



## PACKET A - CHECKLIST New Employee Paperwork

### COMPLETE AND SIGN ALL INFORMATION

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- Employee Information Sheet: Complete this form (please leave start date blank).
- W-4 Federal Withholding: Complete bottom section, sign and date. Line 5 must be completed (total number of allowances you are claiming even if you are claiming zero), *unless* you have indicated that you are EXEMPT for paying any taxes on Line 7.
- A-4 State Tax Withholding: Choose only one election option. Arizona withholds a *percentage* of the federal tax withheld.
- Wage Withholding: In accordance with Arizona Revised Statute, the District is required to report wage withholding information for all new and returning employees. The Arizona Department of Economic Security uses this information to determine if the employee is subject to child support wage withholding. Please complete this form.
- Military Selective Service Form: Statement of compliance in regard to military service. Read the form; fill out appropriately; sign and date. **ALL** employees must complete this form.
- Drug Policy Statement: Amphitheater Public Schools has a “zero tolerance” policy in regard to drug possession on campus. Please sign a copy for our files and keep a copy for yourself.
- Loyalty Oath of Office: As prescribed in A.R.S. 38-231, every employee must subscribe to the oath and file a copy with the school district of employment.
- Memorandum of Understanding: By signing this form, you agree to uphold the Amphitheater Public Schools Mission Statement.
- Emergency Information Card: One copy of the card will be sent to your work site and the other copy will be retained in Human Resources (Records). It is important that you complete all information to ensure we have a contact if an emergency should occur.
- Measles, Mumps and Rubella: *Prior* to your start date, you will be required to provide proof of measles, mumps and rubella (MMR). Please read this document carefully. You are required to provide immunization information prior to starting work. If you need information in regards to walk-in immunization clinics, please refer to the Pima County Health Department Immunizations Information link on our New Employee Information webpage.
- Pre-Employment Health History Form: You are required by the District to complete a health examination by a fully licensed physician of your choice. This form must be completed by a physician *prior* to starting work and must be done at your own expense. On our New Employee Information webpage, you will find information on clinics that will do walk-in physicals. Please be sure to provide a copy of your job description to the physician at the time of your examination. (Your job description is attached to the email we sent welcoming you to the District.)
- Form I-9 (Employment Eligibility): You will find this form on our New Employee Information webpage - below the “New Employee Paperwork” link.
- Highly Qualified Attestation: As mandated by No Child Left Behind (NCLB) legislation, all core-academic teachers and instructional paraprofessionals are required to be highly qualified in the core content area(s) they instruct. Your appropriate attestation is attached to the email we sent welcoming you to the District. Please complete and return to Human Resources along with your other new employee paperwork.

**Return all paperwork to Human Resources prior to attending New Employee Orientation.**

**EMPLOYEE INFORMATION SHEET**  
(PLEASE PRINT LEGIBLY)

<b>FIRST NAME</b>		<b>BIRTH DATE</b> Month:      Day:      Year:	
<b>MIDDLE NAME</b>		<b>MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
<b>LAST NAME</b>		<b>ETHNICITY (Choose one):</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
<b>MAIDEN NAME</b>	<b>OTHER NAMES USED, I.E. NICKNAME</b>	<b>RACE (Choose one or more, regardless of Ethnicity):</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
<b>SALUTATION</b> <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____		<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>SOCIAL SECURITY NUMBER</b> - -		<b>DISABILITY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MAILING ADDRESS STREET</b>		<b>HOME PHONE NUMBER</b>	<b>Unlisted</b> <input type="radio"/>
<b>CITY</b>	<b>COUNTY</b>	<b>WORK PHONE NUMBER</b> (    )	
<b>STATE</b>	<b>ZIP CODE</b>	<b>CELL PHONE</b>	<b>PAGER</b>
<b>OTHER ADDRESS (HOME/PERMANENT) STREET</b>		<b>CITY</b>	<b>COUNTY</b>
<b>STATE</b>	<b>ZIP CODE</b>	<b>CITIZENSHIP COUNTRY</b>	<b>BIRTH PLACE</b>
<b>SOURCE OF HIRE</b> <input type="radio"/> Amphi Web Page <input type="radio"/> Other Web Site _____ <input type="radio"/> Newspaper Ad _____ <input type="radio"/> Amphi Job Line <input type="radio"/> Walk-in <input type="radio"/> Employee Referral <input type="radio"/> School Newsletter <input type="radio"/> Job Fair/Date _____ <input type="radio"/> Other _____			
<b>MILITARY EXPERIENCE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>EDUCATION</b>	
<b>VIETNAM ERA VETERAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not a High School Graduate, grade completed _____	
<b>DISABLED VETERAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> High School Graduate	
<b>OTHER ELIGIBLE VETERAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Some College _____	
<b>START DATE</b>		<input type="checkbox"/> Associates Degree _____	
<b>JOB TITLE</b>		<input type="checkbox"/> Registered Nurse _____	
<b>DEPARTMENT/LOCATION (SCHOOL)</b>		<input type="checkbox"/> Bachelor Degree _____	
<b>EMPLOYEE SIGNATURE</b>		<input type="checkbox"/> Masters Degree _____	
<b>DATE</b>		<input type="checkbox"/> Educational Specialist _____	
		<input type="checkbox"/> Doctorate Degree _____	
		<input type="checkbox"/> Other (describe) _____	
		<b>RELATIVES WHO WORK AT AMPHITHEATER/SITE?</b>	

For Payroll Use Only  
Employee ID Number: \_\_\_\_\_

# 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.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• 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" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
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. <b>Note.</b> 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 <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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.

<b>1</b>	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 . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> 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.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	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 . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> 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.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

**Arizona Withholding Percentage Election Options**

**Choose only one:**

- 1  I choose to have Arizona withholding at the rate of  
**(check only one box):**  0.8%  1.3%  1.8%  2.7%  3.6%  4.2%  5.1% of my gross taxable wages.  
Additional amount to be withheld per paycheck \$ \_\_\_\_\_
- 2  I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

**EMPLOYEE'S INSTRUCTIONS**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percent of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percent and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form in the first five days of employment to select an Arizona withholding percent. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percent or change the extra amount withheld.

**What Should I do With A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percent of Zero**

You may elect an Arizona withholding percent of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percent that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect an Arizona withholding percent.



Human Resources Office  
701 West Wetmore Road  
Tucson, Arizona 85705  
(520) 696-5102

## REQUEST FOR WAGE WITHHOLDING INFORMATION

In accordance with Arizona Revised Statute 23-722.02, the District is required to obtain information from new and returning employees to determine if they are subject to child support wage withholding.

**(Please print)**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Insurance:  YES  NO

School/Site: \_\_\_\_\_

MILITARY SELECTIVE SERVICE ACT  
STATEMENT OF COMPLIANCE

NAME: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)

I certify that I am registered with Selective Service.

I certify that I am not required to be registered with Selective Service because:

I am female.

I am in the armed services on active duty. (Note: Members of the Reserves Reserves and National Guard are not considered on active duty.)

I have not yet reached my 18<sup>th</sup> birthday.

I have passed my 26<sup>th</sup> birthday.

Other – Please explain in detail.

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Signature: \_\_\_\_\_

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



Human Resources  
August 2010

NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policy GBEC for any employee to violate the law or District policy in the manufacture, distribution, dispensing, possession, or use, on or in the workplace, of alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15.

Workplace includes any place where work is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; and off school property during any school-sponsored or school-approved activity, event, or function, such as a field trip or athletic event, where students are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used by the District for any educational purpose.

YOU ARE FURTHER NOTIFIED that it is a condition of your employment that you will comply with Policy GBEC, and will notify your supervisor of your conviction under any criminal drug statute for a violation occurring in the workplace, not later than 5 days after such conviction.

Any employee who violates the terms of the District's drug-free workplace policy in any manner is subject to discipline, which may include, but is not limited to, dismissal and/or referral for prosecution.

I have been provided with two (2) copies of this Notice to Employees for my review and signature. I understand that a signed copy will be placed in my personnel file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policy GBEC for any employee to violate the law or District policy in the manufacture, distribution, dispensing, possession, or use, on or in the workplace, of alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15.

Workplace includes any place where work is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; and off school property during any school-sponsored or school-approved activity, event, or function, such as a field trip or athletic event, where students are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used by the District for any educational purpose.

YOU ARE FURTHER NOTIFIED that it is a condition of your employment that you will comply with Policy GBEC, and will notify your supervisor of your conviction under any criminal drug statute for a violation occurring in the workplace, not later than 5 days after such conviction.

Any employee who violates the terms of the District's drug-free workplace policy in any manner is subject to discipline, which may include, but is not limited to, dismissal and/or referral for prosecution.

I have been provided with two (2) copies of this Notice to Employees for my review and signature. I understand that a signed copy will be placed in my personnel file.

*Your Copy*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LOYALTY OATH OF OFFICE\***

STATE OF ARIZONA        )  
  )SS  
COUNTY OF PIMA        )

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and Laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign or domestic, and that I will faithfully and impartially discharge the duties of the office of \_\_\_\_\_

(Name of Office)

at AMPHITHEATER PUBLIC SCHOOLS, DISTRICT #10  
  (School District Name and Number)

according to the best of my ability, So Help Me God (or so I do affirm).

\_\_\_\_\_  
Signature of Employee or Officer

\*NOTE: As prescribed, A.R.S. 38-231, every employee in the public schools must subscribe to the oath and file a copy of the oath with the school district of employment at the time and place designated by said school district prior to employment. The district is required to keep the oath on file as long as the employee remains employed by the district; no additional copies of such oath will be required to be filed as long as the employee maintains such continuous employment.



## HUMAN RESOURCES

Todd A. Jaeger, J.D.  
Associate to the Superintendent  
(520) 696-5102  
Fax (520) 696-5069

701 W. Wetmore Road, Tucson, AZ 85705 • (520) 696-5000 • TDD (520) 696-5055

### GOVERNING BOARD MEMBERS

SUPERINTENDENT  
Vicki Balentine, Ph.D.

Jeff Grant  
President

Diana L. Boros  
Vice President

Kent Paul Barrabee, Ph.D.

Linda Loomis, Ph.D.

Susan Zibrat

## MEMORANDUM OF UNDERSTANDING

**In signing this statement, I agree to uphold the Amphitheater Public Schools Mission Statement.**

### MISSION

To empower all students to become contributing members of society equipped with the skills, knowledge, and values necessary to meet the challenges of a changing world.

### WE BELIEVE

- All students can learn and achieve.
- Everyone has unique strengths, talents and needs.
- All students and staff should be responsible for and dedicated to educational excellence.
- Education requires cooperation, honesty, and respect among the students, parents, staff, school, and community.
- The school community deserves a safe and caring environment.
- Our actions reflect our values and our dedication to meeting student needs fairly and equitably.
- Ample resources are essential to accomplish the Mission.

### WE VALUE

Diversity, creativity, curiosity, diligence, achievement, honesty, caring, fairness, respectfulness, and service to the community.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Site/Department Copy)

Amphitheater Public Schools  
EMERGENCY INFORMATION CARD

Last Name: First Name: Middle Name:  
Address: City: State: Zip Code:  
Home Phone #: School/Department:

Do you have any health problems the District should know about? If so, describe:

**PERSONS TO NOTIFY IN CASE OF EMERGENCY**

Name: Relationship:  
Address: City: State: Zip Code:  
Phone #:

Name: Relationship:  
Address: City: State: Zip Code:  
Phone #:

Should hospitalization be required, which hospital would you prefer to be taken to?

If emergency service requiring medical action or treatment is required I hereby give my authorization for emergency medical care as deemed necessary by District officials.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

-----  
(Human Resources Copy)

Amphitheater Public Schools  
EMERGENCY INFORMATION CARD

Last Name: First Name: Middle Name:  
Address: City: State: Zip Code:  
Home Phone #: School/Department:

Do you have any health problems the District should know about? If so, describe:

**PERSONS TO NOTIFY IN CASE OF EMERGENCY**

Name: Relationship:  
Address: City: State: Zip Code:  
Phone #:

Name: Relationship:  
Address: City: State: Zip Code:  
Phone #:

Should hospitalization be required, which hospital would you prefer to be taken to?

