



Nuvview Union School District

29780 Lakeview Avenue
Nuevo, CA 92567
(951) 928-0066

Dear Substitute Applicant: (Please read all instructions carefully.)

Thank you for your interest in a substitute position with the Nuvview Union School District. **This is your Orientation Packet. You must complete it and bring the entire packet along with ALL requested documents to your scheduled orientation. Packets will not be accepted without required documents.** In order to substitute for the District you must:

1. Submit a completed Substitute Application, attend the Substitute Orientation and complete this packet.
2. Obtain a Livescan fingerprint clearance through the Department of Justice – (LiveScan Fingerprint processing may take up to six (6) weeks for clearance)
3. Attend a New Substitute Orientation, providing ALL required information. Orientation is required prior to Board Approval. Incomplete packets will not be accepted. (Orientation: Approximately 1 hour)
4. Be approved by the Governing Board of the Nuvview Union School District.

PRIOR TO THE ORIENTATION:

- Complete a Substitute Application and Orientation Packet.** Upon personnel's receipt of online application (www.edjoin.org), you will receive a Substitute Orientation Packet.
- LiveScan Fingerprinting** is required for employment. Please call the Riverside County Office of Education: Riverside – (951) 826-6611; or Murrieta – (951) 600-5624 for an appointment. The cost for fingerprinting is \$52 and \$71 for teachers applying for a permit for the first time.
Two forms are included in this packet. Please use the correct form for your livescan appointment:
 - **Consortium Request for Livescan:** Classified Substitutes; Substitute Preschool Assistants; Substitute teachers who currently hold a certificate of clearance or a credential or permit.
 - **Dual Reporting Request for Livescan:** New substitute teachers who do not currently hold a certificate of clearance or a credential/permit.

NUSD is part of the Riverside County Consortium and accepts results from any district in Riverside County who is also a member. **We cannot accept prints from any other county or organization.**

- Observe the New Hire Orientation Video** (www.nuvview.keenan.safeschools.com) Once you have scheduled an orientation you will receive login information via email. Upon completion please print certificate at the end of the session.

DAY OF ORIENTATION - (You must bring the following):

- Completed Substitute Orientation Packet.**
- Original Social Security Card.** We will NOT accept a Xerox copy or any other type of copy of your Social Security Card. (We will make a copy during the orientation.) If you have lost your card you MUST apply for a duplicate. A receipt for a Social Security card is not acceptable. Social Security card MUST be signed.
- Documentation of a Negative TB test.** TB test must be dated within the last four (4) years and signed or initialed by a health official. (We will make a copy during orientation).
- Valid Driver's License or Identification Card:** For identification purposes only. (We will make a copy during orientation).
- Certificate of Completion of New Hire Orientation Video.**
- Submit receipt of LiveScan Fingerprinting completed.**
- All required documents for each substitute position.**

****Certificated Applicants Must Bring the following:**

- Original Credential or Permit authorizing you to teach in a classroom.** A copy (to be taken during orientation) must be taken from the original document. If you do not currently have a credential or permit, please contact Gina Scott at (951) 928-0066 for more information on how to obtain an Emergency 30-Day Substitute Permit.

If you have any questions, please call Nancy Hermsillo, Personnel Clerk, at (951) 928-0066.

As an Equal Opportunity/Affirmative Action Employer, Nuvview Union School District vigorously encourages and solicits applications from all qualified individuals regardless of sex, race, age, ethnic background, or handicap. The Nuvview Union School District does not discriminate on the basis of race, color, national origin, gender equity, disability, or age in any of its policies, procedures, or practices, nor does it permit, condone, or allow sexual harassment of students or staff members. Any student or employee who is found guilty of sexual harassment shall be subject to disciplinary action. Inquiries regarding Federal laws and regulations should be directed to the District Title IX Coordinator, Director of Personnel, Nuvview Union School District, 29780 Lakeview Avenue, Nuevo, CA 92567-9261, (951) 928-0066.

