

# WILLAPA VALLEY SCHOOL DISTRICT

22 Viking Way, Raymond, WA 98577 | P.O. BOX 128, MENLO, WA 98561 | 360-942-5855

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Nancy Morris, Superintendent

Eric Clements, Board President

Please include along with the application packet the following items:

- Letter of interest
- Copy of U.S. Passport **OR** driver's license
- If a driver's license is used as identification, please also include a copy of your social security card **OR** birth certificate

If you have not had a back ground check or fingerprints ran within the past two years please let me know. It is mandatory that fingerprints are complete prior to starting employment. There are a couple ways you can have your fingerprints done, however, if you plan to have them done locally you will need to have one of our pre-printed ink cards to take with you to have them done.

Any questions please contact Jennifer Oatfield in the district office at 360.942.5855 ext. 4853 between the hours of 8am - 4pm or by email at [jennifero@willapavalley.org](mailto:jennifero@willapavalley.org).

Thank you!

The Willapa Valley School District #160 complies with all State and Federal rules and regulations and does not discriminate on the basis of race, age, color, national origin, sex, creed, religion, handicap, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Application of qualified minority educators, women and handicapped persons are encouraged. This holds true for all district employment and opportunities. Complaints of alleged discrimination and inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer Nancy Morris, or Section 504/ADA Coordinator, Jay Pearson, or Civil Rights Compliance Coordinator Nancy Morris. Call (360) 942-5855 or write to PO Box 128, Menlo, WA 98561.

WILLAPA VALLEY S.D.  
PO Box 128  
Menlo, WA 98561

(360) 942-5855  
FAX (360) 942-3216

**CLASSIFIED  
APPLICATION**

Last Name	First Name	Middle Name/Initial
Position Applying For	Social Security Number	Birthdate

**PRESENT ADDRESS**

Street/P.O. Box	City	State	Zip	( )	Phone
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**PERMANENT ADDRESS**

Street/P.O. Box	City	State	Zip	( )	Phone
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**EDUCATIONAL INFORMATION**

COLLEGE OR UNIVERSITY	DEGREE	MAJOR	MINOR	DATES INCLUSIVE

**WORK EXPERIENCE**

Company/Organization	Position	Dates From-To	Total Years	Reason for leaving
Address/P.O. Box		State	Zip	Phone Number

Company/Organization	Position	Dates From-To	Total Years	Reason for leaving
Address/P.O. Box		State	Zip	Phone Number

**REFERENCES**

Please include any administrator under whom you have taught, or college instructor if you have not yet graduated. Do not include relatives or persons who have furnished reference for your credentials. You may also include persons not connected with education who are qualified to answer regarding your qualifications for the position.

Name	Occupation	Home Phone	Work Phone
Name	Occupation	Home Phone	Work Phone
Name	Occupation	Home Phone	Work Phone

Condition of Health: Do you have any condition that may limit your ability to perform in the position applied for?

\_\_\_\_\_

Have you ever been convicted of a felony? YES NO

**To the best of my knowledge, all statements and information I have provided on this application are true and correct.**

\_\_\_\_\_  
Signature Date

The Willapa Valley School District #160 complies with all State and Federal rules and regulations and does not discriminate on the basis of race, age, color, national origin, sex, creed, religion, handicap, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Application of qualified minority educators, women and handicapped persons are encouraged. This holds true for all district employment and opportunities. Complaints of alleged discrimination and inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer, Rob Friese or Section 504/ADA Coordinator, Jay Pearson. Call (360) 942-5855 or write to PO Box 128, Menlo, WA 98561.

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>
▶ <b>Whether you're 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.</b>				
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

▶ **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.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			Telephone Number	

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):

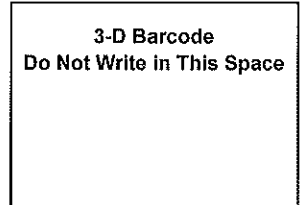
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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):
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**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):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Employer Completes Next Page**



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers 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.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**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	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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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.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**

WILLAPA VALLEY SCHOOL DISTRICT

VOLUNTARY, CONFIDENTIAL INFORMATION FOR AFFIRMATIVE ACTION PURPOSES

Your cooperation in completing this form is appreciated. Information derived from this sheet is for statistical purposes to prevent discrimination in accordance with the Willapa Valley School District Affirmative Action Program. This information is voluntary and confidential and will not be filed with or made part of your application or personnel file.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

What race or culture do you consider yourself? (choose only one)

\_\_\_\_\_ American Indian/Alaska Native: Person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ Asian/Pacific Islander: Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ Black/African American: Persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ Hispanic/Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.

\_\_\_\_\_ White/Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

- \_\_\_\_\_ Yes \_\_\_\_\_ No Do you consider yourself disabled? (Have you a physical, sensory or mental impairment that substantially limits one or more of the major life activities?)
- \_\_\_\_\_ Yes \_\_\_\_\_ No Disabled veteran? (recognized by the Veterans' Administration)
- \_\_\_\_\_ Yes \_\_\_\_\_ No Vietnam veteran? (service in this era only - August 5, 1964 to May 7, 1975)
- \_\_\_\_\_ Yes \_\_\_\_\_ No Age 40 or over?

The Willapa Valley School District #160 complies with all federal rules and regulations and does not discriminate on the basis of age, race, creed, color, sex, marital status, national origin, veteran status, religion, or disability. This holds true for all districts employment and educational opportunities.





