BERING STRAIT SCHOOL DISTRICT
CLASSIFIED APPLICANT PACKET

INSTRUCTIONS:

- Please have each new classified employee complete all items listed below and return to the HR Office ASAP. This includes all substitutes, temporary, casual, or probationary appointments. Employees cannot be paid until we receive items 1, 3, and 5.

- Before any classified employee begins working, he/she must complete the items in the packet.

- Enter the applicant's name on the line below. As each item is completed, place an "X" on the line. If an item is not relevant, place an "N/A" on the line.

- When all 9 items have been checked off, sign your name at the bottom and scan/email the entire packet to the address below.

Thank you for your cooperation and promptness in completing this process!

Applicant's Name: ____________________________

_______ 1. BSSD Classified Application
_______ 2. BSSD Affirmative Action Survey
_______ 3. Form W-4
_______ 4. BSSD Emergency Notification Form
_______ 5. Form I-9
_______ 6. BSSD Medical Form (Note: This must be completed every 3 years.)
_______ 7. AEC/Principal Letter of Recommendation for hire (for probationary appointments only)
_______ 8. Certificate of Training Form
_______ 9. High School or Graduate Equivalency Diploma (or explanation of exception)
_______ 10. Copy of Job Announcement Advertisement
_______ 11. Drug-Free Workplace Packet (Enclosed in packet for your keeping)

Principal/Supervisor Signature ____________________________ Date ____________________________

Return Packet To: Bering Strait School District
HR Office
P.O. Box 225
Unalakleet, AK 99684
BERING STRAIT SCHOOL DISTRICT
P.O. Box 225
Unalakleet, Alaska 99684-0225
(907) 621-3021
Bering Strait School District is an equal opportunity employer.

APPLICATION FOR EMPLOYMENT

Position applying for: __________________________ Salary expected: __________________________

Date: __________________________ Social Security No: __________________________

Name: __________________________ Home Telephone: __________________________

Address: __________________________ Work Telephone: __________________________

Have you been convicted of a crime? □ No □ Yes (If “Yes” explain): __________________________

If hired when could you report for work? __________________________

EDUCATION AND EXPERIENCE

Circle highest year of school completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Date last attended: __________________________ Location of last attendance: __________________________

High School Graduate? □ NO □ YES High School GED? □ NO □ YES If “Yes” give number

and date of certificate: __________________________

List any high school courses that relate to the position you are applying for: __________________________

EDUCATION OR TRAINING AFTER HIGH SCHOOL

Name and Location: __________________________ Dates Attended: __________________________

No. of Semester Hr or Quarter Hr: __________________________ Degree & Year: __________________________

Major: __________________________

List types of electronic or mechanical equipment or machines that you are qualified to:

OPERATE:

________________________________________

________________________________________

________________________________________

________________________________________

REPAIR:

________________________________________

________________________________________

________________________________________

________________________________________

I certify that all information made or in connection with this application is true and complete to the best of my

knowledge and that I have not knowingly withheld any fact or circumstance. I understand that any

misrepresentation or concealment of material fact will be sufficient ground for rejection of application or

removal from employment. I authorize my present and previous employers to release to the Bering Strait

School District any information they may have regarding my character or my employment record and release

said employers from any damage or claim for furnishing said information. I hereby agree to submit to such

physical and/or mental examination as may be required.

Signature of Applicant __________________________ Date: __________________________
**Employment history:** Include all jobs within past five years, give earlier job history, if pertinent to job applied for, include any period of unemployment over three months in length, use additional pages if needed to give complete history. Start with last or present position and work backwards.

<table>
<thead>
<tr>
<th>1. Employing firm:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address:</td>
<td>To:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Duties</td>
</tr>
<tr>
<td>Hours per week:</td>
<td></td>
</tr>
<tr>
<td>Starting Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Final Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for leaving:**

<table>
<thead>
<tr>
<th>2. Employing firm:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address:</td>
<td>To:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Duties</td>
</tr>
<tr>
<td>Hours per week:</td>
<td></td>
</tr>
<tr>
<td>Starting Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Final Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for leaving:**

<table>
<thead>
<tr>
<th>3. Employing firm:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address:</td>
<td>To:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Duties</td>
</tr>
<tr>
<td>Hours per week:</td>
<td></td>
</tr>
<tr>
<td>Starting Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Final Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for leaving:**

<table>
<thead>
<tr>
<th>4. Employing firm:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address:</td>
<td>To:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Duties</td>
</tr>
<tr>
<td>Hours per week:</td>
<td></td>
</tr>
<tr>
<td>Starting Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Final Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for leaving:**

<table>
<thead>
<tr>
<th>5. Employing firm:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Address:</td>
<td>To:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Duties</td>
</tr>
<tr>
<td>Hours per week:</td>
<td></td>
</tr>
<tr>
<td>Starting Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Final Salary:</td>
<td>$</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for leaving:**

---

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants and employees.

