



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

Instructions for completing New Hire Paperwork (Substitute)

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

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

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.

Verification of Government issued cards

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

Employee Verification

- To be completed by HR or Supervisor

Workers Compensation:

- Sign and date the form

Confidentiality Agreement:

- Please read carefully
- Sign and date

Please provide HR with a copy of the following:

1. Driver License
2. Social Security Card OR Birth Certificate

For complete list of identification accepted, refer to I-9 form.

Benefits:

- Substitutes are eligible for TRS Active Care coverage, provided no exception applies, if they are employees of the district, not volunteers, and are either actively contributing TRS members or are employed by Por Vida for 10 or more regularly scheduled hours each week.
- If medical is elected, you would not be eligible for the employer contribution and are required to pay the full amount of insurance premiums. If interested, see Human Resources for more information.



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

Substitute 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.

Employee Information:

Name: _____ Campus: _____

Date of Fingerprinting: _____ Start Date: _____

Full Time Part Time Retire-Rehire

TAB 1

- a) Application Process Check-List

TAB 2 - Required documents at time of hire:

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

Official Documentation

- b) Official Diplomas
- c) Official Transcripts _____ Exp. Date: _____
- d) Official Certificates _____ Exp. Date: _____
- e) Years of Service: _____ Service Record (Verify on ECF)

TAB 3 – 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 1st paycheck (give to employee)
- f) Employee Issued Equipment

Office Use Only

_____ Campus _____

_____ TEA _____ uploaded (CR-NC-SUB)

_____ TX DPS _____ fingerprints-subscribed

_____ Lunch Account

_____ First Day of Work

_____ Last Day of Work

_____ Total Days Worked for the Year

_____ TX DPS _____ fingerprints-UNsubscribed

TAB 4 - 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 5 - Benefits Packet: (Required for first pay check)

- a) Health Insurance – TRS Active Care
- b) ~~ESC20 – Benefits Cooperative Enrollment Form~~
- c) ~~Form SSA 1945~~
- d) Employee Acknowledgment of Worker's Compensation Network

TAB 6 - 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) Offered Employment Affidavit
- f) _____
- g) _____

Completed by HR: _____

Date: _____



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Confidential Substitute 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 1

- a) File Check List

Tab 2 - 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 3 – 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 4 – Other Correspondence

- a) Action Memorandums (Write Ups, warnings)
b) Offered Employment Affidavit
c) _____
d) _____

Completed by HR: _____

Date: _____



POR VIDA ACADEMY

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

APPLICATION FOR EMPLOYMENT FOR SUBSTITUTE

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

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:



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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: _____



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:

For questions or concerns regarding:	Please contact:
CRAs 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 Fingerprinting Information

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

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

Click “About” and then on “Staff Resources”

Scroll down to New Employee Documents folder



POR VIDA ACADEMY
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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

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



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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: _____



POR VIDA ACADEMY

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FOR LIFE

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