155.org.



It is your responsibility and a condition of your employment to be knowledgeable of and to abide by these policies.

We would like to bring your attention to the following policies at this time:

Board Policies 2:260 Uniform Grievance Procedure and 2:265 Title IX Sexual Harassment

Grievance Procedure. Your sign these policies and accompang		dges receipt of and a willingness to abide k	ЭУ
Employee Signature	Date	Human Resources	
•	low acknowledges recei _l	d and 7:20 <i>Harassment of Students</i> ot of and a willingness to abide by these	
Employee Initials	Date	Human Resources	
<u> </u>	elow acknowledges recei	E-Cigarette, Tobacco and Cannabis ipt of and a willingness to abide by these	
Employee Initials	Date	Human Resources	
<u> </u>	•	lying, Intimidation, and Harassment. Your gness to abide by these policies and	
Employee Initials	Date	Human Resources	



Acceptable Use Policy

Community High School District 155's AUP is available for download from the District website at www.d155.org/staff/aup or can be scanned using your smartphone's camera app using the QR code below.



Community High School District #155 Acceptable Use Policy for Staff

I hereby acknowledge that I have read and agree to adhere to these acceptable use guidelines. I further understand that, should I commit any violation, my access privileges may be revoked, and disciplinary action and/or legal action may be taken against me.

Printed Name	
Employee Signature	Date
School	



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee day of employment, b	nformation ut not before	n and Att	testation	: Emplo	oye	es must comp	lete ar	nd sign S	Section 1	of Fo	rm I-9 r	no later	than the first
Last Name (Family Name)		Fi	irst Name (0	Siven Na	me)		Middle	Initial (if a	any) Othe	er Last I	Names Us	sed (if an	y)
Address (Street Number and	l Name)		Apt	Number	(if aı	ny) City or Town	า				State	Ž	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security	y Number	Em	nploy	ee's Email Addres	S				Employee	e's Telep	hone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the inspection of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) if you check Item Number 4., enter one of these:						,							
immigration status, is t correct.	i de dila			OF		orm I-94 Admissi		OR					
Signature of Employee								Today's	Date (mm/d	dd/yyyy))		
If a preparer and/or tra									•				
Section 2. Employer F business days after the er authorized by the Secreta documentation in the Add	nployee's firs rv of DHS. do	st day of er ocumentat ation box;	mploymen tion from L	t, and mist A OF octions.	nust R a c	physically exam combination of d	ine, or ocume	ntative m examine ntation fr	consister om List B	lete and nt with a and Lis	d sign S an altern st C. En	ative pr iter any	ocedure additional
		List A		OF	₹ 	Lis	st B		AND			List (
Document Title 1					L								
Issuing Authority					L								
Document Number (if any)					L								
Expiration Date (if any)													
Document Title 2 (if any)				Α	ddit	ional Informati	on						
Issuing Authority													
Document Number (if any)													
Expiration Date (if any)													
Document Title 3 (if any)													
Issuing Authority													
Document Number (if any)													
Expiration Date (if any)					Ch	eck here if you us	ed an al	Iternative p	orocedure a	authorize	ed by DH	S to exar	mine documents.
Certification: I attest, under employee, (2) the above-list best of my knowledge, the e	ed document	ation appea	ars to be ge	enuine a	nd to	relate to the em					First Da (mm/dd		oloyment
Last Name, First Name and T	itle of Employe	er or Authori	ized Repres	entative		Signature of Em	iployer o	or Authoriz	ed Represe	entative		Today's	s Date (mm/dd/yyyy)
Employer's Business or Organ	nization Name			Employe	r's Bı	usiness or Organi	zation A	ddress, Ci	ty or Town,	, State, 2	ZIP Code	I	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth,	(1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary		gender, height, eye color, and address 2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
 Employment Authorization Document that contains a photograph (Form I-766) 		name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
b. Form I-94 or Form I-94A that has		6. Military dependent's ID card	bearing an official seal
the following: (1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document
passport; and (2) An endorsement of the individual's status or parole as long as that period of		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
		Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form.		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
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		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
	l	Acceptable Receipts	
May be prese	ented	in lieu of a document listed above for a te	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. 			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 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.