NUVIEW UNION SCHOOL DISTRICT
Classified Substitute Profile Sheet

Listed below are the positions for which substitutes are needed. In order for you to determine the types of classified position(s) you would be interested in working, we have provided a brief description of the duties you would perform in specific positions. If you will be in the classroom environment, you will be required to **take and pass an Instructional Aide test**. You may submit your substitute application before taking the Instructional Aide test. Please review the positions listed below and check your preferences. You may check as many as you are interested in.

<input type="checkbox"/> SUPERVISION AIDE Playground or lunch supervision of students K-8 during lunch, recess, passing periods and before and after school. Dress comfortable and as weather dictates. Assignments vary from 1.5 hours to 3.75 hours and are on a split shift schedule.	<input type="checkbox"/> CHILD CARE ASSISTANT Centers are on elementary school campuses and open between the hours of 7:00 a.m. and 5:30 p.m. Aides work directly with the children in various activities. Will require some diapering of small infants. Ages 0-5yrs. Assignments are 3.5 hours as needed. (**Health Screening Report Required)
<input type="checkbox"/> FOOD SERVICE ASSISTANT All school sites. Position may include food preparation, serving, cleanup and collection of monies during lunch period. Comfortable clothes and shoes required. Assignments are 2-6 hours as needed. (**Food Handlers Certification Required)	<input type="checkbox"/> INSTRUCTIONAL AIDE –SPECIAL EDUCATION All school sites K-8. Provides student supervision and assistance to teachers with students who have different levels of learning handicaps. Students may need minimal assistance. Some positions may be one on one. Some students may have physical handicaps and require some assistance. Assignment is 3 hours as needed. (**Requires successful passage of Instructional Aide test or completion of 48 units)
<input type="checkbox"/> INSTRUCTIONAL AIDE Provide assistance to teacher and supervision of students. Bilingual desired but not required. Assignment 3 hours as needed. (**Requires successful passage of Instructional Aide test or completion of 48 units)	<input type="checkbox"/> HEALTH CLERK All school sites. Aide assists at school site health and attendance office tending to student's illness and injuries. Assignments are 5.75 – 7.5 hours as needed. (**CPR/First Aid Certification Required)
<input type="checkbox"/> CLERICAL (Must have computer knowledge and experience) District wide. Clerical knowledge i.e. general filing, copying, collating is necessary. Must be able to handle heavy telephones and walk-in traffic. Assignment is 7-8 hrs. as needed.	<input type="checkbox"/> CUSTODIAN/GROUNDSKEEPER/MAINTENANCE District wide. Cleaning, vacuuming, trash collection, general landscape functions, general repairs as needed. Comfortable clothing and shoes needed. All shifts day and evening. Assignment is 3.5 – 8 hrs. as needed.
	<input type="checkbox"/> BUS DRIVER Transport students K-8 using district buses on a designated route. Assignment 4-6 hrs. as needed. (**Must possess valid California Commercial Drivers License Class B, and valid California School Bus Driver Certificate including CPR/First Aid.)
Bilingual: Language _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fluent	

Emergency Contact Information Sheet

Personal Information:

Date: _____

Name: _____

Address: _____

City: _____

Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Date of Birth _____

SS#: _____

Marital Status: ___ Single
 ___ Married
 ___ Head of Household
 ___ Divorced
 ___ Widowed

Citizenship Status: ___ Native Born
 ___ Naturalized
 ___ Non-Citizen (Green Card)
 ___ Non-Citizen, (Citizenship pending)

Emergency Information:

Person to be notified in emergency: _____ Relationship to Employee: _____

Address: _____ Phone: _____

Business Address: _____ Bus. Phone: _____

Doctor to be notified in emergency: _____ Phone: _____

LiveScan:

Have you completed fingerprinting/LiveScan through another district in **Riverside County**?

