

**SCHOOL ADMINISTRATIVE UNIT #13
APPLICATION**

FREEDOM

MADISON

SAU

TAMWORTH

Application of: (please type or print)

Name: _____

Address: _____

Telephone # _____ Social Security # _____

Email address: _____

Position(s) applying for: _____

Educational Background

High School and Colleges Attended	Location	Dates of Attendance	Diploma/Degree	Dates Granted
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Work Experience

Business Name	Address/Phone Number	Position Held	Dates of Employment	Supervisor
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Work References (Names/Addresses/Phone Numbers)

I affirm that my answers to the questions in the application are true and correct, and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect my application unfavorably. I understand that any misrepresentation will be cause for immediate discharge.

NOTE: New Hampshire Law requires a Criminal Background Records Check for all employees.

Professionally disciplined means that annulment, revocation or suspension of your teaching certification, or the receipt of a letter of reprimand from an agency, board or commission of state government, such as the New Hampshire Department of Education.

Criminal offense includes all felonies and misdemeanors.

Conviction includes adjudications of guilt, pleas of "nolo contendere" (no contest), and determinations before courts, juries, judges or magistrates which resulted in fines, sentences or probation.

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty, a plea of nolo contendere, or has any court ever differed further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?

Yes No

If yes, please explain, in detail, including the date of the court action, the offense in question, and the address of the court involved:

Have you ever been convicted of a misdemeanor? Yes No

If yes, please explain in detail, including the date of the court action, the offense in question:

Have you ever been convicted of a felony: Yes No.

If yes, please explain in detail, including the date of the court action, the offense in question:

Are you currently charged with a criminal offense?

Yes No

Note: Conviction of a crime is not an automatic bar to employment by the District.

Have you been fired, dismissed or non-renewed from any job for any reason? Yes No

Have you quit a job after being notified that you would be fired, dismissed or non-renewed, or after being notified that you would be recommended for firing, dismissal or non-renewal? Yes No

Have you ever been professionally disciplined in any state? Yes No

Are you subject to any visa or immigration status which would prevent lawful employment? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

Information contained in this application is complete and accurate to the best of my knowledge.

Date

Signature of Applicant

The SAU #13 School District Is An Equal Opportunity Employer

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

SCHOOL ADMINISTRATIVE UNIT #13

RELEASE OF INFORMATION

I authorize SAU #13 and all component Districts to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to give information they may have regarding me.

In consideration of SAU #13 and its Districts review of this application, I release the SAU #13, its component Districts, and all providers of information from any liability as a result of furnishing and receiving this information.

Applicant's Signature

Date

PLEASE CALL 223-3867 FOR APPOINTMENT OPTION #3 THEN OPTION #2



New Hampshire Department of Safety
DIVISION OF STATE POLICE

Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD RELEASE FORM

SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Officer of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction pursuant to RSA 189:13-a.

CHRI RELEASED TO:
SAU 13

Name of SAU: LOUIS J. GOSCINSKI SR

Superintendent/Chief Executive Officer
881A TAMWORTH ROAD
Address
TAMWORTH, NH 03886

SAU # SAU #13

Employee

Volunteer

Prepaid Account Number _____

CHRI TO BE REQUESTED ON:

Name: _____
LAST (MAIDEN) FIRST MI

Address: _____
STREET CITY STATE ZIP

Date of Birth: ____ / ____ / ____ Social Security # (optional): ____ / ____ / ____

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ Date: ____ / ____ / ____

Notary's Signature: _____ Date: ____ / ____ / ____
(Affix seal)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees: LIVESCAN - \$47.00 -or- INKED - \$47.00 for Employees and \$20.75 for Volunteers

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.

Make checks payable to: State of NH – Criminal Records



State of New Hampshire

DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

223-8813

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-2964

Colonel Christopher J. Wagner

APPLICANT LIVESCAN SITE FORM

Revised December 13, 2016

_____ upon showing positive identification, was fingerprinted by livescan
(Name of Applicant/Licensee) (Applicant's DOB)

technology at _____ on _____ at _____
(Location) (Date) (Time)

by _____. The Tracking Number for this transaction is _____.
(Name/Signature of Official Taking Fingerprints)

IMPORTANT: Applicants are responsible for the submission of their state criminal history authorization, accompanied by this form and all fees required to process this request. The fingerprint submission will not be forwarded to the FBI for processing until State Police has received all necessary documents and fees associated with this request.

Fingerprint submissions will only be held for 30 days. Failure to submit your documents and fees will result in the delay of your licensing or employment opportunities as fingerprint images will be deleted after 30 days.

(Applicants Signature)

Please select one of the following reasons for fingerprinting.

Circle one:

Employee

Volunteer

- Alcohol & Other Drug Professionals/RSA 330-C
- Applicants to Practice Medicine/RSA 329:11a
- Banking Dept (RSA's included are 361-A:2, 399-A:1-A:3, 399-D:2 - D:5, 397-A:1 - A:5, 383-B:A:3-305, 383-E:3 - 304, 399-G:5,)
- Board of Nursing/RSA 326-B:15
- Hawkers, Peddlers & Vendors/RSA 327:102-a-b
- County Employees/ RSA
- Department of Safety Employees/ RSA 21-P
- DHHS-Child Daycare Institutions/RSA 170-E:29
- DHHS-Child Daycare Providers/RSA 170-E:7 II
- DHHS-License Exempt Daycare/RSA 170-E:7 II
- Drivers Education/ RSA 263:44-b II
- DHHS-Adoptive Parents(State Regulated-Select Volunteer)/RSA 170-B:18
- DHHS-Foster Parents(State Regulated-Select Volunteer)/RSA 170-E:29
- Education (Emp./ Vol.) RSA 189:13-a SAU _____
- Emergency Medical & Trauma Serv. RSA 153-A:10-a
- Games of Chance Facility License NH RSA 287-D:8
- Game Operators/RSA 287-D:12
- Medical Technician RSA 328-I:7
- Municipality (Employee/Volunteer)RSA 41:9-b
- Nursing Home Administrators RSA 151-A:6-a
- Physician Assistants/RSA 328-D:3-a
- Real Estate Appraisers/ RSA 310-B:6-a
- Serve America Act/ RSA
- Therapeutic Cannabis Program RSA 126-X:4,8

