

LAKE WALES CHARTER SCHOOLS, INC.

CHECKLIST FOR NEW EMPLOYEES

NAME (PRINT) _____ LOCATION _____

JOB TITLE _____ POSITION# _____

This checklist is a guide to ensure that LWCS HR office receives the required information needed to process employees prior their beginning their employment with the Lake Wales Charter Schools. This checklist and other appropriate forms are to be completed by the Secretary. The employee checklist should be completed for all of the prospective Lake Wales Charter Schools. This form must be completed prior to the employee's first day of work, and signed by the hiring authority of the school. All required documents must be attached. Not all items will be applicable to all employees. If the item does not apply to your area please indicate with N/A in the date column. **All original forms must be submitted to the HR Manager for the official personnel file, with a copy to be kept in the file you maintain for your employees. You must also keep a copy of this completed form in your file.**

REQUIRED FORMS FOR SUBSTITUTE

DATE

W-4 FORM	
ETHNICITY FORM	
PROOF OF EDUCATION AND/OR VALID TEACHING CERTIFICATE	
OFFICIAL COLLEGE TRANSCRIPTS	
EMPLOYMENT APPLICATION	
SOCIAL SECURITY CARD	
DRIVER LICENSE	
SUBSTITUTE ORIENTATION	
TELEPHONE REFERENCE FORM	
I-9 FORM	
OATH OF LOYALTY FORM	
ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK	
DRUG POLICY ACKNOWLEDGMENT FORM	
DIRECT DEPOSIT FORM WITH ATTACHED VOIDED CHECK	
SAFETY POLICY ACKNOWLEDGEMENT FORM	
SUB-HUB TRAINING CERTIFICATE	

FORM COMPLETION DATE _____

SECRETARY _____

HR MANAGER _____

**Racial and Ethnicity Identification as required by the U.S. Office of
Management and Budget's Statistical Policy Directive # 15**

The selections offered below are determined by the government and cannot be altered by Lake Wales Charter Schools or the employee. We realize the race you most closely identify with may not be available as a choice to you. Please make the best selection you can based on the definition offered. Be sure to mark both sections below. Thank you for your cooperation.

Please check Yes or No

Ethnicity	Definition- Are you a person of...	Yes	No
Hispanic or Latino	Cuba, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race		

Please check all that apply, but at least one

Race	Definition, Origins of Original people of:	
American Indian or Alaska Native	North, South or Central America and who maintain tribal affiliation or community attachment	
Asian	The Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam	
Black or African American	Any of the black racial groups of Africa	
Native Hawaiian or other Pacific Islander	Hawaii, Guam, Samoa or other Pacific Islander	
White	Europe, the Middle East or North Africa	

Name _____ Date _____

Signature _____ SAP# _____



Innovation • Choice • Achievement

P.O. Box 3309
 Lake Wales, FL 33853-3309
 863.679.6560 Phone
 863.679.6565 Fax
 www.lwcharterschools.com

APPLICATION FOR EMPLOYMENT

A

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER:	_____ - _____ - _____	APPLICATION DATE	_____
CURRENT NAME:	LAST _____	FIRST _____	MIDDLE _____
FORMER NAME:	LAST _____	DATE OF BIRTH	_____
CURRENT ADDRESS:	_____		APT# _____
	CITY _____	STATE _____	ZIP _____
MAILING ADDRESS:	_____		APT# _____
	CITY _____	STATE _____	ZIP _____
PHONE: (_____) _____ - _____	EXT _____	E-MAIL ADDRESS:	_____
Are you a citizen of the United States?	YES _____	NO _____	_____
Do you wish to claim Military Veteran's Preference?	YES _____	NO _____	_____
Are you retired from a Florida State Administered Retirement System?	YES _____	NO _____	_____
Do you have any relatives working for Lake Wales Charter Schools?	YES _____	NO _____	_____
RELATIVE'S NAME:	LAST _____	FIRST _____	MIDDLE _____
RELATIONSHIP:	_____	SCHOOL/DEPT:	_____