If emergency service requiring medical action or treatment is required I hereby give my authorization for emergency medical care as deemed necessary by District officials.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

Amphitheater Public Schools  
MMR IMMUNIZATION VERIFICATION

(please print)

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Home Phone #:

School/Department:

**PROOF OF IMMUNIZATION  
MEASLES – MUMPS – RUBELLA (MMR)**

*In accordance with Governing Board Policy G-1411.1 GBGCA-R, it is a condition of employment that all employees present proof of immunity prior to reporting to work.*

*You must provide Human Resources with a copy of your immunization records or a statement signed by a licensed physician or local health officer that affirms serologic evidence of having had measles and rubella.*

**(PLEASE COMPLETE)** Written physician or immunization record must confirm vaccines given.

Birth Date: (     /     /     )

**Born Prior to January 1, 1957**

**Born On or After January 1, 1957**

Date of MMR:

or

Date of Measles Vaccination:

Date of Mumps Vaccination:

Date of Rubella Vaccination:

or

Date of Measles Titer:

Date of Mumps Titer:

Date of Rubella Titer:

Date of MMR#1:

Date of MMR#2:

or

Date of Measles Vaccination#1:

Date of Measles Vaccination#2:

Date of Mumps Vaccination#1:

Date of Mumps Vaccination#2:

Date of Rubella Vaccination#1:

Date of Rubella Vaccination#2:

or

Date of Measles Titer:

Date of Mumps Titer:

Date of Rubella Titer:

**Physician or Authorized Signature of Documented Proof:** \_\_\_\_\_

**REMINDER:** If you do not have proof of immunity, the Pima County Health Department and/or the Arizona Department of Health Services will, in accordance with its rules and regulations, determine the conditions of work exclusion and the specific length of time. In the event of an “outbreak” (**just one case**) of rubella or measles in the school district, the exclusion shall be a **minimum of 3 weeks** following the onset of the **last** case. (Note: the exclusion may be longer than 3 weeks) If **one** case of mumps is confirmed you may be excluded from work for **26 days** after the onset of the last case. **Only written verification** from a physician or immunization record to the received immunizations and/or only **laboratory confirmation** of an antibody for each specific disease is acceptable proof of immunity. Merely a history of measles, rubella, or mumps is **not** acceptable.

We urge you to take care of your health! Immunizations are readily available from your private physician and the Pima County Health Department.

COMPLETE PAGE 1 BEFORE TAKING TO YOUR DOCTOR

PAGE 2 MUST BE COMPLETED BY YOUR DOCTOR

NAME _____	SS# _____	DATE OF BIRTH _____
ADDRESS _____		PHONE NUMBER _____

**CHECK AND GIVE THE AGE, IF KNOWN, FOR ANY OF THE FOLLOWING CONDITIONS**

Yes	Condition	Age	Yes	Condition
	Anemia or Blood disease			Stomach or Gall Bladder Trouble
	Arthritis or Joint Pain			Intestinal Trouble
	Broken Bones or Bone Injury			Ulcers
	Major or Chronic Illness			Hemorrhoids or Rectal Bleeding
	Surgery			Kidney or Bladder Trouble
	Difficulty with Vision or Eyes			Hepatitis or Liver Trouble
	Deafness or Ear Trouble			Painful Frequent or Bloody Urination
	Sinus Trouble or Frequent Sore Throat			Sugar or Albumin in Urine
	Frequent Colds/Persistent Cough			Diabetes or Thyroid Disease
	Tuberculosis or Chest Disease			Frequent or Severe Headaches or Migraines
	Pneumonia or Pleurisy			Dizziness or Fainting Spells
	Shortness of Breath			Epilepsy or Seizures
	Heart Disease			Nervousness or Mental Illness
	Rheumatic Fever or Heart Murmur			Weakness or Fatigue
	Chest Pain or Angina			Recent Gain or Loss in Weight
	High Blood Pressure			Hernia or Rupture
	Varicose Veins or Swelling of Ankles			Venereal Disease, Gonorrhea or Syphilis
	Circulatory Disease/Phlebitis			Severe Pain in Back or Neck
	Allergy, Hay Fever, Asthma			Back Injury
	Skin Disease or Rash			Constant Numbness of a Body Part
	Cancer or Tumor			Carpal Tunnel Syndrome
Yes	Are you or have you been:	Age	Yes	Are you or have you been:
	Addicted to Drugs, Narcotics, or Alcohol			Rejected for Services in the Armed Forces
	Refused Application for Life Insurance			Medically Discharged from the Armed Forces
	Awarded Benefits under a Workers' Compensation Claim in AZ			Exposed to Toxic Chemicals, Vapors, Mists, Fumes, Dusts, Radiation or Excessive Noise

Explain each condition checked YES. If additional space is needed, use a separate sheet.

**CERTIFICATION**

I, the undersigned, do hereby certify that to the best of my knowledge, the answers I have provided to the questions above are true, that I have no physical defects except as stated, and that I will openly discuss my physical condition with the physician selected by Amphi if necessary.

I understand that any intentional omission or falsification of answers either verbally or in writing above may result in termination of my employment.

I understand that any intentional omission or falsification of answers either verbally or in writing may result in limiting my ability to receive workers' compensation benefits if an injury were to occur.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Dear Physician,  
Please complete the following examination information for \_\_\_\_\_,

who is seeking employment as \_\_\_\_\_ @ \_\_\_\_\_.  
The job description is attached and includes some basic physical and mental requirements for your review. Please keep these requirements in mind when examining this applicant and identify any health issues that might interfere with his/her ability to perform the outlined duties.

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_  
Resp. \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**SKIN:** \_\_\_\_\_

**EARS:**  
Hearing \_\_\_\_\_

Whispered Voice \_\_\_\_\_

**EYES:**  
Pupils \_\_\_\_\_ Conjunctiva \_\_\_\_\_  
Vision \_\_\_\_\_ Correction \_\_\_\_\_

**NOSE:** \_\_\_\_\_

**THROAT:** \_\_\_\_\_

**TEETH:** \_\_\_\_\_

**NECK:** \_\_\_\_\_

**CHEST:** (normal, funnel, barrel, pigeon)  
Deformities/Scars \_\_\_\_\_

Expansion \_\_\_\_\_

**LUNGS:**  
Breath Sound \_\_\_\_\_

**HEART:**  
Rhythm & Rates \_\_\_\_\_

Size \_\_\_\_\_

Sounds \_\_\_\_\_

Murmurs \_\_\_\_\_

**ABDOMEN:**  
Scars \_\_\_\_\_

Tenderness/Masses \_\_\_\_\_

Liver, Spleen, Kidney \_\_\_\_\_

Groin, Hernia \_\_\_\_\_

Strength test \_\_\_\_\_

**ORTHOPEDIC DEFECTS:**  
Scoliosis/Posture \_\_\_\_\_

Atrophy/Motor \_\_\_\_\_

Loss of Parts \_\_\_\_\_

Joints/ROM \_\_\_\_\_

**NEUROLOGICAL:**  
Cerebellar \_\_\_\_\_

Reflexes \_\_\_\_\_

Phalens Test \_\_\_\_\_

**ABNORMALITIES/REMARKS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REQUIRED LAB WORK:</b>	
<b>Urinalysis</b>	
Date _____	Sugar _____
Color _____	RBC _____
Pus Cells _____	Sp.G. _____
Albumin _____	Casts _____
<b>Other Lab Tests:</b>	
_____ _____ _____	

<b>IMMUNIZATION VERIFICATION</b>
Diphtheria-Tetanus Toxoid: _____ (Recommended every 10 years)
Measles: Vaccine _____/Immune by age _____
Rubella: Vaccine _____/Immune by age _____
Mumps: Vaccine _____/Immune by age _____
<b>Requires written documentation from physician or immunization records.</b>

I hereby certify that in my opinion this applicant is in sufficiently good health to perform the duties of an Amphitheater Public School employee as described on the attached job description. The following accommodations will be necessary: _____ _____ _____ _____
<b>Date of Exam:</b> _____
<b>Signature:</b> _____