___ Yes ___ No If Yes, what district? _____

If Yes, are you part of the consortium? ___ Yes ___ No ___ Don't know

THE FOLLOWING IS NEEDED FOR PAYROLL PURPOSES

Are you now or have you ever been enrolled in Public Employees Retirement System (PERS):

___ YES ___ NO

If YES, please supply the following information:

Are you: ___ A Current Member ___ Former Member ___ Retired Member
(refund of account)

Are you now or have you ever been enrolled in State Teachers Retirement System (STRS):

___ YES ___ NO

If YES, please supply the following information:

Are you: ___ A Current Member ___ Former Member ___ Retired Member
(refund of account)

FEDERAL RACE AND ETHNICITY REPORTING DATA COLLECTION REQUIREMENT:

(Used for statistical reporting only, and not in the selection process) You must answer both questions.

Part I. Are you Hispanic or Latino? ___ Yes ___ No

Part II. Please continue to answer the following by marking one or more of the following boxes:

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Tahitian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White |



Nuvien Union School District
State Oath of Allegiance for Public
Employees
(Article XX, Const. Of California)

Employee's Name (Last, First, Middle Initial)		DATE PREPARED
EMPLOYEE ID	DEPARTMENT	EMPLOYMENT DATE

STATE OATH OF ALLEGIANCE " I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means except as follows: (If no affiliations, write in the words "No Exceptions") _____

_____ and that during such time as I hold the office of Employment I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means."

("Public officer and employee" includes every officer and employee of the State, including the University of California, every county, city, city and county, district, and authority, including any department, division, bureau, board, commission, agency, or instrumentality of any of the foregoing.)

Taken and subscribed before me on: _____
MO DY YR

Signature of
Authorized Official:

Title: _____

County: _____ State: _____

Signature
of Employee: _____

Address: _____

City: _____

School District: Nuvien USD

WHO MUST SIGN THE OATH: All persons (other than aliens) employed by the District, in common with all other California public employees whether with or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 2, California Government Codes, Sections 3100-3102.)

All persons re-employed by the District after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Government Code, Section 3102)

WHEN THE OATH MUST BE SIGNED: The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3; California Government Code 3102).

WHERE THE OATHS ARE FILED: The Oaths of all employees of the District shall be filed with the Personnel office.

FAILURE TO SIGN THE OATH: No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a District employee, and no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation (California Government Code 3107).

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more that 14 years." (Calif. Government Code, Section 3108)

NUVIEW UNION SCHOOL DISTRICT

DUTY TO REPORT CHILD ABUSE

I, _____, have knowledge of the child reporting requirements of Section 11166 of the California Penal Code and will comply with it's provisions.

Section 11166 requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Childcare Custodian includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

Medical Practitioner includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygenists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Nonmedical practitioner includes state and county public health employees who treat minors for venereal disease or other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine or treat children.

Date

Signature of Employee

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 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 than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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 nontax 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.

NUVIEW UNION SCHOOL DISTRICT
PERSONNEL AND EMPLOYEE RELATIONS SERVICES

Designation of Person to Receive Warrants or Checks
Upon Death of Employee

(Pursuant to Government Code Sec. 53245)

In the event of my death, I hereby designate the person named below as being entitled to receive all warrants or checks that will be payable to me by Nuview Union School District.

Name: _____

Address: _____

Relationship: _____

Social Security No.: _____

NOTE:

Identification information will be necessary since warrants and checks can only be delivered to your designee after sufficient proof of identify is supplied.

Date: _____

Signature: _____

Government Code Section
Designation of Person to Receive Warrants or Checks Upon Death of Employee

Any person now or hereafter employed by a county, city, municipal corporation, district or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he/she were the employee.

**Form I-9, Employment
Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Nancy Hermosillo	Title Personnel/Benefits Clerk
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Nuvview Union SD, 29780 Lakeview Avenue, Nuevo, CA 92567		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year)
--	-----------------------

CONSORTIUM
REQUEST FOR LIVE SCAN SERVICE
APPLICANT SUBMISSION

ORI: **A1130**

Code assigned by DOJ

Type of Application:

Credentialed school employee **Classified school employee**

Job Title or type of License, Certificate or Permit:

Certificated substitute **Classified substitute**

Level of Service:

DOJ

FBI

If resubmission, list Original ATI No. _____

Referring District: Nuview Union School District

Contributing Agency:

01983

Mail Code (five digit code assigned by DOJ)

Riverside County Office of Education

Personnel Services

3939 Thirteenth Street, P.O. Box 868

Riverside, CA 92502-0868

Michelle Lerma

Contact Name (Mandatory for all school submissions)

(909) 826-6665

Contact Telephone No.

