Livingston School District No. 4& 1
Coaching Application

“AN EQUAL OPPORTUNITY EMPLOYER”

NAME ____________________________________________

ADDRESS ____________________________________________

CITY/STATE/ZIP _______________________________________

HOME PHONE (   ) WORK PHONE (   )

POSITION FOR WHICH YOU ARE APPLYING _______________________

CURRENT EMPLOYMENT _______________________________________

<table>
<thead>
<tr>
<th>School District</th>
<th>Teaching Position</th>
<th>Grade Level(s)</th>
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</table>

PLAYING EXPERIENCE (Related to desired coaching position)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

COACHING EXPERIENCE (Use extra sheet if required)

<table>
<thead>
<tr>
<th>School</th>
<th>Level</th>
<th>Position</th>
<th>From</th>
<th>To</th>
<th>Reason for Leaving</th>
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</table>

COACHING REFERENCES

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School</th>
<th>Phone</th>
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</tbody>
</table>
TEACHING ENDORSEMENTS / SUBJECT AREAS / GRADE LEVEL (S)

PHILOSOPHY (Explain your philosophy as it applies to these areas)

Winning:

Sportsmanship:

Discipline:

Safety:

JOB EXPECTATIONS (Expectations other than salary prerequisite to accepting this position)

/  
Applicant’s Signature    Date

Livingston Public Schools is an equal opportunity employer and does not discriminate in education or employment because of sex, race, color, creed, religion, national origin, age, physical or mental handicap, political belief, marital or parental status. (Board Policy 5010).
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.

Exemption from withholding. If you are exempt, complete only lines 1-4, 6, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. 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 cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $500 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 do not apply to supplemental wages greater than $1,000.00.

Basic instructions. If you are not 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 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 project 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 2016. 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/e file.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent .
• You are single and have only one job; or
B Enter "1" if:
• You are married, have only one job, and your spouse does not work; or
• You 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 ($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 .
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.)

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.

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.

OMB No. 1545-0074

W-4

Department of the Treasury
Internal Revenue Service

1 Your first name and middle initial
2 Your social security number

3 Single □ Married □
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. □

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
6 Additional amount, if any, you want withheld from each paycheck
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.

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

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)

Date □

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

Cat. No. 10220Q

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 $111,300 and you are married filing jointly or are a qualifying widow(er) or $283,550 if you are head of household. $259,400 if you are single and not head of household or a qualifying widow(er); or $155,850 if you are married filing separately. See Pub. 505 for details. $1 $12,600 if married filing jointly or qualifying widow(er) $2 $9,300 if head of household $3 $6,300 if single or married filing separately

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

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

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.) $5

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

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

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

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

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 5, page 1 $10

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) 1

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 $65,000 or less, do not enter more than "3". 2

3 If line 1 is more 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. 3

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 4

5 Enter the number from line 1 of this worksheet 5

6 Subtract line 5 from line 4 6

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

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

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 9

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are</td>
<td>If wages from LOWEST paying job are</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>$0 - $9,000</td>
</tr>
<tr>
<td>6,001 - 14,000</td>
<td>9,001 - 17,000</td>
</tr>
<tr>
<td>14,001 - 25,000</td>
<td>17,001 - 26,000</td>
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<tr>
<td>25,001 - 27,000</td>
<td>26,001 - 34,000</td>
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<td>27,001 - 35,000</td>
<td>34,001 - 44,000</td>
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<td>35,001 - 44,000</td>
<td>44,001 - 55,000</td>
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<td>44,001 - 55,000</td>
<td>55,001 - 85,000</td>
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<td>55,001 - 65,000</td>
<td>85,001 - 110,000</td>
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<tr>
<td>65,001 - 75,000</td>
<td>110,001 - 125,000</td>
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<tr>
<td>75,001 - 80,000</td>
<td>125,001 - 140,000</td>
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<tr>
<td>80,001 - 100,000</td>
<td>140,001 and over</td>
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<tr>
<td>100,001 - 115,000</td>
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<td>115,001 - 130,000</td>
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<td>130,001 - 140,000</td>
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<tr>
<td>140,001 - 150,000</td>
<td></td>
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<tr>
<td>150,001 and over</td>
<td></td>
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</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are</td>
<td>If wages from HIGHEST paying job are</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$610</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>1,010</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>1,130</td>
</tr>
<tr>
<td>205,001 - 360,000</td>
<td>1,340</td>
</tr>
<tr>
<td>360,001 - 405,000</td>
<td>1,420</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,600</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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. Books or records relating to a form or its instructions must be retained as long as their 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 expenses 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.
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>
</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>
</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>
</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): ___________________________
  *(Some aliens may write "N/A" in this field. (See instructions) For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:)*