This data is for analysis and affirmative action only. *Submission of information is voluntary*

Check one: [ ] Male [ ] Female

Check one of the following Race/Ethnic groups: [ ] Alaska Native/American Indian. [ ] Asian/Pacific Islander. [ ] Black. [ ] Caucasian (White). [ ] Hispanic.

Check if any of the following are applicable:

[ ] Vietnam Era Veteran. [ ] Disabled Veteran [ ] Handicapped Individual
Bering Strait School District
Emergency Notification

In the event of any accident or serious illness, the District may need to contact your next-of-kin. Please list relatives, and/or friends who should be notified in such circumstances.

Copies of the form will be kept in your personnel file at the District Office and should be updated at least every three-years. Please complete and return to the Personnel Office before the first day of school.

Employee Name: ________________________________
Social Security #: ______________________________
School Assigned: ________________________________
Date: ________________________________

1st Notification
Name: ________________________________
Address: __________________________________________
__________________________________________
__________________________________________
Telephone: ________________________________

Relationship

2nd Notification
Name: ________________________________
Address: __________________________________________
__________________________________________
__________________________________________
Telephone: ________________________________

Relationship

3rd Notification
Name: ________________________________
Address: __________________________________________
__________________________________________
__________________________________________
Telephone: ________________________________

Relationship

Please return this form to the BSSD Personnel office.
Form W-4 (2016)

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.

Exceptions 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 2016 expires February 15, 2017. See Pub. 555, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest or 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 do not apply to supplemental wages greater than $1,000,000.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet can be used to determine your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple-earner 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-4-P.

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 much you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (Married).


---

**Personal Allowances Worksheet (Keep for your records.)**

A Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:

- You are single and have only one job;
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

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.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

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.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than $70,000 ($110,000 if married), enter "2" for each eligible child; then less "1" if you have two or more eligible children or less "2" if you have two 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.

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.)

---

**Employee's Withholding Allowance Certificate**

Form Department of the Treasury

Employee's Withholding Allowance Certificate

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.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>Last name</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Home address (number and street or rural route)
- City or town, state, and ZIP code

| 3 | □ Single □ Married □ Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident, check the "Single" box. |

| 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. □ |

<table>
<thead>
<tr>
<th>5</th>
<th>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
</tbody>
</table>

| 7 | I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.
- 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. |

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) ▶

Data ▶

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

Cat. No. 10200Q

Form W-4 (2016)
Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $311,050 and you are married filing jointly or you are qualifying widow(er). $263,850 if you are head of household or a qualifying widow(er), or $155,850 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   - $9,300 if head of household.
   - $6,500 if single or married filing separately.

3. Subtract line 2 from line 1. If zero or less, enter "0-".

4. Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. Include any amount for credits from the Converting Credits to Withholding Allowances for 2016 Form W-4 worksheet in Pub. 505.