Name of Applicant: _____

(please print)

Last

First

MI

Alias: _____

Last

First

Driver's License Number: _____

Date of Birth: _____ SEX: Male Female

Applicant to Pay: Yes No

Height: _____ Weight: _____

Eye Color: _____ Hair color: _____

Home Address: _____

Street or P.O. Box

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____

Name of Operator

TPRCOE

Transmitting Agency

ATI No.

Amount Collected/Billed



**RIVERSIDE COUNTY
OFFICE OF EDUCATION**

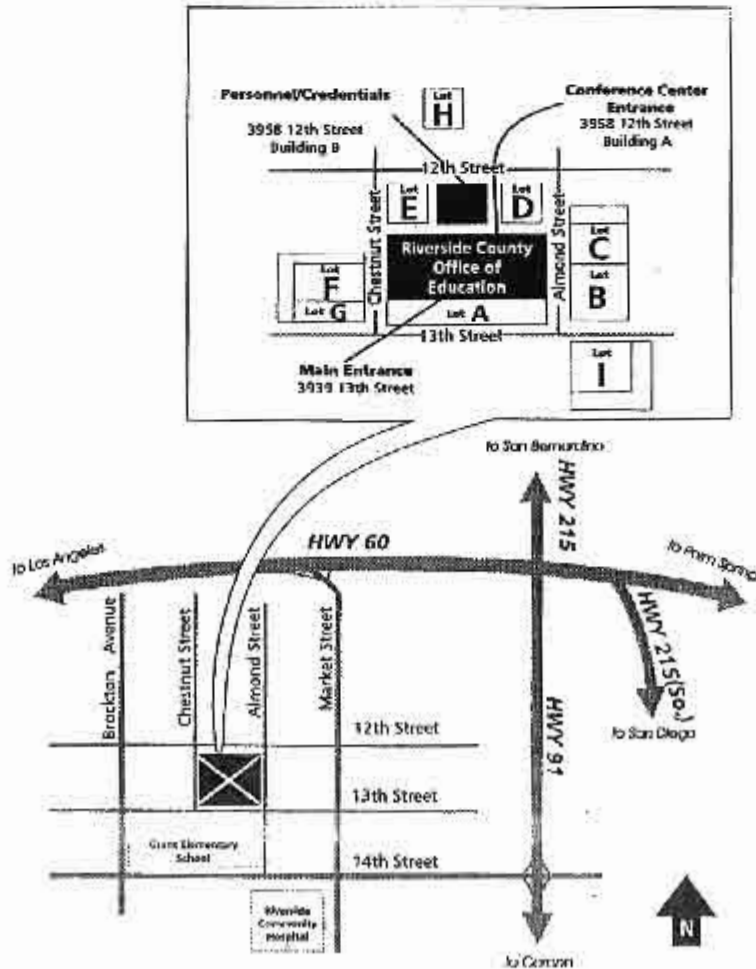
DR. DAVID LONG
Riverside County Superintendent of Schools

Livescan Fingerprint Appointment Location

Riverside County Office of Education
Personnel Office
3958 Twelfth Street
Riverside
(951) 826-6611

Please note the following instructions for your appointment:

- Be on time - you will not be printed if you are late!
- Bring your paperwork to your appointment - you will not be printed if you do not have the proper paperwork.
- Please call to cancel or reschedule your appointment.
- Directions to the Riverside facility below.



**NUVIEW UNION SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT
Authorization Form**

NAME: _____ CERTIFICATED CLASSIFIED

SOCIAL SECURITY NO: - -

I hereby request to have the net pay of my payroll warrant electronically transferred (direct deposit) to my financial institution(s) as specified below. I have attached a voided check for each account and/or a copy of a financial statement displaying the account number of each savings account.

1. The amount to be transferred is \$ _____

Name of financial institution _____

TYPE OF ACCOUNT CHECKING SAVINGS

DEPOSITOR/ACCOUNT NUMBER

OFFICE USE ROUTING NUMBER BY: _____ DATE: _____

2. The amount to be transferred is \$ _____

Name of financial institution _____

TYPE OF ACCOUNT CHECKING SAVINGS

DEPOSITOR/ACCOUNT NUMBER

OFFICE USE ROUTING NUMBER BY: _____ DATE: _____

3. The remaining balance is to be transferred to: _____

Name of financial institution _____

TYPE OF ACCOUNT CHECKING SAVINGS

DEPOSITOR/ACCOUNT NUMBER

OFFICE USE ROUTING NUMBER BY: _____ DATE: _____

I, _____, shall hold harmless and indemnify the Nuvview Union School District hereafter referred to as the "District," and its officials and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officials and employees, brought by a person, including financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account(s). I understand that electronic transfer of funds takes effect one month following my request after a successful prenotification test has occurred through the banking system. I understand that the request completed above is for the distribution of my payroll warrants from the effective date specified until rescinded in writing.

Date: _____ Signature: _____

3/26/97 Return to: **District Office**

**NUVIEW UNION SCHOOL DISTRICT
Personnel and Employee Relations Services**

ADVERTISEMENT DATA

In order to evaluate our recruitment methods, we are interested in knowing how you heard about this position. We would appreciate your voluntary cooperation in completing this form. This form will be detached from your application and be used for statistical reporting only. Thank you.

- Newspaper:
 ___ Press Enterprise ___ Perris Progress ___ Other _____

- School District Bulletin Board – District: _____
- Interest card on file with Nuview Union School District
- College/University – Name: _____
- Employee of Nuview Union School District
- Job Information Survey (Association of California Schools Administrators)
- Internet
- Other (please specify): _____

AFFIRMATIVE ACTION APPLICANT SURVEY (VOLUNTARY)

In order to gather statistical information on applicant flow patterns as requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing us with the following information. (This form will be detached from your application and used for statistical reporting only, and not in the selection process):

- 1 White – All persons having origins in any of the native peoples of Europe (except Spain), North Africa, and the Middle East.
- 2 Black - All persons having origins in any of the Black racial groups.
- 3 Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 4 American Indian or Alaskan Native – All persons having origins in any native peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 5 Asian or Pacific Islanders – All persons having origins in the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. (This includes, for example, China, Japan, Korea, Vietnam, and Samoa).
- 6 Other Minorities – And all of those who are not covered by the categories listed here.
- 7 Vietnam Era Veteran
- 8 Male
- 9 Female
- 10 Age 40-70
- 11 Physically Handicapped

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME	Nuviev Union School District
FACILITY ADDRESS	29780 Lakeview Ave Nuevo, CA 92567

PERSON'S NAME	AGE
---------------	-----

POSITION TITLE	TYPE OF FACILITY	WORK DAYS PER WEEK	WORK HOURS PER DAY
	Preschool/Childcare		

DUTY STATEMENT

TYPES OF PERSONS SERVED (Check appropriate items)

- | | | | |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Adults | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Children | <input type="checkbox"/> Elderly | <input type="checkbox"/> Mentally Disordered | <input type="checkbox"/> Drug/Alcohol Addiction |
| <input type="checkbox"/> Other (specify) _____ | | | |

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE	ADDRESS	DATE
		

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	ACTION TAKEN (IF POSITIVE)
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DATE OF HEALTH SCREENING	NAME OF PHYSICIAN (PHYSICIAN'S STAMP)	DATE
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HEALTH SCREENING BY: (ORIGINAL SIGNATURE)	TELEPHONE #	DATE
		