## RETIREMENT STATUS

### Employee Information – To be completed by the employee\*

Employee Name (please print)	Social Security Number
<p>Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition.</p> <p>1. Are you retired from one of the Washington State Retirement Systems? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. Are you retired from or have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If yes, which one? _____</p> <p>3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
Employee Signature	Date

### Retirement Status Verification – To be completed by the employer

<p><b>Question 1:</b> If the employee answered "yes," and is:</p> <ul style="list-style-type: none"> <li>• <b>Returning to Active Service:</b> The retiree's benefit may be impacted. Don't report until you contact Employer Support Services (ESS).</li> <li>• <b>A Retiree Returning to Work (RRTW):</b> Verify that the employee is a retiree; then report as a RRTW.</li> </ul> <p><b>Question 2:</b> If the employee answered "yes," contact ESS.</p> <p><b>Question 3:</b> If the employee answered "yes," contact ESS if you need assistance determining the correct system and plan.</p> <p>If the employee answered "no" to all three questions, use Member Reporting Verification (MRV) to verify the employee's past retirement history. Record any prior membership below, then report the employee in the correct system and plan.</p>															
<p><b>Document prior retirement membership using MRV:</b></p> <p>Has the employee ever been a member of a Washington State Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, what system and plan?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Teachers' Retirement System (TRS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">School Employees' Retirement System (SERS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Public Employees' Retirement System (PERS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Public Safety Employees' Retirement System (PSERS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Washington State Patrol Retirement System (WSPRS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Judicial Retirement System (JRS)</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> </table> <p>Is the employee a retiree of a Washington State Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>		Teachers' Retirement System (TRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	School Employees' Retirement System (SERS)	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Public Employees' Retirement System (PERS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> Plan 2	Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	Washington State Patrol Retirement System (WSPRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	Judicial Retirement System (JRS)	<input type="checkbox"/>
Teachers' Retirement System (TRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3														
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Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2														
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Judicial Retirement System (JRS)	<input type="checkbox"/>														
<p>I have verified the information above using MRV or by contacting a DRS representative.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Employer Signature</td> <td style="padding: 5px;">Date</td> </tr> </table>		Employer Signature	Date												
Employer Signature	Date														

\*RCW 41.50.139 Requires employers to solicit in writing the retiree status of all new employees.

### Employer Retains Form

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (we) hereby authorize the Educational Service District, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error, to my (our) account indicated below. I (we) authorize the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY  
NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
(Bank or Credit Union)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECK ONE: CHECKING:  SAVINGS:

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

2<sup>ND</sup> DEPOSIT NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CHECK ONE: CHECKING:  SAVINGS:  AMOUNT: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_




This authority is to remain in full force and effect until the DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act upon it.

NAME(s): \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

SIGNED: \_\_\_\_\_

Please attach a voided check to be used to verify the Transit/ABA and Account number.

SAMPLE CHECK:

Sally Customer 1111 First Lane Olympia, WA 98502	<i>MY BANK NAME</i> _____	No 5001
		DATE _____
PAY TO THE ORDER OF _____		\$ <input type="text"/>
		DOLLARS 
MAIN OFFICE AT BANK CENTER PO BOX 1234 OLYMPIA, WA 98502		
FOR _____		MP
 <input type="text" value="123456789"/>	<input type="text" value="0123456789"/> 	<input type="text" value="05001"/>

Transit/ABA  
Number

Account  
Number

Check  
Number



# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

**This section to be completed by former school district employer(s) only.**

<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.	
<input type="checkbox"/> No record of employment	

\_\_\_\_\_  
Former Employer Representative Signature \_\_\_\_\_  
Date

Employing School Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

**Return all completed information to:**

SCHOOL DISTRICT WILLAPA VALLEY SCHOOL DISTRICT NO 160		
ADDRESS PO BOX 128		PHONE (360) 942-5855
STATE MENLO, WA	ZIP 98561	FAX (360) 942-3216

# WILLAPA VALLEY SCHOOL DISTRICT #160

P.O. Box 128, Menlo, Wa. 98561 . (360)942-5855 . FAX (360) 942-3216

**ADDRESS OF ORGANIZATION TO PROVIDE THE VERIFICATION OF EXPERIENCE**

Memo To:

Superintendent or Chief Executive Officer
School System or Institution
Street Address
City, State, Zip Code

From: Business Manager  
 Willapa Valley School District #160  
 P.O. Box 128  
 Menlo, Wa. 98561

RETURN COMPLETED  
 VERIFICATION TO  
 THIS ADDRESS

Reference: Verification of Professional Employment

The individual whose name appears below must have previous profession employment verified. On the reverse side of this form it is requested that verification be provided for the professional employment in your school system or institution. Your assistance in establishing a correct service record for this employee will be appreciated.

**DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT**

Name - First	Middle	Maiden	Last
Full Name when Last Employed with Organization			
Social Security Number			
Dates of Employment			
Position(s)			
Name of School			

Authorization is granted to release all information requested in the "Verification of Employment" to the school system or institution listed above.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Employee

## VERIFICATION OF PROFESSIONAL EXPERIENCE

Employee's Name when employed here \_\_\_\_\_ Social Security Number \_\_\_\_\_

IF WASHINGTON PUBLIC SCHOOL EXPERIENCE: Transferable Sick Leave Days \_\_\_\_\_  
 State Retirement Plan \_\_\_\_\_

IF PRIVATE/PAROCIAL SCHOOL EXPERIENCE: Was State Certification required for this position? YES NO (Circle One)

USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS			CLEARLY IDENTIFY LEAVE OF ABSENCES						
SCHOOL DISTRICT	STATE	DATES OF SERVICE		DAYS IN FULL CONTRACT YEAR	CONTRACT DAYS EMPLOYED	FULL TIME	PART TIME	HRS PER DAY	POSITION
		FROM MO/DAY/YR	TO MO/DAY/YR						

I certify that the above listed verification of professional experience includes per diem substitute teacher experience and clearly identifies leave of absence periods. I further certify that all the information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please forward this completed verification to the address designated on the reverse side of this form.