B

APPLICATION INFORMATION

School Preference:	Polk Ave ES _____	Hillcrest ES _____	J H Wilson ES _____	Date you are available: _____
	D R F Babson Park ES _____	LWHS _____	Central Office _____	
Instructional Positions	(Eligibility for Florida Educator's Certificate is required) Check all areas that apply.			
Administration _____	Vocational _____	Pre-K _____	Subject Area _____	Substitute _____
Adult Ed _____	Exceptional _____	Kindergarten _____	_____	Substitute Teacher _____
Guidance _____	Language _____	Elementary _____	_____	Classroom Assistant _____
Media _____	Technology _____	Senior High _____	_____	Substitute Support _____
Other Instruction	_____			
Non-Instructional Positions				
Accounting/Finance _____	Custodial _____	Paraprofessional _____	Other _____	_____
Clerical _____	Maintenance _____	Professional/Technical _____	_____	_____

C

EDUCATION INFORMATION

	Name	Location	GPA	Attendance Dates	Diploma Degree	Graduation Date (M/Y)	Major	Sem Hrs
High School				From _____ - _____ To _____ - _____				
				From _____ - _____ To _____ - _____				
College/ University				From _____ - _____ To _____ - _____				
				From _____ - _____ To _____ - _____				
Other Education				From _____ - _____ To _____ - _____				
				From _____ - _____ To _____ - _____				

D

EMPLOYMENT INFORMATION

From _____ To _____	Full Time _____	Part Time _____	Internship _____
Employer _____	Address Street _____		
City _____	State _____	Zip _____	Phone () _____
Job Title / Subject / Grade Level _____	Salary _____		
Supervisor / Administrator _____			
Reason for leaving _____			
From _____ To _____	Full Time _____	Part Time _____	Internship _____
Employer _____	Address Street _____		
City _____	State _____	Zip _____	Phone () _____
Job Title / Subject / Grade Level _____	Salary _____		
Supervisor / Administrator _____			
Reason for leaving _____			
From _____ To _____	Full Time _____	Part Time _____	Internship _____
Employer _____	Address Street _____		
City _____	State _____	Zip _____	Phone () _____
Job Title / Subject / Grade Level _____	Salary _____		
Supervisor / Administrator _____			
Reason for leaving _____			
From _____ To _____	Full Time _____	Part Time _____	Internship _____
Employer _____	Address Street _____		
City _____	State _____	Zip _____	Phone () _____
Job Title / Subject / Grade Level _____	Salary _____		
Supervisor / Administrator _____			
Reason for leaving _____			

E

CERTIFICATION INFORMATION

Do you currently hold a valid Florida Educator's Certificate? Yes _____ No _____

Have you applied for a Florida Educator's Certificate? Yes _____ No _____

If yes, when _____ and what subject(s)? _____

Have you ever had a teaching certificate suspended or revoked by the state of Florida or any other state? Yes _____ No _____

Are you under contract with any school system at the present time? Yes _____ No _____

If yes, name the system _____

List other states in which you hold a valid teaching certificate _____

F

OTHER INFORMATION

A. SEALED / EXPUNGED RECORD
 Have you ever been convicted or found guilty of a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation) and such record(s) was sealed or expunged? A YES or NO answer is required by Florida Law. Yes _____ No _____

B. ARREST RECORD
 Have you ever been arrested and/or convicted, found guilty, had adjudication withheld, or entered a plea of nolo contendere (no contest) to a crime other than a minor traffic violation? (DUI is NOT a minor traffic violation) Florida Law requires a YES or NO answer. Please attach a certified copy of legal disposition and/or court document related to each arrest. Any record that has NOT been SEALED or EXPUNGED must be reported in this section. Yes _____ No _____

**IF YOU CHECKED YES, YOU MUST GIVE THE INFORMATION REQUESTED FOR EACH CHARGE.
 YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION BEING PROVIDED.
 PLEASE ATTACH A SEPARATE SHEET IF YOU NEED MORE SPACE.**

CITY	STATE	DATE OF ARREST	CHARGE(S)	DISPOSITION(S)

G

AGREEMENT

I hereby represent that each answer to a question herein and all other information otherwise furnished is true, complete, and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer of information relates. I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to discharge at any time. In the event that I am employed by Lake Wales Charter Schools, Inc., I agree to comply with all its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them and, in addition, to furnish any other information they have concerning me. I understand that I will participate in a drug screening when offered employment and that I must have negative drug screen results to be employed. If my drug screen is positive, I understand that I may not be considered for employment for one (1) year after the date of the positive test. I understand that I will be fingerprinted as a matter of protection and identification, and will be on probationary status pending fingerprint processing and payment of fees associated with the fingerprint process. I will have a physical exam by a qualified physician if required as a condition of employment. I authorize the release of all information from any and all law enforcement agencies where protected under the Privacy Act.