6. Enter an estimate of your 2016 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "0-".

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 3, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $26,850 or less, do not enter more than "3-".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Low Wages</th>
<th>Med Wages</th>
<th>High Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Table 2</td>
<td>Table 3</td>
</tr>
<tr>
<td>LOWEST</td>
<td>LOWEST</td>
<td>LOWEST</td>
</tr>
<tr>
<td>Paying</td>
<td>Paying</td>
<td>Paying</td>
</tr>
<tr>
<td>Job</td>
<td>Job</td>
<td>Job</td>
</tr>
<tr>
<td>$0 - $9,000</td>
<td>$0 - $9,000</td>
<td>$0 - $9,000</td>
</tr>
<tr>
<td>$10,000 - $14,000</td>
<td>$10,000 - $14,000</td>
<td>$10,000 - $14,000</td>
</tr>
<tr>
<td>$15,000 - $20,000</td>
<td>$15,000 - $20,000</td>
<td>$15,000 - $20,000</td>
</tr>
<tr>
<td>$21,000 - $25,000</td>
<td>$21,000 - $25,000</td>
<td>$21,000 - $25,000</td>
</tr>
<tr>
<td>$26,000 - $30,000</td>
<td>$26,000 - $30,000</td>
<td>$26,000 - $30,000</td>
</tr>
<tr>
<td>$31,000 - $35,000</td>
<td>$31,000 - $35,000</td>
<td>$31,000 - $35,000</td>
</tr>
<tr>
<td>$36,000 - $40,000</td>
<td>$36,000 - $40,000</td>
<td>$36,000 - $40,000</td>
</tr>
<tr>
<td>$41,000 - $45,000</td>
<td>$41,000 - $45,000</td>
<td>$41,000 - $45,000</td>
</tr>
<tr>
<td>$46,000 - $50,000</td>
<td>$46,000 - $50,000</td>
<td>$46,000 - $50,000</td>
</tr>
<tr>
<td>$51,000 - $55,000</td>
<td>$51,000 - $55,000</td>
<td>$51,000 - $55,000</td>
</tr>
<tr>
<td>$56,000 - $60,000</td>
<td>$56,000 - $60,000</td>
<td>$56,000 - $60,000</td>
</tr>
<tr>
<td>$61,000 - $65,000</td>
<td>$61,000 - $65,000</td>
<td>$61,000 - $65,000</td>
</tr>
<tr>
<td>$66,000 - $70,000</td>
<td>$66,000 - $70,000</td>
<td>$66,000 - $70,000</td>
</tr>
<tr>
<td>$71,000 - $75,000</td>
<td>$71,000 - $75,000</td>
<td>$71,000 - $75,000</td>
</tr>
<tr>
<td>$76,000 - $80,000</td>
<td>$76,000 - $80,000</td>
<td>$76,000 - $80,000</td>
</tr>
<tr>
<td>$81,000 - $85,000</td>
<td>$81,000 - $85,000</td>
<td>$81,000 - $85,000</td>
</tr>
<tr>
<td>$86,000 - $90,000</td>
<td>$86,000 - $90,000</td>
<td>$86,000 - $90,000</td>
</tr>
<tr>
<td>$91,000 - $95,000</td>
<td>$91,000 - $95,000</td>
<td>$91,000 - $95,000</td>
</tr>
<tr>
<td>$96,000 - $100,000</td>
<td>$96,000 - $100,000</td>
<td>$96,000 - $100,000</td>
</tr>
<tr>
<td>$101,000 - $105,000</td>
<td>$101,000 - $105,000</td>
<td>$101,000 - $105,000</td>
</tr>
<tr>
<td>$106,000 - $110,000</td>
<td>$106,000 - $110,000</td>
<td>$106,000 - $110,000</td>
</tr>
<tr>
<td>$111,000 - $115,000</td>
<td>$111,000 - $115,000</td>
<td>$111,000 - $115,000</td>
</tr>
<tr>
<td>$116,000 - $120,000</td>
<td>$116,000 - $120,000</td>
<td>$116,000 - $120,000</td>
</tr>
<tr>
<td>$121,000 - $125,000</td>
<td>$121,000 - $125,000</td>
<td>$121,000 - $125,000</td>
</tr>
<tr>
<td>$126,000 - $130,000</td>
<td>$126,000 - $130,000</td>
<td>$126,000 - $130,000</td>
</tr>
<tr>
<td>$131,000 - $135,000</td>
<td>$131,000 - $135,000</td>
<td>$131,000 - $135,000</td>
</tr>
<tr>
<td>$136,000 - $140,000</td>
<td>$136,000 - $140,000</td>
<td>$136,000 - $140,000</td>
</tr>
<tr>
<td>$141,000 - $145,000</td>
<td>$141,000 - $145,000</td>
<td>$141,000 - $145,000</td>
</tr>
<tr>
<td>$146,000 - $150,000</td>
<td>$146,000 - $150,000</td>
<td>$146,000 - $150,000</td>
</tr>
<tr>
<td>$151,000 and over</td>
<td>$151,000 and over</td>
<td>$151,000 and over</td>
</tr>
</tbody>
</table>

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Records or other information relating to a form or its instructions must be retained as long as its contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expense required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

>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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

If an alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: Date (mm/dd/yyyy):

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):

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

(Example of authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You shall not employ a person whose identity cannot be confirmed by presenting a document from List A OR present a document from List B or C as listed on the "List of Acceptable Documents" on the next page of this form or a document you review. 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:

<table>
<thead>
<tr>
<th>List A</th>
<th>Or</th>
<th>List B</th>
<th>And</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td>Document Number:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td>Expired Date (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, and 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 exceptions.)

Signature of Employer or Authorized Representative

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Employer or Authorized Representative</td>
</tr>
</tbody>
</table>

Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code

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

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 substantiates current employment authorization in the space provided below.

Document Title: Document Number: Expired Date (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

Form I-9 02/01/13 N
**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identify</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1. Driver's license or ID card issued by a State or country possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For an alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td>6. Military dependent's ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-84 or Form I-94A that has the following:</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Marine Card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-84 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI</td>
<td></td>
<td>For persons under age 16 who are unable to present a document listed above:</td>
<td>5. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. School record or report card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-178)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the Instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
BERING STRAIT SCHOOL DISTRICT
P.O. Box 225
Unakleet, Alaska 99684

MEDICAL EXAM FORM

Part I: Medical History: (To be completed by Examinee)

NAME:__________________________ BIRTHDATE ___________

SCHOOL:_________________________ POSITION ___________

A. Do you have any impairment of:
   Hearing? Yes ___ No ___ Breathing?
       Yes ___ No ___ If yes, do you wear glasses?
       Yes ___ No ___

B. Do you have:
   Severe recurrent headaches?........................................ Yes ___ No ___
   Chronic colds or sore throats?...................................... Yes ___ No ___
   A thyroid disorder?.................................................... Yes ___ No ___
   A heart condition or abnormal blood pressure?.................. Yes ___ No ___
   A respiratory problem including asthma, and/or tuberculosis? Yes ___ No ___
   A digestive problem including an ulcer, gallbladder condition, colitis,
   or hemorrhoids?......................................................... Yes ___ No ___
   Arthritis?...................................................................... Yes ___ No ___
   Excessive fatigue?....................................................... Yes ___ No ___
   Any other medical condition which would affect your capacity
to perform your work?.................................................. Yes ___ No ___

Explain:_____________________________________________________

C. Have you had any illness or injury which has left you with
   residual disability?........................................................... Yes ___ No ___

D. Have you any major allergies?............................................ Yes ___ No ___

E. Please list any important operations you have had.
   Date: Nature of Operation:
   ____________________________ _____________________________
   ____________________________ _____________________________
   ____________________________ _____________________________
   ____________________________ _____________________________

F. Immunizations:
   Diphtheria: Date: ____________________________
   Tetanus: Date: ____________________________
   Typhoid: Date: ____________________________
   Smallpox: Date: ____________________________
   Polio: Date: ____________________________
   Measles: Date: ____________________________

The information above is complete and true to the best of my knowledge. I authorize release of the above
information and the physical examination findings to the Bering Strait School District and the Alaska
Department of Education.
Part II. Medical Examination (To be completed by Doctor)

A. GENERAL
Height: _______ Weight: _______ Pulse: _______ Blood Pressure: _______

**Doctor: If condition is satisfactory for intended employment, signify by checking each item. If
unsatisfactory, please specify at end of section.

Ears _______ Heart _______ Eyes _______
Lungs _______ Nose & Sinuses _______ Abdomen _______
Mouth & Teeth _______ Hernia _______ Throat _______
Back _______ Neck _______ Extremities _______
Chest-Breasts _______ Skin _______ Psychiatric _______

Abnormalities: __________________________________________________________

B. LABORATORY STUDIES

Urinalysis: Date: _______ Within Normal Limits _______ Abnormal _______
If abnormal, specify: __________________________________________________

C. IMMUNIZATIONS: (If administered)
Diptheria: Date _______ Smallpox: Date _______
Measles: Date _______ Polio: Date _______
Tetanus: Date _______ Typhoid: Date _______

DOCTOR'S CERTIFICATION

Applicant/Employee's Name: ____________________________________________

I have examined the above named applicant/employee and:

( ) 1. Declare him/her physically and mentally ready for employment.
( ) 2. Declare him/her unfit for employment on the basis of a physical and/or mental deficiency.
( ) 3. Recommend the applicant have a follow-up examination as indicated:

( ) 4. Recommend the following procedures before approval can be given:

______________________________________________________________

Date of Examination: _______ _______ Physician Signature

Name and Address of Physician:

______________________________________________________________
BERING STRAIT SCHOOL DISTRICT
STATEMENT AND PROCEDURE
RELATING TO FEDERAL GRANTEE CERTIFICATION
UNDER THE DRUG-FREE WORKPLACE ACT OF 1988

PURPOSE:
The purpose of the program is to meet the certification standard mandated by federal regulations implementing the Drug-Free Workplace Act of 1988, 34CFR Part 85, Subpart f. The act applies to all employers awarded federal grants and imposes certain obligations on the employer grantees with respect to unlawful conduct in the workplace relating to drugs or controlled substances.

