Sweeper

After completing the attached documents, bring them to Human Resources along with the following:

1. Miscellaneous Application (signed by your Supervisor).

2. Valid identification(s) to complete the I-9 in Human Resources (see attached for ID options).

3. Banking information – bring a blank, voided check to Human Resources. If you do not have a check, obtain a printed direct deposit form with your name, account number & routing number from your financial institution. Your name must be on the account.

*Your fingerprints will be taken if you are 18 years or older.

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record **6.** Military dependent's ID card **7.** U.S. Coast Guard Merchant Mariner Card **8.** Native American tribal document **9.** Driver's license issued by a Canadian government authority		**5.** U.S. Citizen ID Card (Form I-197) **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) **7.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:** **10.** School record or report card **11.** Clinic, doctor, or hospital record **12.** Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

SWEEPER NEW HIRE ELIGIBILITY FORM CHECKLIST

All new employees must complete the new hire paperwork with Human Resources before they may begin working.

This is only a checklist. Please **DO NOT** give a copy of this form to sweeper.

First Name: _____ Last Name: _____

School/Department: _____ Position Title: _____

The Department of Human Resources is required to obtain the following items to complete your personnel file:

- ☐ Miscellaneous Sweeper Application (must have Asst. Facility Manager's signature)
- ☐ ***If over 18, online application submitted**
- ☐ Emergency Contact Form
- ☐ Equal Opportunity Employment Information
- ☐ W-4
- ☐ Direct Deposit Form with voided check and/or form from bank
- ☐ I-9 Form (Proof of Work Eligibility(i.e. Student ID, Social Security, Birth Certificate, or Passport)
- ☐ Completed Initial Sweeper Training Ticket
- ☐ Fingerprinted in Human Resources if over the age of 18 (District Office)
- ☐ Sweeper Training Class Ticket given to sweeper
- ☐ Copy Hire sheet and send to Bailey Pearson in Facilities
- ☐ Add employee to database for Sweeper Orientation Class (HR Tree, Sweeper Orientation Roster. Add today's date and fill in the blanks, SAVE)
- ☐ Attach original hire sheet to other documents and give to Ricki

This individual has completed all new hire paperwork and may begin working.

_____ _____

Department of Human Resources **Date**

Rev. 5/28/2020

DEPARTMENT OF HUMAN RESOURCES
9361 South 300 East Sandy, Utah 84070-2998
Phone (801) 826-5500 Fax (801) 826-5374

PERSONNEL INFORMATION

Name: _____ _____ _____ _____
(Last) (First) (Middle) (Former Name)

Address: _____ _____ _____ _____
(Address) (City) (State) (Zip)

Telephone: ( ) - _____ ( ) - _____ Social Security: ### - ## - _____
(Home) (Cell) (Last 4 Digits)

Date of Birth: _____
(MM/DD/YYYY)

Have you retired from the Utah State Retirement System? ☐ Yes ☐ No

Are you married? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____

Telephone: ( ) - _____

Relationship: _____

Where did you learn of this employment opportunity with Canyons School District?

☐ Canyonsdistrict.org
☐ Vidcruiter
☐ Workforce Services
☐ Other _____ (Please List Source)
☐ Employee Referral _____ (Employee Name)
☐ CSD School _____ (School Name)
☐ Career Center/Handshake _____ (University/College)
☐ Career Fair _____ (List Career Fair)

Employee Signature: _____ Date: _____

Equal Opportunity Employment Information

Canyons School District is an Equal Opportunity Employer. As required by law, we must record, maintain and report applicable employee demographic information. The following information will only be used for data compilation and reporting. This information will be kept separate from your personnel file and will be kept confidential. Please complete the information requested below. Thank you for your cooperation.

Name:_____ Date:_____
Last First Middle

Gender: *(Check the box next to your gender.)*

☐ I do not wish to self identify ☐ Female ☐ Male

Veteran Status: *(Check the box next to all statements that apply to your current status.)*

☐ I do not wish to self identify

☐ SPECIAL DISABLED VETERAN. I have a disability that entitles me to Veterans' Administration disability compensation rated at 30 percent or more; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.