All information contained in the applicant's file is public information subject to inspection under the Public Records Act, Florida Statute 119.07, unless specifically excluded from the Public Records Act, under Florida School Law 1012.31.

It is the policy of Lake Wales Charter Schools, Inc. not to discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, marital status, age, or disability. Sexual harassment is a form of employee misconduct, which undermines the integrity of the employment relationship, and is prohibited. This policy shall apply to recruitment, employment, transfers, compensation, and other terms and conditions of employment.

My signature signifies that I have read this Agreement and fully understand its contents.

Signature _____ Date _____

N

LAKE WALES CHARTER SCHOOLS NON-INSTRUCTIONAL PERSONNEL TELEPHONE REFERENCE FORM

To the hiring administrator: Reference checks must include the immediate past employer. In the event that the former employer cannot be reached after three attempts (documentation attached), proceed with other reference contacts provided by the candidate.

Print Name: _____ (Last) _____ (First) _____ (Maiden/Middle) _____ Social Security Number _____

Is seeking a _____ position in our school system. Your kindness will be very much appreciated in completing the information called for below.

_____ () _____
Reference Contacted Phone Number

_____ Business Name
Title of Reference Contacted

_____ Date

_____ Business Address

Please indicate your rating of the applicant on the following traits by placing a (✓) in the appropriate boxes.

	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate
Job Knowledge					
Quantity of Work					
Quality of Work					
Relations with Others					
Appearance					
Attendance/Punctuality					
Initiative/Resourcefulness					
Attitude					
Judgment					

Length of association: _____ Years _____ Months. In what capacity: _____

If former employee: Why did Applicant leave your employ? _____

Would you re-employ? _____ Comments: _____

Reference Verification Conducted By _____

_____ Date



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number		
	□□□□-□□-□□□□						

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

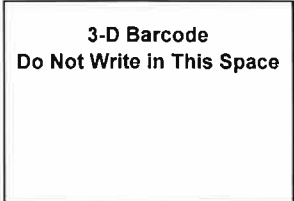
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: SS card
Issuing Authority:		Issuing Authority: Dept of Motor Vehicles		Issuing Authority: SS Administration
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): N/A
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Lake Wales Charter Schools, Inc.	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
130 E. Central Avenue		Lake Wales	FL	33853

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LAKE WALES CHARTER SCHOOLS, INC.

OATH OF LOYALTY

"I, _____ A CITIZEN OF THE state of Florida and of (he United States of America, and being employed by or an officer of Lake Wales Charter Schools, Inc., and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

IMPORTANT NOTICE

Pursuant to Florida Statute 1012.32 and as part of your employment record, you will be fingerprinted and a criminal history check will be done. A prior criminal record may or may not result in your disqualification for employment with the Lake Wales Charter Schools. A failure to disclose your record on your application for employment **WILL** disqualify you from employment. You must list on your application for employment. **ALL** misdemeanors, felonies or other criminal offenses other than non-criminal traffic violations. **(DUI is a criminal offense, not simply a non-criminal traffic violation.) In addition, if you have a prior criminal record, which has been sealed and/or expunged, you are required to disclose said record and where it occurred.**

In the event you fail to list any misdemeanors, felonies or criminal offenses other than non-criminal traffic violations and your fingerprint check evidences criminal offenses, you **WILL** be terminated. Therefore, you are cautioned to assure the accuracy of the information you provide on your application for employment before its submission. **You will remain on probationary status pending fingerprint processing and determination of compliance with standards of good moral character.**

CONSENT FOR RELEASE OF INFORMATION

"I do hereby authorize the release of any and all requested information relating my qualifications for employment including but not limited to records of present and former employers to LWCS.

I have read the OATH OF LOYALTY, IMPORTANT NOTICE AND CONSENT FOR RELEASE OF INFORMATION, understand and agree to the above statements.

