



ST. JAMES
PARISH SCHOOLS
Inspiring Hope and Purpose

Substitute Checklist

All of the following information must be enclosed in a substitute folder before applicant is allowed to substitute.

(Check if completed)

_____ Application

_____ W-4 Employee Withholding Allowance Certificate (Federal)

_____ L-4 Employee Withholding Allowance Certificate (State)

_____ Form I-9 Employment Eligibility Verification (complete section 1 sign and date)

_____ Authorization to disclose criminal history records information (complete bottom section)

_____ Automatic Deposit Form (attach voided check)

_____ 403(b) Plan Letter (sign and date)

_____ Ethnicity/Race Survey Form

_____ Copy of Social Security Card (front and back)

_____ Copy of Driver's License, Voter's Registration or Federal ID

_____ Copy of High School Diploma, Degree, or Teaching Certificate

For Office Use Only:

Employer's Signature _____

Date _____

An Equal Opportunity Employer



ST. JAMES
PARISH SCHOOLS
Inspiring Hope and Purpose

APPLICATION

FOR

EMPLOYMENT

(Cafeteria Technician)

ST. JAMES PARISH SCHOOLS

P.O. Box 338, 1876 West Main Street

Lutcher, LA 70071

(225) 258-4500

Date: _____

I. Personal Data

1. _____
(First Name) (Middle) (Last Name) (Social Security No.)

2. _____
(Present Mailing Address) (City) (State) (Zip Code) (Telephone No.)

3. _____
(Permanent Mailing Address) (City) (State) (Zip Code) (Telephone No.)

4. Do you want to be on the Substitute Teacher List, subject to call on a day-by-day as needed basis? Yes ___ No ___

5. Date of Birth _____ 6. Place of Birth _____

7. Are you an American Citizen? _____ 8. Have you been convicted of a felony? Yes ___ No ___

9. Have you attended any of the School Board's Substitute Teacher In-services? Yes ___ No ___

If yes, when? _____

10. Do you have experience working with school age children? Yes ___ No ___

If yes, explain _____

11. Are you familiar with computers? Yes ___ No ___ If yes, explain _____

II. Education

1. _____
High School (Name and Location) (No. of Years) (Date of Graduation)
2. _____
*College (Name and Location) (No. of Years) (Date of Graduation)
3. _____
*Other (Name and Location) (No. of Years) (Date of Graduation)

*** Please attach a copy of transcript, certificate, diploma, etc., to document post- secondary education.**

[Return completed form to School Board Office, Attention Auxiliary Services and Personnel]

III. Work Experience

List your work experience and job title. Begin with name and address of most recent employer, along with the hire and completion date associated with each.

- | | Job Title | Name/Mailing Address of Employer | Dates |
|----|-----------|----------------------------------|-------|
| 1. | _____ | _____ | _____ |
| | | _____ | |
| 2. | _____ | _____ | _____ |
| | | _____ | |
| 3. | _____ | _____ | _____ |
| | | _____ | |

IV. Work References

- | | Name | Positon/ Mailing Address | Phone Number |
|----|-------|--------------------------|--------------|
| 1. | _____ | _____ | _____ |
| | | _____ | |
| 2. | _____ | _____ | _____ |
| | | _____ | |
| 3. | _____ | _____ | _____ |
| | | _____ | |

V. Character References

Name	Position/Mailing Address	Phone Number
1. _____	_____ _____	_____
2. _____	_____ _____	_____
3. _____	_____ _____	_____

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I recognize that any false information given on this application shall be considered sufficient cause for rejection and/or dismissal.

Furthermore, I understand that this application is retained on active file for one school year from data submitted. After an additional year on inactive status, applications and supporting documents are destroyed. Active status can be renewed or extended upon written request to the personnel department.

I understand that the St. James Parish School Board mandates pre-employment drug testing and receipt of a negative result prior to employment becoming official.

I also authorize the St. James Parish School Board, or its representative, to check my criminal records with law enforcement agencies concerning possible arrest records, to contact all persons or organizations listed above as references and /or previous employers for information pertinent to this application for employment.