OMB No. 1545-0074

Internal Revenue Ser	,	Your withholding	is subject to review by the IR	S.							
Step 1:	(a) F	irst name and middle initial L	ast name		(b) S	ocial security number					
Enter Personal Information	Addr	Does your name match the name on your social security card? If not, to ensure you get									
imormation	City	r town, state, and ZIP code			credit conta	for your earnings, ct SSA at 800-772-1213 to www.ssa.gov.					
	(c)	Single or Married filing separately									
		Married filing jointly or Qualifying surviving spo									
		Head of household (Check only if you're unmarried									
are completing marital status, deductions, or	this num cred	the estimator at www.irs.gov/W4App to of form after the beginning of the year; expenser of jobs for you (and/or your spouse if rits. Have your most recent pay stub(s) from the again to recheck your withholding.	ect to work only part of the ymarried filing jointly), depen	ear; or have changes dents, other income	s durir (not fr	ng the year in your om jobs),					
		-4 ONLY if they apply to you; otherwise , m withholding, and when to use the estimate			n on e	each step, who can					
Step 2: Multiple Job	s	Complete this step if you (1) hold more also works. The correct amount of with									
or Spouse		Do only one of the following.									
Works		(a) Use the estimator at www.irs.gov/W you or your spouse have self-employ	yment income, use this opt	ion; or		and Steps 3–4). If					
		(b) Use the Multiple Jobs Worksheet on	n page 3 and enter the resul	t in Step 4(c) below;	or						
		(c) If there are only two jobs total, you n option is generally more accurate the higher paying job. Otherwise, (b) is n	an (b) if pay at the lower pa	ying job is more than							
		-4(b) on Form W-4 for only ONE of these you complete Steps 3-4(b) on the Form V			s. (Yo	ur withholding will					
Step 3:		If your total income will be \$200,000 or	less (\$400,000 or less if ma	rried filing jointly):							
Claim		Multiply the number of qualifying chi	ldren under age 17 by \$2,00	00 \$	_						
Dependent and Other		Multiply the number of other depend	dents by \$500	. \$	-						
Credits		Add the amounts above for qualifying of this the amount of any other credits. En	•	ents. You may add to	3	\$					
Step 4 (optional):		(a) Other income (not from jobs). If expect this year that won't have with This may include interest, dividends,	hholding, enter the amount	of other income here)) \$					
Other Adjustments	•	(b) Deductions. If you expect to claim d	deductions other than the sta	andard deduction and	1	7					
		want to reduce your withholding, use the result here	e the Deductions Worksheet	on page 3 and enter	1	\$					
		(c) Extra withholding. Enter any addition	onal tax you want withheld e	ach pay period	4(c	s) \$					
Step 5: Sign	Unde	er penalties of perjury, I declare that this certific	cate, to the best of my knowled	lge and belief, is true, co	orrect,	and complete.					
Here	En	nployee's signature (This form is not valid	d unless you sign it.)	Da	te						
Employers Only	Emp	loyer's name and address			•	yer identification er (EIN)					