Signature _____ Date _____
Printed Name _____ S.S.# _____

I hereby certify that _____, who is personally known to me or who has produced _____ acknowledged before me that he/she has executed the foregoing affidavit and that the statements contained herein are true and correct to the best of his/her knowledge.

Witness my hand and official seal, this _____ day of _____, _____.

Notary Public, State of Florida My commission expires _____

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge having received the Lake Wales Charter Schools Employee Handbook. I accept my responsibility to read and understand this handbook, including the Lake Wales Charter Schools' policy on Code of Ethics/Principles of Professional Conduct. I understand the topics discussed in this handbook represent the general policies the Lake Wales Charter Schools and that my employing agency may impose additional requirements, depending upon the nature of my position and the authority granted by the agency.

Employee Name: _____
(Please print)

Employee Signature

Date

CODE OF ETHICS/PRINCIPLES OF PROFESSIONAL CONDUCT

The Education Standards Commission has drafted the Code of Ethics and Principles of Professional Conduct which were adopted by the State Board of Education as rules on June 15, 1982. As a part of the Florida Administrative Code, these rules are enforced by the Education Practices Commission. Violation of the Principles of Professional Conduct can result in the revocation or suspension of the teaching certificate, probation, fine, or restriction of the scope of practice.

As a means of implementing the Code of Ethics and the Principles of Professional Conduct, please sign this form and return it to your school secretary who will place it in your personnel record.

"I ACKNOWLEDGE RECEIPT OF THE CODE OF ETHICS AND PRINCIPLES OF PROFESSIONAL CONDUCT OF THE EDUCATION PROFESSION IN FLORIDA

Name

Signature

School

Position

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I _____, hereby acknowledge
(Printed name of Employee)

that I have received and read this Drug-Free Workplace Policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if:

- 1) I refuse to consent to such testing
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations
- 3) I refuse to authorize release of the test results to the Company
- 4) The tests establish a violation of the Company's Drug-Free Workplace Policy
- 5) I otherwise violate the policy.

I also understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

SIGNATURE

DATE

WITNESS

DATE

CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Lake Wales Charter Schools, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Lake Wales Charter Schools, Inc. is notified by me in writing to cancel authorization in such time as to afford Lake Wales Charter Schools, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Employee Name)

(Employee Number)

(Employee Address)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Look between these symbols | : | on the bottom left of your check)

(Authorized Signature)

(Date)

ATTACH A VOIDED CHECK TO THIS FORM



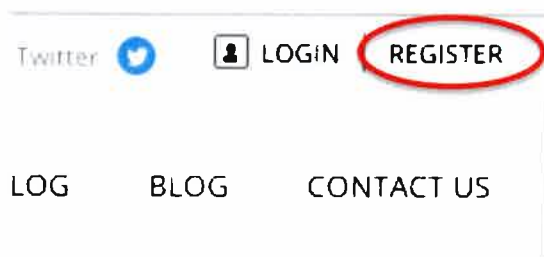
EDTRAININGCENTER

Your school district has required you to complete online professional development from **EDTRAININGCENTER** to support your development at work. Follow the directions provided below to access and complete training.

Creating Your Account

- 1.) Go to www.EDTrainingCenter.com and click the **Register** link at the top right corner of the page. **Do NOT CLICK** the "click here" link for Kelly Educational Staffing learners! That link is only for people who are going to work for the Kelly Educational Staffing company.

CORRECT



INCORRECT



- 2.) Follow the written directions on this page to complete the registration form. **Your Division is your School District.**

Purchasing Training

- 3.) Once logged in, click **Learning > Browse for Training**. Your training is at the top of the list: ***Introductory Teacher Training (for Substitute Teachers)**.
- 4.) Click the **Add to Cart** button and then follow the steps to purchase with a credit or debit card. Your order confirmation page has a **link to go to your training** but you can always click **Learning > View Your Transcript** as well.

Resuming Training in Progress

You may train on your own schedule, logging out whenever you wish to stop. Our program will "remember" the work you've completed. To return to training currently in progress, simply login to the site and then click the training in your Transcript.

Contacting Support

We offer email 24/7 and Live Chat Mon – Fri, 9AM – 9PM EST. Click **Contact Us** or **Help** in the links menu to find **Contact Support** and **FAQs**. *NOTE: Support can only answer questions related to billing or technical issues.*