



Southwest Region School District

CLASSIFIED EMPLOYMENT APPLICATION

The Southwest Region School District is an Equal Opportunity Employer. Race, color, religion, sex, and national origin are not factors in employment, promotion and compensation.

Position Applied For: _____

Name: _____
(Last) (First) (M.I.) (Maiden)

Home Address: _____ Phone: _____

_____ (Home)
_____ (Work)

Social Security Number: _____ Date of Birth: _____

Are you a U.S. Citizen or authorized by the I.N.S. to work in the U.S.? ☐ YES ☐ NO

Are you between the ages of 18 - 70? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

If so, please describe: _____

Who referred you to us? ☐ Job Service ☐ Newspaper Ad ☐ Employee ☐ Other

Have you ever applied for employment here before? ☐ YES ☐ NO

If so, when? _____

Have you ever been employed here before? ☐ YES ☐ NO

If so, when and where? _____

Are you employed now? ☐ YES ☐ NO

Are you currently on layoff or leave from another company? ☐ YES ☐ NO

Are you willing to travel? ☐ YES ☐ NO

Are you willing to relocate? ☐ YES ☐ NO

Are you available for full-time work? ☐ YES ☐ NO

Are you available for part-time work? ☐ YES ☐ NO

Do you have any restrictions, conditions or circumstances which may limit your ability to perform the duties associated with the position you are applying for? ☐ YES ☐ NO

If so, explain: _____

Date you can start working: _____

(Revised 6/18/20)



Southwest Region School District

EMPLOYMENT HISTORY

Please provide information in order, from most recent (1) to most removed (8)

The Southwest Region School District is an Equal Opportunity Employer. Race, color, religion, sex, and national origin are not factors in employment, promotion and compensation.

1.	Employer: _____	Address: _____	Telephone: _____
	(Date Started) _____	(Starting Salary) _____	(Starting Position) _____
	(Date Left) _____	(Final Salary) _____	(Position Upon Leaving) _____
	(Name of Supervisor) _____	(Title of Supervisor) _____	(Telephone of Supervisor) _____
Responsibilities: _____			
Reason for Leaving: _____			

2.	Employer: _____	Address: _____	Telephone: _____
	(Date Started) _____	(Starting Salary) _____	(Starting Position) _____
	(Date Left) _____	(Final Salary) _____	(Position Upon Leaving) _____
	(Name of Supervisor) _____	(Title of Supervisor) _____	(Telephone of Supervisor) _____
Responsibilities: _____			
Reason for Leaving: _____			

3.	Employer: _____	Address: _____	Telephone: _____
	(Date Started) _____	(Starting Salary) _____	(Starting Position) _____
	(Date Left) _____	(Final Salary) _____	(Position Upon Leaving) _____
	(Name of Supervisor) _____	(Title of Supervisor) _____	(Telephone of Supervisor) _____
Responsibilities: _____			
Reason for Leaving: _____			

4.	Employer: _____	Address: _____	Telephone: _____
	(Date Started) _____	(Starting Salary) _____	(Starting Position) _____
	(Date Left) _____	(Final Salary) _____	(Position Upon Leaving) _____
	(Name of Supervisor) _____	(Title of Supervisor) _____	(Telephone of Supervisor) _____
Responsibilities: _____			
Reason for Leaving: _____			

5.	Employer: _____	Address: _____	Telephone: _____
	(Date Started)	(Starting Salary)	(Starting Position)
	(Date Left)	(Final Salary)	(Position Upon Leaving)
	(Name of Supervisor)	(Title of Supervisor)	(Telephone of Supervisor)
Responsibilities: _____			
Reason for Leaving: _____			

6.	Employer: _____	Address: _____	Telephone: _____
	(Date Started)	(Starting Salary)	(Starting Position)
	(Date Left)	(Final Salary)	(Position Upon Leaving)
	(Name of Supervisor)	(Title of Supervisor)	(Telephone of Supervisor)
Responsibilities: _____			
Reason for Leaving: _____			

7.	Employer: _____	Address: _____	Telephone: _____
	(Date Started)	(Starting Salary)	(Starting Position)
	(Date Left)	(Final Salary)	(Position Upon Leaving)
	(Name of Supervisor)	(Title of Supervisor)	(Telephone of Supervisor)
Responsibilities: _____			
Reason for Leaving: _____			

8.	Employer: _____	Address: _____	Telephone: _____
	(Date Started)	(Starting Salary)	(Starting Position)
	(Date Left)	(Final Salary)	(Position Upon Leaving)
	(Name of Supervisor)	(Title of Supervisor)	(Telephone of Supervisor)
Responsibilities: _____			
Reason for Leaving: _____			



Southwest Region School District

EDUCATIONAL HISTORY

The Southwest Region School District is an Equal Opportunity Employer. Race, color, religion, sex, and national origin are not factors in employment, promotion and compensation.

College/ University		School	Course of Study	Years	Degree/Diploma	G.P.A.
	1.					
	2.					
	3.					
	4.					
	5.					
High School						
Other	1.					
	2.					

List scholastic honors received while in school:

List elected offices held while in school:

Are you planning to pursue other studies?

☐ YES ☐ NO

If so, where and what course of study?

Technology/Equipment Usage (Computers, calculators, scanners, copiers, power tools, *et.al.*)

Typing Words Per Minute?

References

(List at least three (3) persons not related to you who have known you for at least three (3) years.)

	Name	Telephone Number	Business	Years Acquainted
1.				
2.				
3.				



Southwest Region School District

VERIFICATION AND AUTHORIZATION

Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at the Southwest Region Schools. Please be prepared to provide the following documentation in the event you are offered and accept a position with us:

Any one of the following unexpired documents from list A (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent resident alien card or alien registration card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.
4. Employment authorization document that contains a photograph (Form I-766)
5. Foreign passport with Form I-94 or Form I-94A with unexpired endorsement period.
6. Passport from the Federated States of Micronesia (F.S.M.) or the Republic of the Marshall Islands (R.M.I.) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association Between the U.S. and the F.S.M. or R.M.I.

Or one from list B and one from List C

These establish employment authorization (List B):

1. State issued driver's license or ID card that contains a photograph
2. ID card issued by federal, state or local government that contains a photograph
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. US Coast Guard Merchant Mariner Card
8. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

9. School record or report card
10. Clinic, doctor, or hospital record
11. Day-care or nursery school record

These establish identity (List C)

1. Social security account number card other than one that specifies that the issuance of the card does not authorize employment.
2. Certification of Birth Abroad (Form FS-545)
3. Certification of Report of Birth (Form DS-1350)
4. Original or certified copy of birth certificate issued by a state, county municipal authority or territory of the U.S.
5. Native American tribal document
6. U.S. citizen ID card (Form I-197)
7. ID card of use of resident citizen in the U.S. (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL EMPLOYEES HIRED ON OR AFTER
NOVEMBER 6, 1986

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I have never been involuntarily terminated from any job or asked to resign from any job for reasons relating to my behavior or job performance. I have not been convicted or received a suspended imposition of sentence for any felony nor have I committed any criminal act resulting in personal injury or destruction of property; any child abuse or molestation; any controlled substance; any criminal act involving the use or abuse of alcohol; or any other crime of immorality (which means any act involving a crime of moral turpitude under the Laws of the State of Alaska). If I have been involved in any of the situations listed above, I have attached to this application a description of the event and an explanation why I believe such situation should not adversely affect my application for employment.

I hereby authorize Southwest Region School District to obtain from previous or current employers or any law enforcement agency any data needed to support this application. I agree that this company and any previous employers shall not be held liable in any respect if a job offer is or is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this school district I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which has been supplied with this application.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant: _____ Date: _____



Southwest Region School District

CONSENT TO BACKGROUND CHECK AND THIRD PARTY INVESTIGATIVE CONSUMER REPORT

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize the District to investigate all statements made in this application or attachments; to contact any of my former employers, education institutions, personal references or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I will hold the District, its attorneys, and former employers, educational institutions and any other persons giving references free of liability for the exchange of the information and any other reasonable and necessary information incident to the employment process.

Signature of Applicant: _____ Date: _____

Term Limit Convictions: You will not be eligible for hire if you have been convicted of any of charges listed below within the last 3 years.

Assault in the Fourth Degree	Minor Consuming
Child Neglect	Public Intoxication
Domestic Violence	Theft
Harassment	Trespassing
Importation of Alcohol into a "Dry" Area	

Disqualifying Convictions: You will not be eligible for hire if you have been convicted of any of the charges listed below.

Arson	Manslaughter of an Unborn Child
Assault in the First Degree	Multiple Deaths
Assault in the Second Degree	Murder in the First Degree
Assault in the Third Degree	Murder in the Second Degree
Assault of an Unborn Child in the First Degree	Murder of an Unborn Child
Assault of an Unborn Child in the Second Degree	Online Enticement of a Minor
Coercion	Possession of child pornography
Contributing alcohol to a minor	Prostitution
Contributing to the delinquency of a minor	Providing indecent material to a minor
Criminally Negligent Homicide of an Unborn Child	Reckless Endangerment
Custodial Interference in the First Degree	Robbery in the First Degree
Custodial Interference in the Second Degree	Robbery in the Second Degree
Defenses to Murder	Sexual Abuse of a Minor in the First Degree
Extortion	Sexual Abuse of a Minor in the Second Degree
Forfeiture of Property Used in Sexual Offense	Sexual Abuse of a Minor in the Third Degree
Human Trafficking in the First Degree	Sexual Abuse of a Minor in the Fourth Degree
Human Trafficking in the Second Degree	Sexual Assault in the First Degree
Incest	Sexual Assault in the Second Degree
Indecent Exposure in the First Degree	Sexual Assault in the Third Degree
Indecent Exposure in the Second Degree	Sexual Assault in the Fourth Degree
Kidnapping	Stalking in the First Degree
Manslaughter	Stalking in the Second Degree
	Unlawful Exploitation of a Minor



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 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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone 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 immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 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:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
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)					
					<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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 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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A 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. 	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.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

OMB No. 1545-0074

2024**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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 Dependent and Other Credits	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). 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 **1** \$ _____
- 2** Enter:

<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}
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2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 territories 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 Surviving Spouse												
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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Emergency Contact Form

Southwest Region School District



Employee Name: _____

Emergency Contact

In case of an emergency, please contact the following person(s):

Name

Relationship

Address

Home Phone

Work Phone

Cell Phone

Name

Relationship

Address

Home Phone

Work Phone

Cell Phone

Name

Relationship

Address

Home Phone

Work Phone

Cell Phone

Retain a copy at site -- Send original to Personnel

**POST HIRE QUESTIONNAIRE FOR
SECOND INJURY FUND QUALIFICATION**

The purpose of this questionnaire is to preserve the Employer's right to obtain Second Injury Fund reimbursement if you suffer a work-related injury while employment. If the resulting disability is greater due to aggravation of a pre-existing condition, or because the injury combines with the pre-existing condition, the Employer may be able to obtain reimbursement from the Fund for some of the workers' compensation benefits paid to you. The completed questionnaire will be retained in your confidential medical file. You may update the information at any time.

Name _____

Social Security No. _____

Address _____

Date of Birth _____

Telephone _____

Have you ever had, or do you now have, any of the following conditions? *Note: this list is derived from Alaska Statute 23.30.205. PLEASE COMPLETE BOTH COLUMNS.*

YES	NO		YES	NO	
_____	_____	EPILEPSY	_____	_____	DIABETES
_____	_____	MUSCULAR DYSTROPHY (any form)	_____	_____	HYPERINSULINISM
_____	_____	PARKINSON'S DISEASE	_____	_____	TUBERCULOSIS
_____	_____	POLIOMYELITIS residuals	_____	_____	LOSS OF SIGHT one or two eyes
_____	_____	CEREBRAL PALSY	_____	_____	VISION LOSS greater than 75%
_____	_____	CEREBRAL VASCULAR ACCIDENT(Stroke)			bilaterally, uncorrected
_____	_____	MULTIPLE SCLEROSIS	_____	_____	VARICOSE VEINS
_____	_____	CHRONIC OSTEOMYELITIS	_____	_____	THROMBOPHLEBITIS
_____	_____	RUPTURED (HERNIATED) INTERVETEBRAL	_____	_____	ARTERIOSCLEROSIS
		DISC (SPINAL DISK OR H.N.P.)	_____	_____	CARDIAC DISEASE of any kind
_____	_____	ANKYLOSIS OF JOINTS (Fused joints)	_____	_____	SILICOSIS
_____	_____	OSTEOPOROSIS	_____	_____	COMPRESSED AIR SEQUELAE
_____	_____	ARTHRITIS of any kind	_____	_____	HEAVY METAL POISONING
_____	_____	SPONDYLOLISTHESIS	_____	_____	IONIZING RADIATION INJURY
_____	_____	HEMOPHILIA	_____	_____	AMPUTATION foot, leg, arm,hand

Have you ever had, or do you now have any condition, disease or injury which resulted in 200 weeks or more of inability to work? *The 200 weeks need not be continuous. If your answer is yes, please briefly describe the condition or injury.* _____

Have you ever had a permanent impairment rating of 35% of the whole person or greater? *If your answer is yes, please state the condition or injury which led to the rating.* _____

READ CAREFULLY, SIGN AND DATE:

I understand that the Employer is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the Employer having to pay more for workers' compensation benefits than it would if I had disclosed a qualifying condition. I have answered the above questions to the best of my knowledge. I understand that this information will be kept in my confidential medical file and will be used for workers' compensation purposes only.

Signed _____ Dated _____

BP 4020 ALL PERSONNEL - DRUG AND ALCOHOL-FREE WORKPLACE

Note: *The Drug-Free Workplace Act of 1988 requires districts to adopt policy maintaining Drug-Free workplaces as specified by law and to notify their employees of such policy. The Drug-Free Schools and Communities Act includes alcohol in addition to "controlled substances," and applies to districts that receive federal funds either directly or indirectly.*

The School Board believes that the maintenance of Drug-Free and alcohol-free workplaces is essential to school and district operations. No employee shall unlawfully manufacture, distribute, dispense, possess, use or be under the influence of any alcoholic beverage, drug or controlled substance before, during or after school hours at school or in any other district workplace or at any district-sponsored activity.

For purposes of this policy, "drug" is defined to include, but is not limited to, marijuana or cannabis, in any form; synthetic marijuana or cannabis, in any form; synthetic variations of controlled substances, in any form; prescription medication for which a valid prescription has not been obtained, which is used in amounts in excess of prescribed dosages, or which is used for purposes other than as prescribed, and prescription drugs distributed or dispensed to any person other than the prescription holder.

"Controlled substance" is defined to include any substance identified by federal or state law as controlled.

"Tobacco" is defined to include any non FDA approved tobacco or nicotine, lighted or unlighted cigarette, electronic cigarette, vape or vaping device, cigar, pipe, bidi, clove cigarette, dissolvable nicotine strips, liquid tobacco or nicotine, and any other smokeless tobacco product, also known as spit tobacco, dip, chew, and snuff, in any form.

In the interest of the health and safety of students and employees, it is a violation of this policy for students, staff, parents, visitors, contractors and all others to use, distribute or sell tobacco, any non FDA approved tobacco or nicotine delivery products or devices including but not limited to, cigarettes, cigars, dip, hookah pens, e-cigarettes, and dissolvable nicotine products on District premises, at school-sponsored activities on or off District premises and in District-owned, rented or leased vehicles.

Tobacco possession is prohibited for all district students and visiting students, as well as for all other visitors under the age of 19.

Tobacco and marijuana advertising is prohibited in all school-sponsored publications, in all school buildings, and at all school-sponsored events. District acceptance of gifts or funds from the tobacco and marijuana industries is similarly prohibited. Personnel shall not wear clothing depicting tobacco, alcohol, drugs, or controlled substances, and shall not display such items or related slogans on their vehicles, through signage or otherwise, while the vehicle is on District property or at a school sponsored event.

The Superintendent shall:

1. Publish and give to each employee a notification of the above prohibitions. The notification shall specify the actions that will be taken against employees who violate these prohibitions. The notification shall state that as a condition of employment, the employee will abide by the terms of this policy and notify the employer, within five (5) days of any criminal drug or alcohol statute conviction which he/she receives for a violation occurring in the workplace. For the purpose of this policy, "conviction" shall mean a finding of guilt by any judicial body charged to determine violations of federal or state criminal drug or alcohol laws, whether such finding is made following

- a trial or by entry of a plea of guilty or nolo contendere.
2. Establish a drug, tobacco and alcohol-free awareness program to inform employees about:
 - a. The dangers and costs of drug, tobacco, and alcohol abuse in the workplace.
 - b. The district policy of maintaining drug, tobacco, and alcohol-free workplaces.
 - c. Any available drug, tobacco, and alcohol counseling, rehabilitation, and employee assistance programs, including the free Alaska Tobacco Quitline, and
 - d. The penalties that may be imposed on employees for drug, tobacco, and alcohol abuse violations.
 3. Notify the appropriate federal granting or contracting agencies within ten days after receiving notification from an employee, or otherwise, of any conviction for a violation occurring in the workplace.
 4. Initiate disciplinary action within 30 days after receiving notice from an employee, or otherwise, of a conviction for a violation in the workplace. Such action shall be consistent with state and federal law, the appropriate employment contract, the applicable collective bargaining agreement, and district policy and practices.
 5. Make a good faith effort to maintain a drug-and alcohol-free workplace throughout the district.

When required by law, the superintendent shall terminate an employee. When termination is not required by law, the superintendent shall (a) take appropriate disciplinary action, including termination when warranted, or (b) require the employee to satisfactorily participate in, and complete, an approved drug assistance or rehabilitation program. The superintendent's decision shall be made in accordance with relevant state and federal laws, employment contracts, collective bargaining agreements, and district policies and practices.

Nothing in this policy shall prohibit the District from conducting its own investigation or from taking appropriate disciplinary action even in the absence of a conviction.

(cf. 3514 - Safety)

(cf. 4117.4 - Dismissal)

(cf. 4118 - Dismissal/Suspension/Disciplinary Action)

(cf. 4159 - Employee Assistance Programs)

(cf. 4158/4358 - Employee Security)

(cf. 4218.1 - Drug and Alcohol Testing for School Bus Drivers)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

Legal Reference:

UNITED STATES CODE

The Drug-Free Workplace Act Of 1988, 41 U.S.C. Ch. 81

Drug-Free Schools And Communities Act Amendment Of 1986, As Amended, 20 U.S.C. 7111

Controlled Substances Act, 21 U.S.C. 801

CODE OF FEDERAL REGULATIONS

21 CFR 1300-1316

ALASKA STATUTES

AS 17.38, The Regulation of Marijuana

AS 17.38.220, Employers, Driving, Minors, and Control of Property

AS 11.71.010-090, Controlled Substances

Revised 09/1997, 03/2019

Adopted: November 2, 2006

Reviewed: April 23, 2019

Adopted: May 28, 2019

Southwest Region School District

DRUG AND ALCOHOL-FREE WORKPLACE AFFIDAVIT

I have received a copy of the Southwest Region School District's Drug and Alcohol-free Workplace Policy (BP 4020). The policy contains regulations which I have read, understand, and agree to comply with during my employment with the District.

Employee Signature

Date

Witness Signature

Date

Send the original fa Personnel/

All students, staff, or other users must have a signed copy of this form on file with the site network administrator before access to the computer network will be allowed. It is important that users and parents carefully read and understand the preceding terms of this Internet Safety & Acceptable Use Policy. If you have any questions about the contents of this agreement, contact your local site administrator or district technology staff.

By entering into this User Agreement, the user and his or her parents or guardians agree to release the District from liability and waive any and all rights to assert claims or damages which may arise due to or as a result of any use of the District's computers and network services.

User

I have read, understand, and agree to comply with the rules stated in this Agreement and the current Southwest Region School District Internet Safety & Acceptable Use Policy. I further understand that I am responsible for reading and complying with any changes made to this Policy and Agreement. Should I commit any violation of this Internet Safety & Acceptable Use Policy, I understand that my access privileges will be revoked, denied, or suspended and further appropriate school disciplinary or legal action may be taken.

School _____

First Name _____ Last Name _____

Signature _____ Date _____

Parent or Guardian (of a student under age 18)

As the parent or guardian of this student, I have read this Agreement and the Southwest Region School District Internet Safety & Acceptable Use Policy. The student and I have discussed this policy and understand the guidelines and network etiquette. I understand that is the student's responsibility to use the District's computers and network resources in accordance with the Internet Safety & Acceptable Use Policy. I understand that, despite the District's best efforts, material inconsistent with the educational goals of the District and otherwise inappropriate might be accessed by the student. Nevertheless, I hereby give permission to allow the above named student access to the Southwest Region School District Computer Network under the terms of this Internet Safety & Acceptable Use Policy.

Parent or Guardian Name _____

Signature _____ Date _____

(updated by LEP 08/20/2012)

SOUTHWEST REGION SCHOOLS INTERNET SAFETY & ACCEPTABLE USE AGREEMENT



Introduction

The computers, hardware, software, local area network (LAN), and wide area network (WAN) in each school and the district office are maintained to provide a variety of quality educational resources to the students and staff of the Southwest Region School District. These include electronic mail (eMail), student records databases, the World Wide Web and other Internet resources, file sharing of local and district information, and computer equipment and software. The goal in providing these services is to support the District's mission and goals by facilitating resource sharing, innovation, research, and communication.

Internet Safety & Acceptable Use Policy

In response to the Children's Internet Protection Act (CIPA), and subsequent Federal Communications Commission (FCC) rulings on the implementation of the Act, Southwest Region School District has implemented the following measures to insure the safety of its students and comply with the requirements of the Act.

1. To prevent access to visual depictions of an obscene or child pornographic nature, Southwest Region School District will implement a technology protection measure to filter all web access on all computers to inappropriate visual material and supervise all student use of computers.
2. To prevent access by minors to inappropriate matter on the Internet, Southwest Region School District will supervise all student use of computers and may filter student Internet access using filtering software.
3. To insure the safety and security of minors when using eMail, chat rooms, etc., Southwest Region School District will block web-based and encrypted eMail systems and chat rooms and will supervise all student use of computers.
4. To prevent unauthorized access such as "hacking" and other unlawful activities by minors, Southwest Region School District will utilize network security and maintenance software and will supervise all student use of computers.
5. To prevent unauthorized disclosure, use, and dissemination of personal information regarding minors, Southwest Region School District will ensure that students are under adult supervision when using computers and will educate students to the risks of disclosure of personal information on the Internet.
6. To restrict minors' access to materials harmful to minors, Southwest Region School District will supervise all student use of computers and may filter student Internet access using filtering software.
7. To insure the safety and security of minors, Southwest Region Schools requires the education of minors regarding appropriate online behavior as it relates to social networking websites and cyberbullying awareness and response. The Technology Coordinator and Director of Instruction and Information Systems will identify a district-wide curriculum as an addendum to the Acceptable Use Policy.

With access to computers and people locally and world-wide, material that may not be considered to be of educational value in the context of the school setting becomes available. While Internet content filtering will enable the blocking of access to known inappropriate resources and services designed to defeat filtering, no electronic technology measure can guarantee blocking of all noneducational materials. The District believes, however, that the benefits of the computer network, including the value of the information and the opportunities for interaction with colleagues and peers, far outweighs the possibility that users may obtain material that is objectionable, controversial, or not consistent with the educational goals of Southwest Region School District.

The inappropriate use of the Southwest Region School District's Computer Network will result in a cancellation of the privilege of using the computer network and possible disciplinary action. Electronic mail, Internet use and other network activity is not private. The computer equipment and software within the school, as well as the electronic mail and Internet services, are the property of the District. Southwest Region School District reserves the right to access and/or monitor any and all activity and materials performed on, or contained on, District equipment or networks. Each user will be responsible for complying with the guidelines set forth in this Internet Safety & Acceptable Use Policy and applicable Internet and technology procedures. Privileges will be denied, revoked, or suspended for users who do not comply with the terms of the Internet Safety & Acceptable Use Agreement. Users identified as a security risk, or identified as having a history of inappropriate use with other computer systems, will be denied access to the network. Any employee identified as having violated District Safety & Acceptable Use Guidelines will be subject to disciplinary action up to and including suspension and/or termination.

All students, staff, or other users must have a signed copy of this agreement on file with district Technology staff before access to the Network will be allowed (see back of this pamphlet for signature page). It is important that users and parents carefully read and understand this Internet Safety & Acceptable Use Policy and Agreement. If you have any questions about the contents of this policy or agreement, contact your site administrator or district technology staff.

Internet Safety & Acceptable Use Guidelines

1. Students accessing network services **MUST BE UNDER THE SUPERVISION** of a staff member or adult approved by the site administrator.
2. Users must follow the directions of the adult responsible for supervision, the terms of this Southwest Region School District Internet Safety & Acceptable Use Agreement, and proper network etiquette.
3. Users must comply with the established rules of other organization's network or computing resources while using those networks or resources.
4. User ID's are to be used only by the assigned user of the account. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users.
5. Users identifying a security problem on the network must immediately notify a teacher or building Technology Liaison who will notify district Technology staff and shall not demonstrate the problem to others.
6. Students must utilize district-sponsored or approved eMail systems. All district electronic communication shall be conducted on district electronic mail systems and web servers.

7. Users finding an inappropriate eMail message, web site, or file, **MUST IMMEDIATELY BACK OUT** of the area and report the incident to the supervising adult or local Technology Liaison.
8. Users may not pass bulk "chain mail" via eMail systems.
9. Students will not reveal their home address, home phone number, social security number, or any other personal information for themselves or others to anyone.
10. Users may publish only those documents which conform to the District's Publishing Guidelines, have been edited by a staff member, and have proper approval.
11. Users shall be responsible for additional on-line fees or merchandise charges they incur that are not covered by District provided services.
12. Users must follow applicable copyright laws, obtaining proper use permissions and include the author or source of eMail messages, web pages, or files when copying portions of documents.
13. Users may not read others eMail or files without permission; however, this provision does not impair the District's right to review and monitor computer and network usage.
14. Users must act in a responsible, ethical, and legal manner in accordance with any Federal, State, or District laws, rules, policies, guidelines or regulations. Use of the network for the following purposes is prohibited:
 - (a) Facilitating illegal activity.
 - (b) Promoting or advertising for commercial or for-profit products or services.
 - (c) Promoting political campaigning, political lobbying, or religious purposes.
 - (d) Performing non-work or non-school related work during regular school or work hours.
 - (e) Creating or transmitting hate mail, discriminatory remarks, profane or inappropriate language, or offensive or inflammatory communication.
 - (f) Illegally installing, distributing, modifying, reproducing, or using copyrighted material.
 - (g) Accessing obscene or pornographic material.
 - (h) Intentionally obtaining or modifying files, passwords, or data belonging to others.
 - (i) Impersonating users (utilizing another user's password under any circumstances).
 - (j) Posting anonymous messages.
 - (k) Installing, downloading, or uploading unauthorized or non-licensed games, programs, files, or other electronic media.
 - (l) Destroying, modifying, or abusing hardware, software, or data that could disrupt network services.
 - (m) Disrupting the work or learning environment of other users on the network.
 - (n) Quoting or forwarding personal communications in a public forum without including the original author's prior consent.
 - (o) Student participation in non-District sponsored eMail or "chat" areas.
 - (p) Engaging in cyberbullying of any kind.



Notice to New Employees of Potential Delay in Pay

Southwest Region School District



You are required to complete all new hire paperwork before working (see page 10 of the Classified Employee Handbook). **If you begin work before completing the required new hire paperwork, your paycheck will be delayed one payroll from the date the paperwork is completed.**

I have read and agree to complete all new hire paperwork before beginning work.

Employee Signature

Date

**DIRECT DEPOSIT AUTHORIZATION
FOR PAYROLL CHECK
SOUTHWEST REGION SCHOOLS**

EMPLOYEE LAST NAME

FIRST NAME

SOCIAL SECURITY NUMBER

☐ CHECKING ☐ SAVINGS

BANK NAME AND BRANCH

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER

AUTHORIZATION FOR DIRECT DEPOSIT

- ◇ I HEREBY REQUEST THE DEPOSIT OF MY NET PAYCHECK INTO THE ABOVE NAMED ACCOUNT ON EVERY PAY PERIOD.

**PLEASE ATTACH A VOIDED BLANK CHECK TO THIS FORM TO
EXPEDITE THIS PROCESS**

EMPLOYEE SIGNATURE

DATE

CANCELLATION OF AUTHORIZATION FOR DIRECT DEPOSIT

- ◇ I HEREBY CANCEL THE AUTHORIZATION FOR DIRECT DEPOSIT PREVIOUSLY SUBMITTED.

EMPLOYEE SIGNATURE:

DATE: