

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:

**Photocopies will be accepted with the initial application. Upon formal employment by the Board of Education, official copies must then be submitted to 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, Driver's License, etc)

- Application
- Homeland Security form
- I-9
- Fraud reporting acknowledgement
- Once you have completed the application, Please contact Katrina Hillard to set an appointment for a BCI/FBI Background check and bring your completed documents with you.

If you have any questions or would like further information.

Contact:

Katrina Hillard
Assistant Treasurer/HR
937-743-8603

Fingerprinting Criminal Record Check

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 come back in two or three days.

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

Our system can do BOTH checks electronically.

Before being fingerprinted you must pay in cash (no checks) to the treasurer's office at Hampton Bennett where you will be given a receipt. Please bring this receipt to the superintendent's office. All fingerprinting is done in the superintendent's office.

RATES

Franklin City Schools Employment – the cost for electronic BCII fingerprinting is \$30.00. The cost for the FBI background check is \$30.00. (this background check is now required). **(or both \$55.00).**

If you have been fingerprinted within the last year (both BCII & FBI) you can furnish us with a certified copy of your criminal background record check. If you have had one of the checks done we can do the other for you, but we must have both.

CURRENT
POSITION HELD _____

FRANKLIN CITY SCHOOLS
150 E. Sixth St., Franklin, Ohio 45005
743-8600

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 #: _____

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		Total #Yrs Employed
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES:

Name	Street Address	City/State	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 GUILTY 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 Applicant)

(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: _____



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

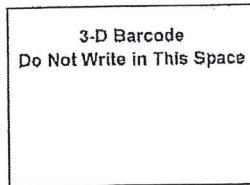
2. Form I-94 Admission Number: _____

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 Identify 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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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 Superintendent		
Last Name (Family Name) Sander	First Name (Given Name) Michael	Employer's Business or Organization Name Franklin City Schools		
Employer's Business or Organization Address (Street Number and Name) 150 E. Sixth Street	City or Town Franklin	State OH	Zip Code 45005	

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):

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):

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

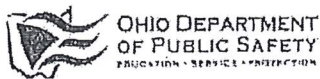
All documents must be UNEXPIRED

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"> 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 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. 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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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.



OHIO HOMELAND SECURITY
<http://www.homelandsecurity.ohio.gov>

STATE ISSUED LICENSE

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

DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a license of material assistance/non assistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

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. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, 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.

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

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY		STATE	ZIP	COUNTY
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

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.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- 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? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership on an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- 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? Yes No
- Have you hired or compensated a person you know 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? Yes No

If an applicant's license is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

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. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that 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 by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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Terrorist Exclusion List Designees (alphabetical listing)

- Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghanistan)
- Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
- Al-Hamati Sweets Bakeries
- Al-Ittihad al-Islami (AIAI)
- Al-Manar
- Al-Ma'unah
- Al-Nur Honey Center
- Al-Rashid Trust
- Al-Shifa Honey Press for Industry and Commerce
- Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
- Alex Boncayao Brigade (ABB)
- Anarchist Faction for Overthrow
- Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
- Asbat al-Ansar
- Babbar Khalsa International
- Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
- Black Star
- Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
- Darkazanli Company
- Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daawa es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
- Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
- First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Primero De Octubre)
- Harakat ul Jihad i Islami (HUJI)
- International Sikh Youth Federation
- Islamic Army of Aden
- Islamic Renewal and Reform Organization
- Jamiat al-Ta'awun al-Islamiyya
- Jamiat ul-Mujahideen (JUM)
- Japanese Red Army (JRA)
- Jaysh-e-Mohammed
- Jayshullah
- Jerusalem Warriors
- Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)

- Libyan Islamic Fighting Group
- Loyalist Volunteer Force (LVF)
- Makhtab al-Khidmat
- Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)
- Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
- New People's Army (NPA)
- Orange Volunteers (OV)
- People Against Gangsterism and Drugs (PAGAD)
- Red Brigades-Combatant Communist Party (BR-PCC)
- Red Hand Defenders (RHD)
- Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihiya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
- Revolutionary Proletarian Nucleus
- Revolutionary United Front (RUF)
- Salafist Group for Call and Combat (GSPC)
- The Allied Democratic Forces (ADF)
- The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
- The Lord's Resistance Army (LRA)
- The Pentagon Gang
- The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
- The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
- Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
- Turkish Hizballah
- Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
- Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
- Youssef M. Nada & Co. Gesellschaft M.B.H.

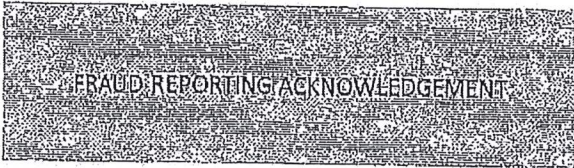
Groups Delisted from the Terrorist Exclusion List (alphabetical listing)

- Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)



Franklin City Schools

150 East Sixth Street
Franklin, Ohio 45005



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: _____