

SUBSTITUTE EMPLOYEE PACKET

Your interest in employment as a substitute with the Franklin City School District is appreciated. The following documents are required to be on file in the Superintendent's office:

Please return all of the forms listed below along with two official forms of proof of identification (Original Social Security Card, Current Driver's License or State ID, etc.)

- Application
- Homeland Security form
- I-9
- Fraud reporting acknowledgement
- BCI/FBI Background check/ Fingerprinting (see attached details for more information)

****Contact Cheyanne Solomon (listed below) to schedule a time to return paperwork and complete the BCI/FBI fingerprinting and background check. ****

Following receipt of a satisfactory background check, your application will be placed on the Board Agenda requesting Board approval. The approval process can take up to a month or longer. Once approved you will be added to the Classified Sub List and contacted by building staff as needed.

Additional forms to be completed for payroll upon Board approval:

- Direct deposit form and voided check/form of account verification
- W-4
- IT-4
- SSA-1945
- SERS
- Fraud reporting acknowledgement

Cheyanne Solomon
Assistant Treasurer/HR
937-743-8603
csolomon@franklincityschools.com

Franklin City School District

Fingerprinting Criminal Record Check

The Ohio Revised Code requires boards of education to conduct a criminal record check on any applicant who is receiving final consideration for a position involving the care, custody or control of school children.

A criminal record check is done by sending your fingerprints to the Bureau of Criminal Identification and Investigation (BCII) in London, Ohio. The Ohio/FBI criminal record check can be done electronically and the results will be returned in two or three days.

Effective November 2007, a Federal of Investigation criminal record check is also required for anyone involved in the care, custody or control of school children.

BOTH record checks can be processed at Franklin City Schools Central Office at the employee/applicant's expense.

Prior to being fingerprinted, you must pay in cash **(NO credit cards/checks)** at the Treasurer's Office located in Central Office at 754 East Fourth St., Franklin, OH (Jr. High building). A receipt of payment will be supplied.

RATES

Franklin City School Employment:

1. Electronic BCI fingerprinting is **\$30.00**
2. Electronic FBI background check is **\$30.00**
3. Both BCI and FBI is **\$55.00**

If you have been fingerprinted within the last year (both BCI & FBI) you can furnish the district with a certified copy of your criminal background record check. We must have both for employment within the district.

Applicant's Consent to Background Investigation:

Pursuant to Ohio Revised Code Section 3319.39 and Board of Education policy, any applicant who has applied to the Franklin City School District for employment in any position is subject to a mandatory criminal record check which will be conducted by the Bureau of Criminal Identification and Investigation and which will also include information from the Federal Bureau of Investigation unless otherwise provided for by law. The Franklin City School District employs its employees conditionally until a satisfactory criminal background check has been completed. If the information from the criminal records check reveals that the applicant (or conditionally-employed employee) has been convicted of one or more disqualifying offenses, such convictions shall disqualify the applicant from employment with the Franklin City School District and any conditionally-employed employee shall be released from employment. **ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS QUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

By your signature below, you agree to:

- (1) Permit the board of education to order a criminal records check through the Ohio Bureau of Criminal Identification and Investigation;
- (2) Provide fingerprint impressions upon request;
- (3) Authorize the board of education to make inquiries of past employers and other persons and entities, whether listed among your references or not, for the purpose of determining your qualifications and fitness for the position.

The completion of this document is required for further consideration of your application.

I hereby certify that the above statements are true and accurate to the best of my knowledge. I am aware of the fact that any falsification on this application will result in my not being employed, or in my dismissal subsequent to my employment.

(Signature of Application)

(Date of Signature)

End of Application

For Office Use Only:

Date Hired by Board of Education: _____

First Day of Employment: _____

Position(s): _____

Daily Hours: _____ Hourly Rate of Pay: \$ _____ Salary Step Year: _____ No. Months: _____

Building Assignment, at Time of Employment: _____

CURRENT
POSITION HELD _____

FRANKLIN CITY SCHOOLS

The Franklin City Schools is an equal opportunity employer.
Applications are accepted without regard to age, race, handicap, sex, religion or national origin.
(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR CLASSIFIED EMPLOYMENT

For Temporary (Substitute) Employment: In addition to completing this application, the following information must be completed, prior to employment:

- Complete Employment Eligibility Verification (Form I-9)
- BCII & FBI Background Check (See reverse side of this application).

Assistance will be provided in completing this application, if necessary.

(PLEASE PRINT)

Date: _____

Name: _____ Social Security #: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ CELL #: _____

Email Address: _____

Position(s) Desired: _____

Years experience in this type of work: _____

List any special skills, experience or qualifications you have which would be beneficial in this type of work: _____

What grade of elementary or high school did you complete? _____ Date: _____

List any education, in addition to a high school degree _____

PREVIOUS EMPLOYERS (List last employer first):

Name & Address of Employer

Position Held

Dates Employed

From

To

Total #Yrs

Employed

REFERENCES:

Name

Street Address

City/State

Phone #



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
SOLOMON, CHEYANNE - Assistant Treasurer/HR				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Franklin City School District		754 East Fourth St., Franklin, OH 45005		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



STATE ISSUED LICENSE

In accordance with section 2909.32 (2)(a) of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MI, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

Form with fields: BUSINESS/ORGANIZATION NAME, PHONE, BUSINESS ADDRESS, CITY, STATE, ZIP, COUNTY

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified.

X
APPLICANT SIGNATURE

DATE



Franklin City Schools

754 East Fourth Street
Franklin, Ohio 45005

FRAUD REPORTING ACKNOWLEDGEMENT

The Ohio Auditor of State’s Office maintains a system for reporting fraud, including the misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State’s website, or through the United States postal system.

Auditor of State’s fraud contact information:

US Mail: Ohio Auditor of State’s Office
Special Investigations Unit
88 East Broad Street
PO Box 1140
Columbus, OH 43215

Website: www.ohioauditor.gov

The Ohio Revised Code 124.341 provides whistleblower protection to employees who file a complaint with the fraud reporting system. If retaliatory or disciplinary action is taken against an employee, the employee has the right to appeal with the State Personnel Board of Review.

Acknowledgement:

Pursuant to Ohio Revised code 117.103(B)(1), a public office shall provide information about the Ohio fraud reporting system and the means of reporting fraud to each new employee upon employment with the public entity.

By signing below, you are acknowledging Franklin City School District provided you the information regarding the fraud reporting system as described by ORC Section 117.103(A) within 30 days of employment and that you read and understand the information provided.

I, _____, have read the information provided by my employer regarding the fraud reporting system operated by the Ohio Auditor of State’s Office.

Signature: _____ Date: _____

Date of Employment: _____