1. Alien Registration Number/USCIS Number: ___________________________

OR

2. Form I-94 Admission Number: ___________________________

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

- **Foreign Passport Number:** ___________________________
- **Country of Issuance:** ___________________________

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

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

**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>
</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>
</table>
Section 2. Employer or Authorized Representative Review and Verification

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

<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>Issuing Authority:</td>
<td>Document Title:</td>
<td>Issuing Authority:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</tbody>
</table>

Certification

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

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

Signature of Employer or Authorized Representative: ________________ Date (mm/dd/yyyy): ________________ Title of Employer or Authorized Representative: ________________

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

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

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

A. New Name (if applicable) Last Name (Family Name): ________________ First Name (Given Name): ________________ Middle Initial: ________________ Date of Rehire (if applicable) (mm/dd/yyyy): ________________

B. Document Title: ________________ Document Number: ________________ Expiration Date (if any)(mm/dd/yyyy): ________________

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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: ________________
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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying 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: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</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>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</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>3. School ID card with a photograph</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</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>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>6. Military dependent's ID card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
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<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
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<tr>
<td></td>
<td>10. School record or report card</td>
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<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</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.
LIVINGSTON SCHOOL DISTRICT NO. 4 & 1 IS AN EQUAL OPPORTUNITY EMPLOYER

State Law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws.

This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the School District Personnel and federal and state employment enforcement officers.

Complete the following information and return with your completed application to Livingston School District No. 4 & 1, Administration Building, 132 South B Street, Livingston, MT 59047.

SEX: MALE DATE: 
FEMALE 

ETHNIC GROUP
Check one of the following:

_____ ALASKA NATIVE — A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

_____ AMERICAN INDIAN — A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

_____ ASIAN AMERICAN — A person having origins in any of the original peoples of the Indian Subcontinent, the Pacific Islands, or the Far East; for example, China, Japan, Korea.

_____ BLACK — (not of Hispanic origin) — A person having origins in any of the Black racial groups of Africa.

_____ FILIPINO — A person having origins in any of the original peoples of the Philippine Islands.

_____ SPANISH AMERICAN — A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ WHITE — (not of Hispanic origin) — A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ OTHER — (Specify) 

IMPORTANT: YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE WITHOUT THIS SHEET.
**Public Employees' Retirement System (PERS) Optional Membership Election**

This election must be completed by both employee and employer, and received by MPERA within **90 days** of the employee's hire date.

### Employee Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name, MI</th>
<th>Social Security Number</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. If you are a retired member of PERS, the working retiree restrictions apply. § 19-3-1106, MCA.

- I understand that if I have contributions on account at MPERA, I must contribute to PERS.
- If I decline membership, I may not become a member while still employed in this position. However, if I work more than 960 hours in a fiscal year, cumulative of all PERS employers, membership becomes mandatory and I must begin making retirement contributions.
- If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position.
- If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election.
- If I decline membership, I will not receive membership service or service credit for employment for which membership was declined.
- If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.
- If any information in this form conflicts with statute or rule, the statute or rule will apply.

I am **not** an active, inactive or retired member of PERS. I understand that I have the option to choose PERS membership due to employment with this agency.

### ELECTION:

- [ ] I decline PERS membership
- [ ] I elect PERS membership

Employee Signature: ___________________________ Date: ___________________________

### Employer Information

<table>
<thead>
<tr>
<th>Employee's Hire Date</th>
<th>Employing Agency</th>
<th>Employer Number</th>
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Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are **NOT** eligible for an optional membership election. § 19-3-401, 403 and 412, MCA.

Check the type of optional position (you must check only one):

- [ ] Employee working 960 hours or less
- [ ] Chief administrative officer of a city or county
- [ ] Legislative branch employee working 10 months or less to perform work related to the legislative session
- [ ] Employee directly appointed by the Governor
- [ ] New employee of a county hospital or rest home

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

Return completed form to MPERA within 90 days of hire. Retain a copy for your records.

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109
APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT
(This document consists of two pages)

To __________________________________________________:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) ___________________________________________________________ for the position of (please be specific) ___________________________________________________________.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. **These fingerprints will be used to conduct a search of FBI criminal history records.** The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).

3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.

4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.

5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611
The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: ____________________________

First                        Middle                        Maiden                        Last

Date of Birth: ____________________________

Address: ____________________________

Street: ____________________________ Apt.__________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

☐ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

☐ I have not been convicted of, nor am I under pending indictment for, any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

__________________________  ____________________________
Date                                             Signature of Applicant

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611