PROGRAM/PROCEDURE:
1. State and Federal statutes and regulations prohibit the unlawful manufacture, distribution, dispensing, possession, or use of drugs or controlled substances in the workplace.

2. As a grantee of federal funds, the Bering Strait School District endorses the need for a drug-free workplace, and recognizes that, under the Drug-Free Workplace Act of 1988, its employees must abide by the prohibition banning unlawful conduct with respect to drugs or controlled substances in the workplace.

3. To raise the level of awareness about the danger of drug abuse in the workplace, Bering Strait School District shall distribute information brochures and other educational materials addressing drug abuse at work. A list of state and federally approved referral services that provide drug counseling, rehabilitation and treatment for individuals with drug problems shall also be distributed to all employees. Bering Strait School District encourages employees to seek drug abuse counseling and information voluntarily.

4. Under the Act, in the event any Bering Strait School District employee violates a criminal drug statute that leads to a conviction for a violation that occurred in the workplace, that employee must notify the District about such violation no later than five (5) days after such conviction.

5. Once an employee has notified the District about his or her conviction for a violation that occurred in the workplace, the District, within 30 days, of receiving such notice of conviction, and depending upon the nature and circumstances surrounding the violation in the workplace, will undertake an appropriate personnel action, up to and including termination; or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

6. The decision to accept diagnosis and treatment for substance abuse lies within the individual's personal responsibility.
BERING STRAIT SCHOOL DISTRICT
STATEMENT AND PROCEDURE
RELATING TO FEDERAL GRANTEE CERTIFICATION
UNDER THE DRUG-FREE WORKPLACE ACT OF 1988

7. Except as may be provided by medical insurance, the District shall have
no financial obligation as the result of an employee's use of a referral
service or related counseling or rehabilitation program.

8. This policy does not supersede any state statutes or regulations, nor does
it supersede any current agreements between the District and the labor
organizations representing employees in various bargaining units.

9. Copies of the program/procedure shall be distributed to all Bering Strait
School District employees.
NOTICE TO ALL EMPLOYEES
OF THE
BERING STRAIT SCHOOL DISTRICT

State and Federal statutes and regulations prohibit the unlawful manufacture, distribution, dispensing, possession, or use of drugs or controlled substances in the workplace.

Under the Drug-Free Workplace Act of 1988, 34 CFR, Part 85, Subpart f, all employees of employers awarded federal grants must abide by the prohibition banning unlawful conduct with respect to drugs or controlled substances in the workplace. As it has been awarded a grant of federal funds, the Bering Strait School District and its employees must comply with this Act.

In accordance with the Act, any District employee who violates any criminal drug statute that leads to conviction for a violation occurring in the workplace must notify the Bering Strait School District about such violation no later than five (5) days after such conviction.

Any Bering Strait School District employee who is convicted of violating any criminal drug statute must provide notice of conviction within thirty (30) days. He or she may:

(1) be subjected to any appropriate personnel action, up and including termination, or

(2) be required to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.
PAYROLL DEPOSIT REQUEST

DATE: __________________________ SCHOOL: ________________________________
EMPLOYEE: ______________________ SSN: _________________________________
ADDRESS: ___________________________________________________________
CHECKING ACCOUNT #: ________________________________________________
SAVINGS ACCOUNT #: ________________________________________________

I, ____________________________, request that my monthly payroll check from Bering
Strait School District, Unalakleet, Alaska, be directly deposited into my checking or savings
account (circle one or the other) # __________________________ at:

NAME OF BANK: _______________________________________________________
ADDRESS OF BANK: ___________________________________________________

______________________________________  ______________  ______________
Approved by  Date  Employee signature  Date

PLEASE ATTACH A COPY OF A VOICED PERSONAL CHECK SO THAT WE
MAY OBTAIN YOUR BANK'S ABA NUMBER.