



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

Instructions for completing New Hire Paperwork

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.

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.
- Please make sure to sign and date this form

I-9 Employment Eligibility Verification:

- Complete **PAGE 1 ONLY**, then sign and date it. Please see List of Acceptable Documents on Page 3 of the I-9 form. Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Direct Deposit:

- Please complete the appropriate information
- Attach a voided check or Bank Direct Deposit Form
- Sign and date the form

Teacher Retirement Systems Notice

- Please complete appropriate information

Workers Compensation:

- Sign and date the form

Confidentiality Agreement:

- Please read carefully
- Sign and date

Personnel Handbook: View online at www.pvacharter.org- Select About – Staff Resources (New Employee Documents) 2020-2021 Employee 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- Business- Human 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.
- If you do not elect coverage, you are still required to logon and decline coverage.



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

1135 Mission Rd.
San Antonio, TX 78210
Phone: 210-532-8816
Fax: 210-534-0795

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

	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	Occasional <input type="checkbox"/>	not at all <input type="checkbox"/>		

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

EMPLOYMENT HISTORY

NAME 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 only if Applicable:

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"/>		<input type="checkbox"/>	<input type="checkbox"/>
Watering/fertilizing grass and plants	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Trimming trees, shrubs and bushes	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning (window/central units)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Refrigerators	<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"/>



Social Security Administration

**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 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. 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. 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** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



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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*******



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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.



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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: Hanover 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



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Confidentiality Agreement

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: _____

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