Applicant's Signature _____ Date ____/____/____

This application form will remain active for one (1) year from date submitted

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$16.50 FEE. (Cashier, Check, Business Check or Money Order)

FORMS MUST BE FILLED OUT IN INK AND REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

St. James Parish School Board
AGENCY, FACILITY OR INDIVIDUAL

Carol Webre
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE / INDIVIDUAL

P.O. Box 338
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Lutcher LA 70071
CITY STATE ZIP CODE

(225) 258-4504
AGENCY, FACILITY /INDIVIDUAL PHONE NUMBER

cwebre@stjames.k12.la.us
AGENCY OR FACILITY E-MAIL ADDRESS

Request for: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
BOARD OF EXAMINERS OF PSYCHOLOGIST
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
EMPLOYERS
FIREFIGHTERS
FIREMARSHAL
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
MANUFACTURED HOUSING
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OFFICE OF PUBLIC HEALTH
OMVC- COMMERCIAL DRIVING EXAM ADMINISTRTOR
OMVE- EMPLOYEE ISSUING COMMERCIAL DL
OMVI- CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT- AUTO TITLE
COMPANY/PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
RIGHT TO REVIEW
RIVERBOAT PILOTS
SCHOOL
SUPREME COURT COMMITTEE BAR ASSOCIATION
TAXI DRIVERS
TESS WINDOW TINT
USED MOTOR VEHICLE COMMISSION
VENDOR
WHOLESALE DRUG DISTRIBUTORS
WORKING WITH CHILDREN

APPLICANTS FULL NAME LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH

ID OR DRIVERS LICENSE # STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states, files, or the FBI files(if applicable) which may confirm or deny my eligibility with the facility or agency named above. DPSSP 6696

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're 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.					
1 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 filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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	
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.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
			9 First date of employment		10 Employer identification number (EIN)

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____
B	Enter "1" if you will file as married filing jointly	B _____
C	Enter "1" if you will file as head of household	C _____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D _____
E	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 \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E _____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F _____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G _____
H	Add lines A through G and enter the total here	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1 \$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately }	2 \$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____
5	Add lines 3 and 4 and enter the total	5 \$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 \$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____
9	Enter the number from the Personal Allowances Worksheet , line H above	9 _____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

A.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana
Department of
Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number	3. <input type="radio"/> No exemptions or dependents claimed		<input type="radio"/> Single <input type="radio"/> Married
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)		6.	
7. Total number of dependents you are claiming (from Block B above)		7.	
8. Additional amount, if any, you want withheld each pay period		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---

ST. JAMES PARISH SCHOOL SYSTEM

Authorization Agreement for Automatic Deposits

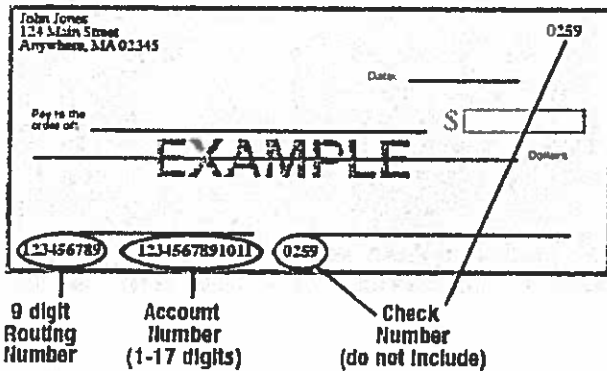
I hereby authorize the St. James Parish School System, hereinafter called SJPSS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository
(Bank) Name

Depository
Address
City/State

ACH Routing
Number

Account
Number



Account Type (please check one)

- Checking
 Savings
 Flat Amount of: _____

This authority is to remain in full force and effect until the SJPSS has received written notification from me of its termination in such time and in such manner as to afford the SJPSS and DEPOSITORY a reasonable opportunity to act on it.

Name
(PLEASE PRINT)

Employee
ID Number

Signature

Date

PLEASE ATTACH A VOIDED CHECK



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **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	QR Code - Section 1 Do Not Write in This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	

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.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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

STCP **Employer Completes Next Page** STCP



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

USCIS
Form I-9
 OMB No 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity 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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative Webre	First Name of Employer or Authorized Representative Carol	Employer's Business or Organization Name St. James Parish Schools		
Employer's Business or Organization Address (Street Number and Name) PO Box 338/1876 West Main		City or Town Lutcher	State LA	ZIP Code 70071

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

SUBMIT TO:

**Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$16.50 FEE. (Cashier, Check, Business Check or Money Order)

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******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

******PLEASE PRINT******

St. James Parish School Board
AGENCY, FACILITY OR INDIVIDUAL

Carol Webre
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE / INDIVIDUAL

P.O. Box 338
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Lutcher LA 70071
CITY STATE ZIP CODE