☐ VIETNAM ERA VETERAN. I served more than 180 days on active duty with one of the United States Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975; and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.

☐ OTHER PROTECTED VETERAN. I served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ NONE OF THE ABOVE

Ethnicity/Race: *(Complete both Part A and Part B.)*

☐ I do not wish to self identify

Part A: ARE YOU HISPANIC/LATINO? *(Choose only one)*

☐ No, not Hispanic/Latino	
☐ Yes, Hispanic/Latino	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part B: WHAT IS YOUR RACE? *(Choose one or more)*

☐ American Indian or Alaskan Native	(A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)
☐ Asian	(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
☐ Black or African American	(A person having origins in any of the black racial groups of Africa.)
☐ Native Hawaiian or Other Pacific Islander	(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☐ White	(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Form **W-4**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2021

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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 2021 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)

Direct Deposit Authorization

This Request Supercedes All Previous Requests

Your payroll earnings will be deposited into your primary account. You may request an additional direct deposit that is an exact dollar amount to a different financial institution. On or around the 5th or 22nd of the month, a pre-note will be sent to your financial institution to verify the routing and account numbers. If verified, your wages on the following pay day will be deposited into your account.

I hereby authorize Canyons School District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and debit the same entries to such account. This authorization is to remain in full force and effect until Canyons School District has received written notification from me terminating direct deposit, at such time and in such manner as to afford the district a reasonable time to act. I realize that I am responsible to notify Canyons School District when changes are made regarding my account.

_____ - - _____

Employee Name *(please print)* | Social Security Number

_____ _____

Employee Signature | Date

Primary Account

Name of Institution:_____

City:_____ State: _____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: _____

Deposit To: Checking ☐ Savings ☐

Secondary Account - $ Amount Only

Name of Institution:_____

City:_____ State: _____

Routing Number: ☐☐☐☐☐☐☐☐☐

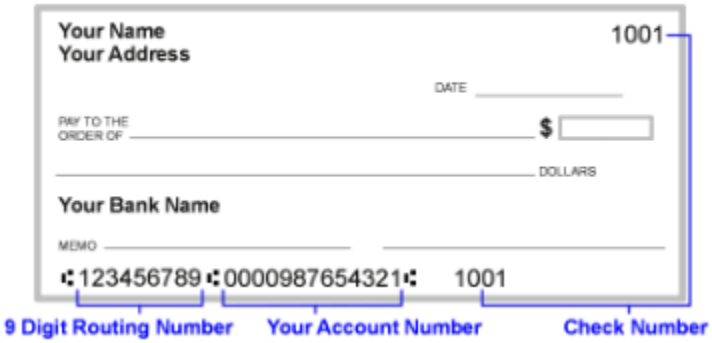
Account Number: _____

Deposit Amount: $. (per pay period)

Deposit To: Checking ☐ Savings ☐

Note: Attach a voided blank check or a bank printout to validate account information for checking account deposits. A savings account will require information from your financial institution.

Find Routing Number on Your Check



Temporary Employment Agreement
(ESP)

I _____,

understand that the position of _____,

at _____

for the _____ school year is a temporary assignment of one school year that is based upon District, Federal or State monies or grants. Therefore, my voluntary acceptance of this position qualifies me as a temporary employee of the Canyons School District pursuant to District Policy 400.41, *Termination of Employment of Support Staff (ESP)*. Temporary employees serve at will and have no expectation of continued employment. When this temporary assignment ends at the end of the school year, I understand that my employment with Canyons School District will end. I have received a copy of District Policy 400.41.

I understand that if I wish to continue employment with Canyons School District after this assignment, I must submit an application through the Human Resources Department and I will be considered, along with all other applicants, for any position I am qualified for at that time.

I acknowledge that I have carefully reviewed this agreement, and based upon these conditions, I accept the temporary assignment indicated above. I acknowledge having received a copy of this agreement.

_____ _____

Employee's Signature Date

Submit a copy of this form to Human Resources.