

Employment Forms Checklist

NAME _____ PHONE # _____

POSITION APPLYING FOR: GENERAL KITCHEN HELP

Instructions

It is mandatory, by law, that all applicants of the Catasauqua Area School District complete the following forms prior to being recommended to the Board of Education for employment. Please present this list, along with completed forms to the Administration Office for confirmation. No applicants will be considered for employment unless all forms are complete.

Please be sure to retain clearance copies for your records.

CHECKLIST

1. [Employment Application](#)
2. [Clearance 34 Request for Criminal Record Check](#)
3. [Clearance 151 PA Child Abuse History](#)
4. [FBI Federal Criminal History \(Fingerprint\)](#) – Enter the following “Service Code” 1KG6XN, then click “Schedule or Manage an Appointment”, and follow prompts.
5. [ACT 168 PA Sexual Misconduct / Abuse Disclosure Release \(1 per qualifying employer\)](#)
6. [ACT 126 Child Abuse Training Requirement](#)
7. [Federal Ethnicity and Race Form](#)
8. [Disclosure Statement](#)
9. [ACT 24 Arrest / Conviction Report and Certification Form](#)
10. [Completed Physical Exam / TB Test](#) (Physical must be less than 1 year old. TB test must be less than 3 months old)
11. [Form I-9 - Citizenship](#) (Required- Copy of Driver’s License and Social Security Card)
12. [W-4 Tax Form](#)
13. [Direct Deposit Authorization](#) (Required for all employees)
14. [Marketplace Notification](#)
15. [Local Services Tax - CASD Exemption Certification](#) (If income is under \$12,000, this must go to the municipality in which you are working – see www.newpa.com)
16. [Local Earned Income Tax Residency Certification Form](#) (Fill in top and bottom sections)
17. [Worker's Compensation Insurance Form](#)
18. [Nepotism Policy](#)
19. [Acceptable Computer/Network Use Form](#)

****District Use Only****

INTERVIEWED – IF APPLICABLE (SIGN & DATE BY PRINCIPAL OR ADMININISTRATOR) _____

I hereby confirm that the above named applicant has completed all required employment forms as listed. The forms are enclosed herewith.

Date of Hire _____ Signature _____

First Day of Work _____ Date Signed _____

NOTE: If employee is transferring to CASD, must request retirement / sick days from former district.