

Washington Community Schools

Guideline to Apply for Substitute Teaching

1. If you hold a current Indiana Teaching License or a current Indiana Substitute Teaching Certificate, skip step 4.
2. Access Application for Substitute Teaching on the Washington Community Schools website at www.washingtoncommunitieschools.org.
 - a. Select Careers
 - b. Then select Substitute Application (Under Forms)
 - c. Print and complete each page. These forms include:
 - i. Application for Substitute Teaching
 - ii. Form W-4- Employee Withholding Allowance Certificate
 - iii. Direct Deposit Agreement Form
 - iv. I9 form (and bring necessary documentation for copying)
3. It is an Indiana requirement for all new employees to complete a Background Check. There are two steps to the Background Check process.
 - a. Go to the Washington Community Schools website. Select Careers, then click the link to the Indiana School Background Checks. Complete the steps of the online background check. Please note that you will incur a cost for the background check. It must be paid online via credit card. The background check report will be sent to WCS.
 - b. Once the FIRST part of your background check is processed, you will receive an email from KidTraks to submit the Child Protection check. Using the link and password from the email(s) you will log-on to the site, scroll down to the bottom and submit the second part of the background check.
4. Then access the IDOE Licensing (LVIS) website, <https://license.doe.in.gov>.
 - a. Create Profile and wait for email confirmation.
 - b. Verify email when you are sent an email from LVIS.
 - c. Complete application. When asked for employer, select Washington Community Schools-1405.
 - d. Pay Pending Application. (\$15.00 for license and \$1.32 processing fee- total \$16.32 to be paid by credit card.)
 - e. Once your license has been processed, you must print a copy and bring it to the Superintendent's Office.
5. Lastly, your substitute application will not be complete until the following items are received at the Superintendent's Office: Substitute Application, W-4, Direct Deposit agreement, I9 form with documentation and a copy your Substitute Teaching License.



Washington Community Schools

301 East South Street
Washington, IN 47501
(812) 254-5536
washingtoncommunityschools.org

APPLICATION FOR SUBSTITUTE TEACHING

PERSONAL INFORMATION

Name _____ Phone No. _____
First Middle Initial Last

Address _____
Number Street City State Zip Code

EDUCATIONAL BACKGROUND

High School _____
Name of School School Address Year of Graduation

Vocational / Training School _____
Name of School School Address Year of Graduation/
of Hours Completed

College _____
Name of School School Address Year of Graduation/
of Hours Completed

EMPLOYMENT HISTORY

Please list last three employers, last or present employer first

Company Name	Address	Supervisor	Dates of Employment
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Company Name	Address	Supervisor	Dates of Employment
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Company Name	Address	Supervisor	Dates of Employment
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List any previous experiences in instruction and/or supervising children.

Please circle the grade level in which you wish to substitute. PreK – 6 7-12 PreK-12

REFERENCES

Please list 3 and include personal and professional

Name	Address	Phone Number	Relationship

Is there any other information about you or your ability that should be considered as this application if evaluated?

OTHER QUESTIONS

Please circle your answer

Are you presently being investigated or under a procedure to consider your discharge for misconduct?	YES	NO
Have you ever been formally reprimanded, disciplined, discharged, or asked to resign from a prior position?	YES	NO
Have you ever resigned from a prior position while under investigation for sexual misconduct with another person, mishandling of funds, or criminal conduct?	YES	NO
Have you ever been investigated for physical or sexual abuse of another person?	YES	NO
Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving physical or sexual Abuse of any person or any other crime of moral turpitude?	YES	NO
Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of "no contest," or has any Court ever deferred further proceedings without entering into a finding of guilty, or placed you on probation for a crime?	YES	NO

If you answer yes to any of the previous six questions, please explain on a separate paper including: the date(s) of incident, charge, any court action taken, the offense in question, and the address of any court involved.

I verify that the above information is accurate to the best of my knowledge. I also hereby agree to have my references and employment date verified.
WASHINGTON COMMUNITY SCHOOLS, INC. IS AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR HANDICAP.

Signature of Applicant

Date of Application

Anti-Harassment Compliance Officer/Title IX Coordinator contact information:

Steve Peterson, Assistant Superintendent

speterson@wcs.k12.in.us

Washington Community Schools

301 E. South St.

Washington, IN 47501

(812) 254-5536

Employee's Withholding Certificate
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Date of Birth: _____

Washington Community Schools

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Washington Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Washington Community Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Washington Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Washington Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Corporation Treasurer.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

☐

Savings

☐

*Your entire payroll amount will be deposited into the account listed above unless you specify below that you want a certain amount to go into a different account. Skip to the Signature section if you want all of you pay deposited in the above account.

Name of Additional Financial Institution: _____

Routing Number _____

Account Number: _____

Checking

☐

Savings

☐

Amount per pay to be deposited into second account \$ _____

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Superintendent's Office



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



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 		<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 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 	<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

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

Refer to the instructions for more information about acceptable receipts.