Cat. No. 10220Q

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allow	wances (including allowances for	dependents)
Check all that apply: No one else can claim me as a dependent. I can claim my spouse as a dependent. Enter the total number of boxes you checked. Enter the number of dependents (other than you or your spot and Lines 1 and 2. Enter the result. This is the total number of entitled. You are not required to claim these allowances. The choose to claim will determine how much money is withheld and Enter the total number of basic personal allowances you cho Form IL-W-4 below. This number may not exceed the amoun few as zero. Entering lower numbers here will result in more	of basic personal allowances to which you are a number of basic personal allowances that you from your pay. See Line 4 for more information. sose to claim on this line and Line 1 of at on Line 3 above, however you can claim as money being withheld(deducted) from your pay	
Step 2: Figure your additional allowance	es	
 5 Enter the total number of boxes you checked. 6 Enter any amount that you reported on Line 4 of the Deduction for federal Form W-4 plus any additional Illinois subtractions. 7 Divide Line 6 by 1,000. Round to the nearest whole number. 8 Add Lines 5 and 7. Enter the result. This is the total number of you are entitled. You are not required to claim these allowant that you choose to claim will determine how much money is a fenter the total number of additional allowances you elect to conumber may not exceed the amount on Line 8 above, however numbers here will result in more money being withheld (dedu IMPORTANT: If you want to have additional amounts withheld from below. This amount will be deducted from your pay in addition to claimed. 	e is legally blind. ons and Adjustments Worksheet or deductions. Enter the result on Line 7. of additional allowances to which ices. The number of additional allowances withheld from your pay. claim on Line 2 of Form IL-W-4, below. This iver you can claim as few as zero. Entering lower icted) from your pay. om your pay, you may enter a dollar amount on I	9 Line 3 of Form IL-W-4
Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Al		
Social Security number Name Street address	 Enter the total number of basic allowances that are claiming (Step 1, Line 4, of the workshed) Enter the total number of additional allowance you are claiming (Step 2, Line 9, of the work) Enter the additional amount you want withher (deducted) from each pay. 	et). 1 ees that esheet). 2
City State ZIP	I certify that I am entitled to the number of withho this certificate.	lding allowances claimed on
Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.	Your signature	Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 III. Adm. Code 100.7110.



Verification of Coaching/Extracurricular Experience

Name:		Last 4 of SSN:
Part A: List only High School or middle school and summer coa		•
High School/College	Sport/Activity	Dates of Service
By signing below, I authorize my former empl	oyer to complete this form and retu	rn to the CHSD155 HR department.
Signature	Da	te
Part B: To be completed by authodistrict/school. Please return to t below. Information will be used t	he address/email/fax num	ber of CHSD155 HR listed
Yes, the information provid	ed matches the records o	n file.
No, the information provide	ed is incorrect. Accurate in	formation on file:
Signature:		
Title of Authorized Official: Date:		
· · · · 		



Phone: 773-685-5699 Fax: 773-685-5433

Client ID

www.accuratebiometrics.com

Please Provide The Following Information (Please Print Clearly).		
Last Name:	First Name:	MI
Address:	City:	
State:	Zip Code:	_
Date of Birth:/	Sex: Race:	
Height: Weight: _		
Hair Color:	Eye Color:	
Phone #	_	
Place of Birth: (State or Country if outside USA):		
ORI		

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date Printed





Organizational Code: B088F4

DashHire - Experience Verifications (EV)

Faith's Law Employment History Review (EHR) & Self-Disclosure Form

Message to New Hires – Employee Initiated Process

Requesting your Experience Verification(s) through Verifent is simple and easy. To start, visit www.verifent.com. Click the "Get Started: button and click 'Login'.

Special note: If you do not have login credentials, please click 'Register'. You will need to create an account.

Step 1: Hiring School District

- A. Click 'Choose Your Hiring Entity'.
- B. Enter the Hiring Entity **Community High School District 155 IL** exactly as shown here. As you type, your Hiring Entity should drop down. If your Hiring Entity name does not drop down, you will need to contact your Hiring Entity.
- C. Click 'Save Hiring District' and 'Continue.'

Step 2: Enter Your Information

- A. Click the checkbox for 'Employment History Review (EHR) Form. If you also need additional forms, clock those checkboxes as well.
- B. Enter your information and read the instructions.
- C. Answer the questions appropriately.
- D. With a mouse or touchscreen, draw your signature and type your name.
- E. Click the 'I Agree' button.

Step 3: Former Employer(s)

- A. Click 'Enter ALL Former Employers.'
- B. Note: If you do not have any Former Employers, clock on 'I Have No Former Employers' and click 'Yes'
- C. Enter ALL Former Employer(s) that you need an Employment History Review and/or Experience Verification from. If your Former Employer(s) does not drop down as you type under 'Former Employer Lookup', click 'Enter New Former Employer', and enter the information requested.

Note: Multiple Former Employers can be selected/added

- D. Click 'Close', select your 'Last Place of Employment', and click 'Next Step'.
- E. Confirm your order by clicking 'Next Step.'