(225) 258-4504
AGENCY, FACILITY /INDIVIDUAL PHONE NUMBER

cwebre@stjames.k12.la.us
AGENCY OR FACILITY E-MAIL ADDRESS

Request for: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- BOARD OF EXAMINERS OF PSYCHOLOGIST
- BOARD OF NURSING HOME ADMINISTRATORS
- CASA
- COURT ORDER ADOPTION
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DCFS ABUSE/NEGLECT INVESTIGATION
- DCFS CARETAKER
- DCFS FOSTER/ADOPTIVE
- DCFS PERSONNEL
- EMPLOYERS
- FIREFIGHTERS
- FIREMARSHAL
- HEALTH CARE PROVIDER (Non Licensed)
- JUVENILE DETENTION CENTER
- LA BOARD CHIROPRACTIC EXAMINERS
- LA PHYSICAL THERAPY BOARD
- LA STATE BOARD SOCIAL WORK EXAMINERS
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- OMVC- COMMERCIAL DRIVING EXAM ADMINISTRATOR
- OMVE- EMPLOYEE ISSUING COMMERCIAL DL
- OMVI- CONTRACT PROCESS INQUIRY/TRANSACTION
- OMVT- AUTO TITLE COMPANY/PUBLIC TAG AGENT
- PHARMACY BOARD
- POST SECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIGHT TO REVIEW
- RIVERBOAT PILOTS
- SCHOOL
- SUPREME COURT COMMITTEE
- BAR ASSOCIATION
- TAXI DRIVERS
- TESS WINDOW TINT
- USED MOTOR VEHICLE COMMISSION
- VENDOR
- WHOLESALE DRUG DISTRIBUTORS
- WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _____ DATE OF BIRTH ____/____/____

ID OR DRIVERS LICENSE # _____ STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

*****AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION*****

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states, files, or the FBI files(if applicable) which may confirm or deny my eligibility with the facility or agency named above. DPSSP 6696

Dr. P. Edward Cancienne
Superintendent

George Nassar, President
District 4

Dianne Spencer, Vice-
President, District 5



ST. JAMES PARISH SCHOOLS

Inspiring Hope and Purpose

1876 West Main Street
P.O. Box 338
Lutcher, LA 70071
(225) 258-4500
www.stjames.k12.la.us

Diana Cantillo, District 1
Kenneth Foret, District 2
Sue Beier, District 3
Nicole Florent Charles,
District 6
Raymond Gros, District 7

To: St. James Parish School Board Employees
From: Human Resource/Payroll Department
Subject: Notice of availability to participate in St. James Parish School Board 403(b) Plan

St. James Parish School Board offers a 403(b) Tax Sheltered Account Plan. As an eligible employee you have the ability to participate in this Plan by making voluntary salary reduction contributions to the Plan. You may obtain a list of financial representatives that can assist you by visiting www.employeradmin.com. Once you have accessed the website please follow these instructions:

- Select "Employee" from the top menu
- Select your state from the drop down menu
- Select your employer from the second drop down menu
- Select the "Plan Info" tab

The following documents are available:

1. A 403(b) Plan Summary Description which includes a list of participating investment providers. This document also provides a quick overview of a 403(b) plan.
2. A 403(b) Plan Basic Summary which outlines general provision of the 403(b) Plan.
3. An Approved Vendor List with contact information.

I have received this notification and understand my ability to participate and make salary reduction contributions under the St. James Parish School Board 403(b) Plan.

Name: _____

Signature: _____

Date: _____

Dr. P. Edward Canclenne
Superintendent

George Nassar, President
District 4

Dianne Spencer, Vice-
President, District 5



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District 6
Raymond Gros, District 7

Confidentiality Agreement

I understand that information required to perform duties associated with my contractual obligations with the St. James Parish School Board's Special Education Department may contain personally identifiable information and must be treated in a confidential manner. This information may include, but not limited to, facts and data regarding students, their families, teacher, and other staff members. This confidential information may be in any form, e.g., written, electronic, oral, overheard, or observed. I also understand that access to confidential information is granted only as specified by the Director of Special Education for educational purposes and in fulfillment of this contract.

I will not disclose confidential information to anyone else except as permitted by St. James Parish School Board policies and applicable law/regulations, and only as required by law to perform my work as a paraprofessional, student teacher, extern, intern, substitute teacher, observer, consultant, contractor or vendor for the St. James Parish Special Education Department.

I will protect the confidentiality of personally identifiable information while at St. James Parish School Board (SJPSB) sites and after I leave SJPSB sites. All confidential information remains the property of the school system and may not be removed or kept by me except as permitted specifically by the Director of Special Education and only in fulfillment of my work for the St. James Parish School Board.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of the St. James Parish School Board. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above to be bound by it.

Name (print): _____ Company: _____

Signature: _____ Date: _____

The original signed copy of this Agreement will be maintained electronically in employees personnel record.