

(Employee No _____)

HR-SEA 10/2013



BALDWIN CO PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
2600 N HAND AVE
BAY MINETTE, ALABAMA 36507
Telephone: 251.937.0306 Fax: 251.937.0318

ASCC HIGH SCHOOL HELPER

Personal Information

Social Security Number: _____ - _____ - _____

Name _____
LAST First Middle Maiden Suffix (e.g. Jr,III,etc)

Present Address _____
Street City State Zip

Telephone _____ Alternative Phone _____

E-Mail Address _____

DATA FOR AFFIRMATIVE ACTION (optional)

Date of Birth _____

Sex: Male _____ Female _____

Ethnicity:

White Non-Hispanic _____ Black Non-Hispanic _____ Hispanic _____

Asian/Pacific Islander _____ American/Alaskan Native _____

Educational Background: Grade in School _____ High School _____

Additional Information

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation? Yes___ No___ If you answer "yes" please provide details of conviction including date and place of conviction. A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Baldwin County Public School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district.

I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

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.**

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

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. Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	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)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

**BALDWIN COUNTY PUBLIC SCHOOL POLICY INFORMATION ON THE
DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Baldwin County Board of Education regulations dealing with a drug/alcohol-free workplace.

The use, possession, distribution, or manufacturing of drugs or alcohol, and/or being under the influence of drugs or alcohol in the workplace is a violation of Board policy. These prohibited activities adversely affect health, safety and productivity, as well as public confidence and trust. Drug or alcohol use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #4.2.6 and 4.2.7

In order to protect the health, welfare and safety of students, all employees are prohibited from possessing, using, consuming, manufacturing, or distributing illegal controlled substances and alcohol while on Board property or while attending any Board sponsored or sanctioned event, program, activity, or function. Employees who are intoxicated or impaired by the use, consumption or ingestion of any illegal controlled substance or alcohol are not permitted to be on school property, or to attend or participate in any Board sponsored or sanctioned event, program, activity, or function. Employees who violate this policy will be subject to all notification, referral, suspension, placement, re-admission, and other provisions set forth in Ala. Code § 16-1-24.1 and 24.3 (1975).

Policy # 5.20.2

In addition to activities identified in other policies, rules, and procedures, Board employees are prohibited from the following:

- a. Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration in excess of the standard set by the Federal Highway Administration (FHWA);
- b. Being on duty or operating a vehicle while possessing alcohol
- c. Consuming alcohol while performing safety-sensitive functions;
- d. Consuming alcohol within eight (8) hours following an accident for which a post-accident alcohol test is required, or prior to undergoing a post-accident alcohol test, whichever comes first;
- e. Refusing to submit to an alcohol or controlled substance test required by post-accident, random, reasonable suspicion, or follow-up testing requirements;
- f. Consuming alcohol or being under the influence of alcohol within eight (8) hours of going on duty, operating, or having physical control of a vehicle;
- g. Reporting for duty or remaining on duty when using any controlled substance, except when instructed by a physician who has advised the driver and the Board that the substance does not adversely impact the performance of any safety-sensitive duty;
- h. Reporting for duty, remaining on duty, or performing safety sensitive functions with controlled substances in the employee's system.

In the event of a violation of this policy, the employee shall be removed immediately from safety-sensitive duties and shall be subject to such further actions, including disciplinary action up to and including termination, as deemed appropriate by the Superintendent and the Board.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988, 41 U.S.C. § 801 *et. seq.* and formerly cited as 41 U.S.C.A. § 701 *et. seq.*, is designed to deal comprehensively with the nation’s problem of drug abuse. The Act requires that federal grantees and some recipients of federal contracts certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency, such as the Department of Education. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Individuals with Disabilities Education Act, Dropout Preventions, After School Care programs and others.

Employee Assistance

The Baldwin County Board of Education cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. Should an employee want to seek treatment or rehabilitation services or speak with someone regarding ongoing drug or alcohol use, the Baldwin County Board of Education encourages its employees to seek counsel through the Baldwin County Board of Education Employee Assistance Program (EAP). Through the Baldwin County Board of Education EAP, the Baldwin County Board of Education provides, at no cost to you, an opportunity for employees to discuss substance abuse and other personal or emotional problems through confidential counseling services. To find out more information on how the Baldwin County Board of Education EAP may help you, visit www.americanbehavioral.com or call (800)- 925-5327.

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**ACKNOWLEDGMENT OF
RECEIPT
BALDWIN COUNTY BOARD OF EDUCATION POLICY INFORMATION
ON THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)
Effective March 18,
1989**

TO THE EMPLOYEE:

I, _____, (last 4 digits of SSN) _____ an employee of the Baldwin County Board of Education, hereby certify that I have received a copy of the Board’s policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board’s premises and violation of this policy can subject me to the disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Baldwin County Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

Signature

Date

Baldwin County Public Schools
 Human Resources Department
 2600 N. Hand Avenue
 Bay Minette, AL 36507

ASCC HIGH SCHOOL HELPER REFERENCE FORM

Directions: Applicants should submit this form to a minimum of one (1) high school administrator or teacher reference. Once completed, the form should be mailed or emailed to the Human Resources Department by the reference. Completed reference forms will not be accepted by the Human Resources Department from the applicant.

TO BE COMPLETED BY APPLICANT (Please Print)	
Name: _____	Social Security (LAST 4 #): _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone #: _____	
<p>In applying for employment with the Baldwin County Board of Education (Board), I hereby give permission for the Board or its representatives to obtain reference information related to my past performance and character. I hereby authorize parties who receive requests to give full and complete information as requested by the Board. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.</p>	
Signature of Applicant: _____ Date: _____	

TO BE COMPLETED BY REFERENCE (Please Print)		
Name: _____	Business: _____	Position: _____
Street Address: _____		
City: _____ State: _____ Zip: _____ Phone #: _____		
<p>The above named person has submitted an application for a position with the Baldwin County Board of Education and has provided your name as a reference. Please complete the form and return it to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.</p>		
Signature of Reference: _____ Date: _____		

PLEASE RATE THE FOLLOWING:	Excellent	Good	Average	Below Average	Unknown
Punctual					
Dependable					
Thorough & Efficient in work assignments					
Completes tasks					
Cooperates with others					
Professional & Positive Attitude					
Works Independently					
Trustworthy/Honest					
Accepts criticism/feedback					

I would _____ would not _____ employ this individual in my system.

Comments: