



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

### Instructions for completing New Hire Paperwork

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Employee File Check-List & Personnel Check-List for HR Purposes

Complete all sections of the application; include resume, Service Record and official transcripts (if applicable)

Maintenance and Skilled trade position: Complete only if applicable if not write NA

Social Security Form SSA 1945:

- Please read carefully. If you have any questions, consult the Social Security Office at the number or website listed on the form.
- Make sure your **Name and Social Security #** is listed on the top of this form.
- Sign and date the bottom of the form.

Summary of your rights under the fair credit reporting act:

- Please read form carefully
- Sign and date the form.

Release of Personal Information:

- Please read form carefully
- Make sure you have checked "Yes" or "No" release be given to the public box at the bottom of the page.
- Sign and date the form.

Fingerprinting:

- **Fingerprinting is mandatory and must be completed prior to start date.**
- **Fee for fingerprinting is nonrefundable by Por Vida.**
- Complete the form, sign and date

W-4 Form:

- It is **NOT** a requirement that you complete the Personal Allowances Worksheet attached.
- **Line 5** at the bottom must have a number in it. "0" means you want the **MOST** taxes taken out of your paycheck. You will need to consult someone (parent, spouse, accountant) if you are unsure.
- Please make sure to sign and date this form

I-9 Employment Eligibility Verification:

- Complete **SECTION 1 ONLY**, then sign and date it. You will need to bring **TWO FORMS OF ID** with you. Please see the List of acceptable documents (attached) for employment eligibility verification.

Direct Deposit:

- Please complete the appropriate information
- Attach a voided check
- Sign and date the form

Verification of Government issued cards

- Form is to be completed by Human Resources or Supervisor
- Sign and date the form

Teacher Retirement Systems Notice

- Please complete appropriate information

Employee Verification

- To be completed by HR or Supervisor

Workers Compensation:

- Sign and date the form

Confidentiality Agreement:

- Please read carefully
- Sign and date

Personnel Handbook: View online at [www.pvacharter.org](http://www.pvacharter.org)- Select About – Staff Resources (New Employee Documents) Personnel Handbook

- Please read carefully
- Sign and date

Insurance benefits information:

- Por Vida Academy provides \$50,000 life insurance to its employees at no cost to the employee.
- You may view benefits information at [www.pvacharter.org](http://www.pvacharter.org)- Select About – Staff Resources
- Your health coverage can be effective at time of employment (employee responsible for the full month premium) or the first of the month following your first day of employment.
- All elected benefits must be submitted to HR.
- If you do not elect coverage, you are still required to logon and decline coverage.



### Employee Personnel File Check List

The following employee items have been fully completed, verified and approved for process.

*Note: Use the Name as written on the Social Security Card.*

<b>Employee Information:</b>			
Name: _____	Campus: _____		
Date of Fingerprinting: _____	Start Date: _____		
Full Time	Part Time	Retire-Rehire	

**TAB 1**

- a)  Application Process Check-List

**Required documents at time of hire:**

- b)  Application Employment
- c)  Education Information
- d)  Employment History
- e)  Maintenance/Skilled Trade Position
- f)  References
- g)  Letter of Interest
- h)  Resume

**Official Documentation**

- i)  Official Diplomas
- j)  Official Transcripts \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- k)  Official Certificates \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- l)  Years of Service: \_\_\_\_\_ Service Record (**Verify on ECF**)

**TAB 2 – Employee Change Form “ECF”**

**Required documents at time of hire: (Required for first pay check)**

- a)  Employee Change Form
- b)  Work Day Schedule
- c)  Work Days Understanding
- d)  Payroll Deduction Authorization Agreement
- e)  New Hire 1<sup>st</sup> paycheck (give to employee)
- f)  Employee Issued Equipment

<b><i>Office Use Only</i></b>	
_____	Report New Hires OAG
_____	TEA _____ uploaded (CR – NC - SUB)
_____	TX DPS _____ subscribed
_____	TRS Member _____ New Member _____
_____	Email Account
_____	Lunch Account
_____	Benefit Account
_____	Basic Life
_____	ECF Budget Copy

**TAB 3 - Payroll Documentation: (Required for first pay check)**

- a)  W-4
- b)  I-9 Form (2 forms of identification required) - filed separately
- c)  Verification of Government Issued IDs (Copy of Social Security Card and Driver's License or TX ID) - filed separately
- d)  Direct Deposit & voided check (required)
- e)  TRS Eligibility
- f)  Signed Job Description
- g)  TEA Required Fingerprint Information

**TAB 4 - Benefits Packet: (Required for first pay check)**

- a)  Health Insurance - TRS Active Care
- b)  Supplemental Insurance - Benefit Enrollment Form
- c)  Form SSA-1945
- d)  Employee Acknowledgment of Worker's Compensation Network

**TAB 5 - Other Items**

- a)  Employee Handbook Acknowledgment
- b)  Confidentiality Agreement
- c)  Release of Personal Information to the Public
- d)  Summary of Your Rights under Fair Credit Reporting Act
- e)  \_\_\_\_\_
- f)  \_\_\_\_\_

**TAB 6 - Confidential Documents**

- a)  File Check List
- b)  Identification Documents
- c)  Offered Employment Affidavit
- d)  \_\_\_\_\_
- e)  \_\_\_\_\_

Completed by HR: \_\_\_\_\_

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



## Confidential Employee File CHECK LIST

The following employee items have been fully completed, verified and approved for process.  
**ALL DOCUMENTS MUST BE SUBMITTED IN THIS ORDER.**

*Note: Use the Name as written on the Social Security Card.*

**Employee Information:**

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

Campus: \_\_\_\_\_

**Tab 6**

- a)  File Check List

**Tab6** - Verification of Government Issued IDs (only two forms of identification required)

See list of acceptable documents.

- a)  Social Security Card      Received / Not Received / Not Applicable  
b)  Driver License      Received / Not Received / Not Applicable  
c)  Birth Certificate      Received / Not Received / Not Applicable  
d)  \_\_\_\_\_      Received / Not Received / Not Applicable

**Tab 6** – Court Orders

- a)  Child Support      Received / Not Received / Not Applicable  
b)  Tuition Loan      Received / Not Received / Not Applicable  
c)  Spousal Support      Received / Not Received / Not Applicable  
d)  Medical Support      Received / Not Received / Not Applicable  
e)  \_\_\_\_\_      Received / Not Received / Not Applicable

**Tab 6** – Other Correspondence

- a)  Pre-Employment Affidavit  
b)  Fingerprint documents; exp date (if applicable) \_\_\_\_\_  
c)  Action Memorandums (Write Ups, warnings)  
d)  \_\_\_\_\_

Completed by HR: \_\_\_\_\_

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



**APPLICATION FOR EMPLOYMENT**

**Instructions:** Please read the following carefully. Application for employment must be completed in black ink or typed. Resumes, Diplomas and transcripts must be attached for all applicants applying for a teaching or an administrative position. Certificates can be attached. All information furnished in this application is subject to verification by the Human Resource Office.

Date:	Location:	Position Applying For:	Start Date:
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**Indicate your name as it appears on your social security card.**

Last Name:	First Name:	Initial(s)
Social Security Number	Home No:	Business#:
Date of Birth:	Cell No:	Ext No:
Mailing Address (Street, City, State, Zip):		Email Address:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Not Hispanic/ Latino <input type="checkbox"/> Hispanic/Latino

**Emergency Contact**

Name/Relationship	Address	Phone
Name/ Relationship	Address	Phone

**Medical Information**

Physician	Office	Insurance	Policy / Group	Hospital
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The following information is optional and only use for medical emergencies.

Medical problems: \_\_\_\_\_

Medications: \_\_\_\_\_

	Yes	No		Yes	No
Are You Legally Authorized To Work In The U.S.	<input type="checkbox"/>	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently employed	<input type="checkbox"/>	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	<input type="checkbox"/>
If yes, may we inquire of your present employer	<input type="checkbox"/>	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by us	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, where, when, what position					
Do you have any relatives working for this school?	<input type="checkbox"/>	<input type="checkbox"/>			
List names/ Relationship:					
Are willing to Travel?	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasional <input type="checkbox"/> not at all				

## EDUCATION

Below write final grade attended: 1 2 3 4 5 6 7 8 9 10 11 12 GED School name/Location \_\_\_\_\_

College/University Name and Location Copies of college and university transcripts must be accompany for professional position.	Dates Attended		Degree Received	Major Field	Minor Field
	FROM	TO			

Items you can operate proficiently.

Certifications/Licenses (specify state)	
Microcomputers	
Applications/Software	
Machines/Equipment	
Other	

Additional Training (school name and location)	Dates Attended	Training Type

### JOB RELATED INFORMATION

List information related to the position for which you are applying

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## EMPLOYMENT HISTORY

<b>NAME</b> Last	First	Middle	SOCIAL SECURITY NUMBER
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Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

Position Title	Immediate Supervisor Name:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>
Employer	Supervisors Phone:	
Mailing Address:	City/State/Zip	
Employers Phone:	Reason for Leaving:	
Start Date	End Date	Final Salary:
Summary of Experience:		

## REFERENCES

Name:	Occupation:	Address:	Phone:
Name:	Occupation:	Address:	Phone:
Name:	Occupation:	Address:	Phone:

## **MAINTENANCE AND SKILLED TRADE POSITION**

PLEASE COMPLETE THE FOLLOWING if **Applicable** if not write **NA**:

### **PLUMBING**

	Repair	Replace
Commodes	<input type="checkbox"/>	<input type="checkbox"/>
Water lines/mains	<input type="checkbox"/>	<input type="checkbox"/>
Sewer lines/main	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>
Washing machines	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Basins	<input type="checkbox"/>	<input type="checkbox"/>
Dryers	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	<input type="checkbox"/>
Bathtub	<input type="checkbox"/>	<input type="checkbox"/>
Showers	<input type="checkbox"/>	<input type="checkbox"/>

### **CARPENTRY**

	Repair	Replace
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Window panes	<input type="checkbox"/>	<input type="checkbox"/>
Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>
Railings	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>
Molding	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Roofs	<input type="checkbox"/>	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>

### **ELECTRICAL**

	Repair	Replace
Light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Temporary service	<input type="checkbox"/>	<input type="checkbox"/>
Install cathodic protection devices	<input type="checkbox"/>	<input type="checkbox"/>

	Repair	Replace
Install breaker panels	<input type="checkbox"/>	<input type="checkbox"/>
Install wiring	<input type="checkbox"/>	<input type="checkbox"/>
Other electrical work	<input type="checkbox"/>	<input type="checkbox"/>

### **PAINTING**

	Yes	No
Interior/exterior painting with brushes/rollers	<input type="checkbox"/>	<input type="checkbox"/>
Varnishing, staining and finishes	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Spray painting	<input type="checkbox"/>	<input type="checkbox"/>
Caulking, sealing and patching interior and exterior surfaces	<input type="checkbox"/>	<input type="checkbox"/>

## CONTINUE - MAINTENANCE AND SKILLED TRADE POSITION

GROUNDS MAINTENANCE	Yes	No		Yes	No	
Mowing Grass (push mower/riding or tractor mower)	<input type="checkbox"/>	<input type="checkbox"/>		Trimming trees, shrubs and bushes	<input type="checkbox"/>	<input type="checkbox"/>
Watering/fertilizing grass and plants	<input type="checkbox"/>	<input type="checkbox"/>		Cultivating flower and shrubbery beds	<input type="checkbox"/>	<input type="checkbox"/>

APPLIANCES	Repair	Replace		Repair	Replace	
Gas and/or electric ranges	<input type="checkbox"/>	<input type="checkbox"/>		Refrigerators	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning (window/central units)	<input type="checkbox"/>	<input type="checkbox"/>		Electric/gas heaters (central)	<input type="checkbox"/>	<input type="checkbox"/>

WELDING/CUTTING	Yes	No
Acetylenes torch	<input type="checkbox"/>	<input type="checkbox"/>
Soldering/brazing	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Arc Welder	<input type="checkbox"/>	<input type="checkbox"/>

CUSTODIAL	Yes	No
Cleaning housing/office fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Strip floors	<input type="checkbox"/>	<input type="checkbox"/>
Buffer	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Minor building repair and maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Wax floors	<input type="checkbox"/>	<input type="checkbox"/>



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

### Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

#### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

#### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

#### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

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



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

### A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - - such as if you pay your bills on time or have filed bankruptcy - - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, IS U.S.C. §§1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - - such as denying an application for credit, insurance, or employment - - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report it's finding to the CRA. (The source also must advise national CRAs - - to which it has provided the date - - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRAs investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - - such as a creditor who reports to a CRA - - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing it may not continue to report the information if it is, in fact, an error. Outdated information may not be reported. In most cases, CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provided information about you only to people with a need recognized by the FCRA - - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

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



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending your unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you're to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some areas) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>For questions or concerns regarding:</b>	<b>Please contact:</b>
CRA's creditors and others as listed below	Federal Trade Commission, Consumer Response Center, PCRA, Washington, DC 20580, 202-326-3761
National banks federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mid Stop6-6, Washington, DC 20219, 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs, Washington, DC 20551, 202-452-3693
Savings association and federally chartered savings banks (word "federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Programs, Washington, DC, 20552-800-842-6929
Federal Credit unions, (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314, 703-518-6360
State Chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington, DC 20429, 800-934-FDIC
Air, Surface, or rail common carriers regulated by former Civil Acro-nautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington, DC 20590, 202-366-1306
Activities Subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator, GUSA, Washington, DC 20250, 202-720-7051

### RELEASE OF PERSONAL INFORMATION TO THE PUBLIC

Most of Por Vida, Inc. records including personnel information must be released upon request. A limited amount of personal information may be withheld. Employees may choose not to allow public access to or have the following information included in a staff directory by submitting a written request to the Principal immediately. Such as, address, phone number, social security number, information that reveals whether they have family members.

- Yes, release my personal information to the public.
- No, I do not want my personal information accessible to the public.

Comments: \_\_\_\_\_

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



**Texas Education Agency  
 Required Information/Authorization**

**Section 1**

Have you submitted your fingerprints to Texas Education Agency Division of Fingerprinting?

**Yes** OR  **No**      If no, then proceed to Section 2.

If yes, answer question below and proceed to Section 2.

How was your fingerprint information uploaded to TEA? (choose one of the valid roles.)

**CR- Certified Role**       **NC – Non-Certified**       **S - Substitute**

**Section 2**

Must complete this section. Please provide legal information only.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State Issuing Driver License:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Purpose of Fingerprinting:

- Substitute** - Are you planning on substituting for the campus?
- Non-Certified** – Are you a teacher without a Texas teaching certificate? or Other
- Certified Role** – Are you a teacher with a Texas teaching certificate?

If certified, what are you certified in? Circle only one of the following role codes.

**008 Counselor – 011 Educational Diagnostician – 013 Librarian – 020 Principal  
 027 Superintendent – 029 Teacher – 033 Educational Aide – 034 Other Certified**

**I understand I am required to complete fingerprint process prior to my first day of work.**

**Applicant Signature:** \_\_\_\_\_

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

FOR OFFICE USE ONLY

Campus: \_\_\_\_\_

Uploaded: \_\_\_\_\_

BG Eligible: YES \_\_\_\_\_ NO \_\_\_\_\_

Subscribed in DPS: \_\_\_\_\_

Printed: YES \_\_\_\_\_ NO \_\_\_\_\_

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

# **Insert W-4 Here**

**(copy available on district website)**

**[www.pvacharter.org](http://www.pvacharter.org)**

**Click “About” and then on “Staff Resources”**

**Scroll down to New Employee Documents folder**

# **Insert I-9 Here**

**(copy available on district website)**

**[www.pvacharter.org](http://www.pvacharter.org)**

**Click “About” and then on “Staff Resources”**

**Scroll down to New Employee Documents folder**



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
**FOR LIFE**

**DIRECT DEPOSIT**

I, \_\_\_\_\_ request that my payroll check be direct deposited

to the following:

Name of Bank: \_\_\_\_\_

Account No. \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

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

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

**\*\*\*\*\*ATTACH A VOIDED CHECK\*\*\*\*\***

**\*\*\*\*\*ATTACH A VOIDED CHECK\*\*\*\*\***

**\*\*\*\*\*ATTACH A VOIDED CHECK\*\*\*\*\***



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
FOR LIFE

**Verification of Government Issued Cards**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Verification of Applicant's Social Security Card**

I, \_\_\_\_\_, certify that the applicant's legal name and social  
(Name of Official)  
security number match the information that was provided on the Por Vida Employment Application.

Discrepancies: \_\_\_\_\_  
\_\_\_\_\_

**Verification of Applicant's Driver License**

I, \_\_\_\_\_, certify that the information on the applicant's  
(Name of Official)  
driver license matches the information that was provided on the Employment Application.

Discrepancies: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of HR Director or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
**FOR LIFE**

Teacher Retirement Systems (TRS)  
NOTICE

**TRS changes effective September 1, 2003.**

SECTION 1.

Have you contributed to TRS in the past?

Yes

No

**Section 1 - Note:**

- If your answer is No, then your TRS will be effective 90 days after your date of hire.
- If your answer is Yes, proceed to Section 2.

SECTION 2.

Have you CLOSED your account with TRS?

Yes

No

**Section 2 - Note:**

- If your answer is No, your TRS will be effective from the date of hire.
- However, if your answer is Yes, the TRS effective date will be 90 days from date of hire.

# Welcome to Membership

## Teacher Retirement System of Texas

### Benefits of Membership

#### 1 Death and Survivor Benefits

A TRS member has death and survivor benefit coverage beginning on the first day of work. The greatest protection for a new member is either

- A lump sum payment equal to twice the member's annual compensation or \$80,000, whichever is less, or
- Survivor benefits which will pay the widow or widower with minor children a \$2,500 lump sum payment plus \$300 per month until the youngest child reaches age 18. At age 65, the spouse would begin receiving \$200 per month for life.

Other payment plans which are available may provide greater benefits after a member has 5 or more years of service.

#### **PLEASE READ THESE SUGGESTIONS BEFORE NAMING A BENEFICIARY**

You may name any person/persons as beneficiary/beneficiaries to receive death benefits.

Joint primary and/or joint alternate beneficiaries can be named.

The following suggestions are intended only as a guideline in naming your beneficiaries:

- **A married member should usually name the spouse as primary beneficiary and should not name an alternate beneficiary because by law all children including those not yet born would share equally if the member lived longer than the person named as primary beneficiary.**
- **A married member who has no children and is not likely to have any should normally name the spouse as primary beneficiary and some other person as the alternate beneficiary.**

#### 2 Service Retirement

Normal retirement age is 65 with 5 years of service, or any combination of age and service that equals at least 80. A member may receive a reduced annuity at age 55 with at least 5 years of service or at any age with 30 or more years of service. The standard annuity benefit formula is 2% of the average of the best three annual salaries multiplied by the number of years of service. Higher salaries and more years of service will mean a greater retirement benefit.

#### 3 Disability Retirement

Members who become permanently and totally disabled from the further performance of their duties may apply for a disability retirement. With less than 10 years of service, monthly payments would be \$150 for the shorter of the duration of the disability or number of months of service as of the date of disability retirement. With at least 10 years of service, a disabled member may receive the greater of a service retirement standard annuity without reduction for early age retirement, or \$150 per month, payable for the duration of the disability.

## **4 Vesting Benefits**

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Members with five years or more of service credit with TRS are entitled to maintain their accounts with TRS even if not currently employed in Texas public education and, if their deposits are not withdrawn, may retire with a benefit upon reaching retirement age and submitting proper application for retirement.

## **5 Return of Deposits**

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Members may apply for a return of their deposits with interests after they have permanently terminated employment that is covered by the retirement system. Application should be made through the school business office.

## **6 Health Insurance**

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A surviving spouse or dependent of a public school employee is eligible to purchase coverage under TRS-Care, the health insurance program for TRS public school retirees, if the employee dies on or after September 1, 1986, made contributions to the group insurance program at his or her last place of employment within public education, and had 10 or more years of TRS service credit. Public school employees contribute .25% of annual compensation to partially fund the retiree health insurance program. This contribution is nonrefundable. TRS-Care is also available to public school employees who have 10 or more years of service credit when they retire.

### **Cost of Membership**

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- Membership contribution rate - 6.4% of annual compensation  
Member contributions are tax sheltered through an employee pickup which reduces the member's salary for federal income tax purposes only. Federal tax rules apply to the member's account if it is withdrawn or when the member retires.  
The state contribution rate is 6%.

### **Applying for Benefits**

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Forms and information necessary for application for retirement or filing of claims are available from school business offices or Teacher Retirement System, 1000 Red River Street, Austin, Texas 78701-2698. A general information booklet *Teacher Retirement in Texas* which describes benefits in detail is furnished each new member. Keep this booklet for future reference. A copy of the complete plan is available at the Teacher Retirement System at the above address during normal working hours.