Reference the state criminal history authorization form pertaining to your 92-544 law for fees and mailing information. Questions regarding this form please contact State Police Criminal Records at 223-3867



State of New Hampshire

DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner of Safety
Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305
Telephone: 603-271-2575



Colonel Robert L. Quinn
Director

Guidelines for Applying to Multiple Schools

Per NH RSA 189:13-a IX. (a) Substitute teachers, student teachers, student interns, and other educational staff shall apply for a criminal history records check at the employing school administrative unit, school district, chartered public school, or public academy. The division of state police shall complete the criminal history records check and, upon completion, shall issue a letter to the applicant. The letter shall be valid for 30 days from the date of issue and shall constitute satisfactory proof of compliance with this section.

You must first apply for the criminal history records check at a SAU, School District, chartered public school, or public academy. You will be given a packet containing: 1. Criminal Record Release Authorization Form; 2. Applicant Fingerprint Card; and 3. Guidelines and Application for Applying to Multiple Schools.

You will receive a letter containing your statewide (NH) and federal (FBI) criminal history record check results. You shall submit a copy of the letter to those school administrative unit(s), school district(s), chartered public school(s), or public academy(ies) to which you applied in the state of New Hampshire. The letter is good for thirty (30) days from it's date, after that, it becomes invalid.

If after the thirty (30)-day time frame you decide that you would like to additionally apply in another school district, you will be required to do so as a new applicant.

Should you have any questions regarding your letter please contact us at (603) 223-3867.

Sincerely,

New Hampshire State Police Criminal Records Unit



State of New Hampshire

DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner of Safety
Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305
Telephone: 603-271-2575



Colonel Robert L. Quinn
Director

APPLICATION TO MULTIPLE SCHOOLS

NH RSA 189:13-A IX.(a) Substitute teachers, student teachers, student interns, and other educational staff shall apply for a criminal history records check at the employing school administrative unit, school district, chartered public school, or public academy. The division of state police shall complete the criminal history records check and, upon completion, shall issue a letter to the applicant. The letter shall be valid for 30 days from the date of issue and shall constitute satisfactory proof of compliance with this section.

If you are considering working in the NH school system and you would like to apply to multiple schools, you must contact the state police Criminal Records Unit immediately upon applying at a ***school administrative unit, school district, chartered public school, or public academy*** and identify those other schools you wish to submit an application. Failure of a timely notification will require you to bear the full cost of a criminal history records check for any subsequent applications.

A letter stating your statewide and federal background check results will be mailed to you and will provide proof of completion of the educational background check process.

The results letter will be valid for 30 days from its date.

Educational Criminal History Records Check was initiated at: _____

**NAMES OF OTHER SCHOOLS (WITH SAU # IF APPLICABLE)
SEEKING TO APPLY:**

PRINTED NAME _____

DATE OF BIRTH _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

YOUR SIGNATURE _____

If you have any questions regarding this process, you may contact us at (603) 223-3867.

NH State Police Criminal Records Unit

DRUG FREE WORKPLACE

NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of District Policy for any employee to unlawfully manufacture, distribute, dispense, possess, or use, on or in the workplace, alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules 1 through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15.

WORKPLACE includes any place where work is performed, including a school building or other school premises; any school-owned vehicle or any other school approved vehicle used to transport students to and from school or school activities; and off school property during any school-sponsored or school-approved activity, event or function, such as field trip or athletic event, where students are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used the District for any educational purpose.

YOU ARE FURTHER NOTIFIED that it is a condition of your employment that you will comply with District policy, and will notify your supervisor of your conviction under any criminal drug statute for a violation occurring in the workplace, not later than five (5) days after such conviction.

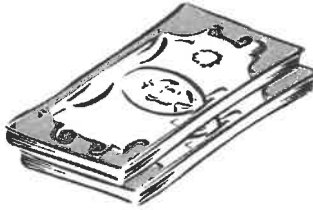
Any employee who violates the terms of the District's drug-free workplace policy in any manner is subject to discipline, which may include, but is not limited to, dismissal and/or referral prosecution.

I have been provided with two (2) copies of this Notice to Employees for my review and signature. I understand that a signed copy will be placed in my personnel file.

Signature

Date

**DIRECT DEPOSIT AUTHORIZATION FORM
2017-2018**



DIRECT DEPOSIT

ACCOUNT TYPE **checking** **savings**

NAME ON ACCOUNT _____

ACCOUNT # **checking** **savings**

new # **new#** _____

AMOUNT OF DEPOSIT **checking** **savings**

 \$ \$
 ****OR****

remaining net pay **remaining net pay**

****If new, please attach a COPY of the Deposit Slip or a COPY of a check for the account(s) you will be using for your direct deposit transactions.**

ALSO, if new please complete the following information:

BANK ABA # (ROUTING NUMBER SHOULD HAVE 9 NUMBERS)

BANK NAME

BANK ADDRESS

I hereby authorized the SAU #13, hereinafter called company, Payroll Department to initiate credit/debit entries to my account indicated above at the depository financial institution named above, hereafter called depository, and to credit/debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the company has received written notification from me or its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

Signature

Date

PREFERRED DIRECT DEPOSIT EMAIL ADDRESS: _____