



## **Congratulations New Classified Employee!**

Welcome to ACS and becoming part of the A-Team! This New Hire Packet contains all of the information and forms that you will need to expedite your processing as a new team member with our district. Below is an outline of what steps you need to take to be onboarded.

1. **Background Check** – You have accepted a position with our district and you are required to have a cleared background check prior to moving forward in the new hire process. Pages 3-5 of the packet provide the instructions and information for registering and scheduling your fingerprint appointment.
2. **Physical Requirement** – A physical is required. Page 7 and Forms D and E provides you with the information and required documentation to meet this requirement.
3. **New Hire Packet** – The packet contains numerous forms that are part of your employee file. Review all of these documents. Many of these forms are required and are so noted in the packet. Some of the forms are completed and returned only if applicable to your individual situation. These are also noted. Form A is a check list. As you complete each requirement, check off the item and move forward. Keep the documents in the order of the check list. When you attend your onboarding session, you will present the checklist and documents in order listed to a Human Resources employee for review. This will allow the session to operate smoothly and efficiently.

The results of your Background Check will be sent directly to the Human Resources Office. Upon receipt of the results and clearance, you will be sent communications on the required next steps.

1. A Bookings link to schedule your onboarding session.
2. Your ACS email account information and your employee ID number. You will need to activate your email account to receive information.

Questions regarding the packet or onboarding process may be addressed to Dr. Allison Clark ([allison.clark@acsk-12.org](mailto:allison.clark@acsk-12.org)) and/or Mrs. Debbie Cannady ([debbie.cannady@acsk-12.org](mailto:debbie.cannady@acsk-12.org)).



## **New Hire Packet Pages & Forms**

The following pages and forms are items that ACS is required to distribute to you as a newly hired employee.

A document that is labeled “Page” with a number is something that is for your information and you are acknowledging receipt of the page or a reference list that explains a specific requirement for one of the forms.

A document that is labeled “Form” with a letter is something that you will need to complete and turn in to Human Resources at your onboarding appointment. Not all forms will be needed by everyone.

As referenced on Page one (1), Form A is a check list. You are required to utilize this check list and have it completed with all of the documents in order as listed to turn in to Human Resources at your onboarding appointment.

The check list will include forms that are preceded with an asterisk (\*). The asterisk (\*) indicates this is a required form and must be completed and submitted by all employees.

Other items to be submitted will also be preceded with an asterisk (\*). Again, the asterisk (\*) indicates this is a required item and must be completed and submitted by all employees.

Forms and items without the asterisk (\*) notation are not required unless they are applicable to your individual circumstances.



## New Classified Employee Check List

This check list that will assist you in providing us with the required documentation for your processing appointment. To expedite the processing time, please have your documents signed and in this order.

- \_\_\_ \* Form A                      New Classified Employee Check List
- \_\_\_ \*Forms B1/B2                Waiver Agreement for Criminal Check
- \_\_\_ \*Form C                        Applicant Privacy Act Acknowledgement Form
- \_\_\_ \*Forms D & E                Physical Report with TB Skin test or Chest X-ray results
- \_\_\_ \*Form F                        I-9 (Present official ID as outlined on Page 8)
- \_\_\_ \*Form G                        Direct Deposit Form (Bank documentation required)
- \_\_\_ \*Form H                        Policy Acknowledgement Form
- \_\_\_ \*Form I                        Insurance Information Form
- \_\_\_ Transcript(s) From All Colleges, if applicable
- \_\_\_ PRAXIS Scores (ParaPro Assessments), if applicable
- \_\_\_ Job Certification/License(s), if applicable

The Highlighted information must be returned to Arlington Community Schools - Human Resources Department. You may drop it off with the District Receptionist at Central Office OR email the information to Debbie Cannady - [debbie.cannady@acsk-12.org](mailto:debbie.cannady@acsk-12.org) OR Vicki Hayslett - [vicki.hayslett@acsk-12.org](mailto:vicki.hayslett@acsk-12.org)



## **Background Check**

All new hires with Arlington Community Schools are required to have a current background check on file. The background check must be conducted using the ACS credentials. This report is for our district. We do not accept reports from other school districts or entities.

Page three (3) is the Instructions for Fingerprinting – Tennessee Applicants Processing Services. The fingerprints must be conducted in the state of Tennessee. You may not conduct this procedure in any other state. On-line registration is available for the background check, however there is phone registration also. This page provides step-by-step directions for registration. The information needed for Steps 5, 6, & 7 is on page four (4).

Page four (4) is Information for Fingerprinting and Available Locations. The scheduling information at the top of the page is what is required for registration and is outlined with the associated numbers on page three (3) of the instructions. The suggested fingerprinting locations are considered local to the Arlington area. You may go to any location that is offered on the registration website that may offer more convenience to you. Your selected location will conduct the fingerprinting and the report will be forwarded to Human Resources.

You will need to have a form of payment available when scheduling or make note of other payment arrangements.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to [www.L1enrollment.com](http://www.L1enrollment.com) and choose Tennessee.
2. If you do not have access to the internet, you may call us toll-free at (855) 226-2937 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish)
4. Enter your first and last name and click "go"
5. Choose the proper employing or licensing agency as your Agency Name and click "go".
6. Choose the proper Applicant Type and click "go".
7. Enter your ORI, OCA, or other identifying numbers required by your employing or licensing agency clicking "go" after each.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go"
9. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
10. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click "Send Information"
11. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
12. If you are required to pay for your own fingerprinting, then you will be presented with payment options. Complete your payment process and click "Send Payment Information".
13. Print your confirmation page.
14. Bring approved identification documents with you to the appointment. These approved document options are identified on your confirmation of your appointment.
15. Arrive at the facility at your appointed date and time.
16. The Enrollment Officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to your employing or licensing agency for processing by the TBI. L-1 is never in possession of criminal record data results.



**Information for Fingerprint Scheduling**  
(Instructions for Registration on Previous Page)

*Scheduling Information*

**Agency Name:**        **State Schools/Colleges**

**Applicant Type:**     **Select from the list provided**

**ORI Number:**        **TN931467Z**

**You may use any location that is convenient to you in the state of Tennessee.**

**You will need to have a form of payment available when scheduling or make note of other payment arrangements.**



## Waiver Agreement and Statement for Criminal History Checks

**This form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity.**

I hereby authorize (**enter Name of Business or Entity**) Arlington Community Schools to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to entity locations. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me is being requested by:** Arlington Community Schools

**Address:** 12060 Arlington Trail

**City:** Arlington

**State:** TN

**Zip:** 38002

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee      Volunteer      Contractor/Vendor

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth - REQUIRED: \_\_\_\_\_

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**ORIGINAL SIGNED APPLICANT WAIVER MUST BE RETAINED BY QUALIFIED ENTITY**

**ONE SIGNED COPY MUST BE RETAINED BY THE APPLICANT**



## **AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS**

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must provide to the applicant written notification<sup>1</sup> that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the employment, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34.
- Officials should not deny the employment, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



## **Applicant Privacy Act Acknowledgement**

My signature acknowledges that Arlington Community Schools has provided me with a copy of the Applicant Privacy Act.

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

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



## Physical Requirements

The forms should be completed as indicated and returned to you. You will turn in the completed, signed forms to Human Resources along with the new hire packet documents at the time of processing. Forms D and E are on the new hire packet check list and inserted in the packet in the designated order.

The employee is responsible for the expense of the physical, which includes a TB Skin test **OR** a Chest X-ray.

Form D – Employee Physical Form is to be completed by the employee and presented to the health care provided at the time of the physical.

Form E – To Be Completed by Provider is presented at the time of the physical to the health care provider for them to complete. Often, the TB Skin test/Chest X-ray results are distributed on a separate sheet. This is fine, however that sheet will need to be turned in with the forms to Human Resources.

You may go to your personal doctor or clinic and provide them with the Forms D and E that are part of this packet.



## EMPLOYEE PHYSICAL FORM

**TO BE COMPLETED BY EMPLOYEE AND GIVEN TO PROVIDER AT TIME OF EXAMINATION**

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

DOB: \_\_\_\_\_

To the best of your knowledge do you have or have you had any disease or disorder of the following:

|                                      | Yes                      | No                       |   | Yes                      | No                       |
|--------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Impaired health at present time?  | <input type="checkbox"/> | <input type="checkbox"/> | 14. Tuberculosis?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Heart, blood or blood vessels?    | <input type="checkbox"/> | <input type="checkbox"/> | 15. Pleurisy, asthma or emphysema?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Rheumatic fever or hear murmur?   | <input type="checkbox"/> | <input type="checkbox"/> | 16. Esophagus, stomach or intestines?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Abnormal heart rate or rhythm?    | <input type="checkbox"/> | <input type="checkbox"/> | 17. Liver or gallbladder?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. High blood pressure?              | <input type="checkbox"/> | <input type="checkbox"/> | 18. Ulcer or colitis?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Diabetes or gout?                 | <input type="checkbox"/> | <input type="checkbox"/> | 19. Genito-urinary system?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Thyroid or glands?                | <input type="checkbox"/> | <input type="checkbox"/> | 20. Kidneys or bladder?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Skin, muscles, bones or joints?   | <input type="checkbox"/> | <input type="checkbox"/> | 21. Brain or nervous system?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Arthritis?                        | <input type="checkbox"/> | <input type="checkbox"/> | 22. Dizziness or unconsciousness?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Eyes: uncorrected visual effect? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Mental illnerss, epilepsy or paralysis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ears: impaired hearing?          | <input type="checkbox"/> | <input type="checkbox"/> | 24. Encephalitis or neuritis?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Cancer or tumor?                 | <input type="checkbox"/> | <input type="checkbox"/> | 25. Alcoholism or drug use?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Lungs or bronchia?               | <input type="checkbox"/> | <input type="checkbox"/> | 26. Taking any medications?                 | <input type="checkbox"/> | <input type="checkbox"/> |

Listing By Number, describe below all questions answered, "Yes"

| Question Number | Pertinent history to include dates, severity and outcome |
|-----------------|--|
|                 |  |

NAME \_\_\_\_\_

**TO BE COMPLETED BY PROVIDER:**

(Accepted providers include MD and NP)

Vital Signs: Height \_\_\_\_\_ in Weight \_\_\_\_\_ lbs  
Leukocytes \_\_\_\_\_ Nitrite \_\_\_\_\_ Protein \_\_\_\_\_ pH \_\_\_\_\_ Blood \_\_\_\_\_ Ketone \_\_\_\_\_ Glucose \_\_\_\_\_  
T.B. test: \_\_\_\_\_ mm Negative / Positive

Date placed Date of reading Result

General Appearance Normal / Abnormal

Eyes Normal / Abnormal

Ears Normal / Abnormal

Nose Normal / Abnormal

Throat Normal / Abnormal

Neck Normal / Abnormal

Lymph Nodes Normal / Abnormal

Lungs Normal / Abnormal

Cardiovascular Normal / Abnormal

Reflexes Normal / Abnormal

Musculoskeletal Normal / Abnormal

Abdomen Normal / Abnormal

Neurological Normal / Abnormal

Skin Normal / Abnormal

Genitourinary Normal / Abnormal

**REMARKS AND DETAILS OF POSITIVE/ABNORMAL FINDINGS**

**Do you consider applicant to be in good health? Yes / No**

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Printed Name of Provider

\_\_\_\_\_  
Provider's State License Number

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax Number



# 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<br>ZIP Code                               |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Security Number |   | Employee's Email Address   |                           |                                | Employee's Telephone Number                     |
| <p><b>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.</b></p> |                             | 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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)  |                             |   |                            |                           |                                |   |
| If you check <b>Item Number 4.</b> , 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) | <p><b>Additional Information</b></p><br><br><br><br><p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p> |    |        |     |        |
| 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)  |  |    |        |     |        |

**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.

|  |  |   |                           |
|--|--|---|---------------------------|
| 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<br><b>Arlington Community Schools</b> |  | Employer's Business or Organization Address, City or Town, State, ZIP Code<br><b>12060 Arlington Trail, Arlington, TN 38002</b> |                           |

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<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization   |
|---|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |   |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>   |

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



**DIRECT DEPOSIT OF FUNDS  
AUTHORIZATION FORM**

**Return the completed form, in person, to your school financial secretary or Mrs. Debbie Cannady in Human Resources. Upon request, please be prepared to present your identification for verification. The form is due a minimum of five (5) business days prior to the payroll distribution on the 15<sup>th</sup> and the last working day of the month, in order to be processed for the next payroll distribution.**

**A VOIDED CHECK OR A FINANCIAL INSTITUTION VERIFICATION LETTER IS REQUIRED TO BE ATTACHED**

YOU, AS MY EMPLOYER, ARE HEREBY AUTHORIZED AND INSTRUCTED TO FORWARD MY WAGES TO THE BANK SPECIFIED BELOW:

Start Direct Deposit of my NET PAY into the following checking or savings account:

Banking Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

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

Employee Work Location: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

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

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

This authorization revokes all prior payment direct notifications. I understand that this authorization may only be cancelled or modified in writing by me. I understand that funds may or may not be available in my bank account on the normal payroll date and that if Arlington Community Schools experiences processing problems there could possibly be a delay in the funds being available for my use. Arlington Community Schools is not responsible for overdrawn bank accounts as a result of any delays.

FOR OFFICE USE ONLY:

DEBBIE CANNADY SIGNATURE \_\_\_\_\_ PORTAL ENTRY DATE \_\_\_\_\_





## Policy Acknowledgement

As a new employee / contractor of Arlington Community Schools it is my Responsibility to read and review the Personnel Policies. The policies are posted on The Arlington Community School website. The direct link is:

<https://bit.ly/ACSBoardPolicies>

I have read and reviewed the policies as indicated. I also understand that, as an Employee, I am responsible for upholding ALL Arlington Community Schools' Policies and Procedures established by the Board of Arlington Community Schools.

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

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



## INSURANCE INFORMATION

### PLEASE CHECK ONE:

\_\_\_\_\_ Insurance information will be provided to all eligible new hire employees. I understand I will review and select the coverage(s) that best meet my personal needs. I understand that I will need to follow the enrollment procedure to accept or decline the insurance coverage. I understand that it will be my responsibility to turn in all required information to the designated representative within the required time frame. Benefit eligible employees who are hired prior to August 1<sup>st</sup> for the upcoming school year – benefits will be effective September 1<sup>st</sup>. Benefit eligible employees who are hired after August 1<sup>st</sup> for the current school year – benefits will be effective within thirty (30) days of the start date or the pay period following the (30) days dependent upon the employee’s start date.

\_\_\_\_\_ I am not eligible for insurance benefits at this time. (Part-time employees)

### NOTICE:

All employee paid premiums for health insurance, life insurance, dental insurance, and cancer (supplemental) insurance will be paid through Arlington Community Schools Flexible Benefit Plan. This pays your insurance premiums on a pre-tax basis and reduces your taxable income.

If you **DO NOT** want to have your premiums paid through the Arlington Community Schools Flexible Benefit Plan you must notify the Benefits Department by signing and submitting the Flexible Benefits Plan Declination Form prior to the effective date of the insurance. **This form is available in the Benefits office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you choose not to enroll in the health insurance plan now because you have other health insurance coverage, you may be eligible to enroll later if you have a “qualifying life event” as defined below. You must request coverage in writing, with 30 days of losing your other coverage in order to enroll.

Qualifying life events include: marriage, divorce, death of spouse, birth or adoption of a child, change in who is legally required to provide insurance, loss of job for spouse or significant change in other insurance. Written proof documenting the event must be provided. If you do not have a qualifying life event, then you are not allowed to make changes to your election except during the annual open enrollment.