#### **The attached Personal Data form will be used to:**

- Establish your account or identify an account you already have, and
- Name your beneficiary to receive substantial benefits should your death occur before retirement.

#### **Detach and retain this information sheet.**

Death and survivor benefits are paid to the person/persons designated as beneficiary/beneficiaries. If you wish to change your beneficiary/beneficiaries, please complete a new Designation of Beneficiary form TRS 11 and send it to TRS.

Annual account statements, newsletters, trustee election ballots, information brochures, and other communication from TRS will be sent to your home mailing address. If your address changes, please complete form TRS 358 and send it to TRS.

Make sure all applicable blanks are completed on both sides of the Personal Data form before returning it to the proper school official.



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
FOR LIFE

**EMPLOYEE VERIFICATION**

I \_\_\_\_\_ verify that the following documents have been submitted and offered to me on \_\_\_\_\_.

**BEFORE ENTERING A CLASSROOM**

Completed at Central Office:

1.  Fingerprint Results Check Date \_\_\_\_\_.
2.  Issued [Employee Handbook](#) Acknowledgement of understanding/Anti-Harassment

Completed at facility:

3.  Employee Handbook & Anti Harassment Review
4.  [CPI certification completion](#)

**TRAINING TO FOLLOW**

*(Items must be completed within 30 days after hire date)*

Completed at facility:

1.  [Observation hours complete](#)
2.  [Referral and Incident Report Procedures](#)
3.  [Safety and Security Procedures](#)
4.  [CPS Reporting Procedures](#)
5.  [Student Code of Conduct](#)
6.  [ISS/After School Detention Procedures](#)
7.  [Student Search Procedures](#)

Please sign below if you have read and understood the above list.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
**FOR LIFE**

**Employee Acknowledgment of Worker's Compensation Network**

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in the information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will notify Human Resources or Workman's' Compensation carrier.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers if my employer decides not to cover the cost.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

I live at:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

TX

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

Name of Employer: Por Vida Inc.

Name of Carrier: Massachusetts Bay Insurance Company

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**DO NOT RETURN THIS FORM TO CARRIER UNLESS REQUESTED**



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

### Confidentiality Agreement

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I understand that in the course of my employment/volunteer/tutoring time with Por Vida, Inc. ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator, or as otherwise authorized and required by applicable law. I also understand that even when I am no longer an employee/volunteer/tutor at Por Vida, Inc. any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as an employee/volunteer/tutor and may result in legal action against me.

I understand that I must comply with all Por Vida, Inc. policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer/tutor. I further understand that my employee/volunteer/tutor role may be terminated at the discretion of the Superintendent and/or school administrator at any time if they determine it is in the best interests of the school or the students.

I have read, understand, and agree to the information presented above:

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

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

HR Rep: \_\_\_\_\_ Date: \_\_\_\_\_



**POR VIDA ACADEMY**  
C H A R T E R D I S T R I C T  
F O R L I F E

**1.4 Acknowledgement of Receipt of Personnel Handbook**

The information contained in this personnel handbook is important and I should consult with Human Resources Director if I have a question that is not answered in this handbook.

I acknowledge that the Por Vida Academy personnel handbook does not create an employment contract or otherwise modify my at-will employment status. I understand that no one has the authority to alter an employee's at-will status, or guarantee an employee's employment for a specific period of time, unless it is approved by the board of directors, is in writing, and is signed by both myself and the chair of the board of directors.

I understand that Por Vida Academy may amend or withdraw any or all portions of this handbook at any time. I understand that it is my responsibility to comply with the provisions in this handbook, including any revisions, and that failure to comply may lead to disciplinary action. I further acknowledge that any revised information may supersede, modify, or eliminating existing provisions within this handbook. By remaining employed by Por Vida Academy following any modifications to this handbook I thereby accept and agree to such changes.

I acknowledge that I have read this handbook and agree to read any amendments of the handbook. I understand that I am required to sign and date this Acknowledgment of Receipt and return it to Human Resources Director. I understand that a copy of this form will be retained in my personnel file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name

**Pre-Employment Affidavit for Applicant Offered Employment**

*The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:*

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:\_\_\_\_\_.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:\_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

State of Texas  
County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature