



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?

- |  |  |
|--|--|
| <input type="checkbox"/> Canyonsdistrict.org                 | <input type="checkbox"/> Employee Referral _____<br>(Employee Name)            |
| <input type="checkbox"/> Vidcruiter                          | <input type="checkbox"/> CSD School _____<br>(School Name)                     |
| <input type="checkbox"/> Workforce Services                  | <input type="checkbox"/> Career Center/Handshake _____<br>(University/College) |
| <input type="checkbox"/> Other _____<br>(Please List Source) | <input type="checkbox"/> Career Fair _____<br>(List Career Fair)               |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

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

☐ 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**

☐ I do not wish to self identify

<input type="checkbox"/> No, not Hispanic/Latino	
<input type="checkbox"/> Yes, Hispanic/Latino	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)
<input type="checkbox"/> Black or African American	(A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> White	(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

## 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		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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.**

## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

▶ **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.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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](http://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.

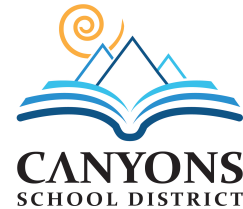
**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

# Direct Deposit Authorization

This Request Supersedes 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 5<sup>th</sup> or 22<sup>nd</sup> 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 <i>(please print)</i>	Social Security Number
_____	_____
Employee Signature	Date

Primary Account	Secondary Account - \$ Amount Only																		
Name of Institution: _____	Name of Institution: _____																		
City: _____ State: _____	City: _____ State: _____																		
Routing Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										Routing Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Account Number: _____	Account Number: _____																		
Deposit To:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Deposit Amount: <table border="1"><tr><td>\$</td><td></td><td>.</td></tr></table> (per pay period) Deposit To:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>	\$		.															
\$		.																	

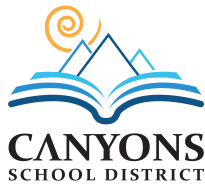
Note: Attach a voided blank check or a bank printout to validate account information for checking account deposits. A savings account will require information from your financial institution.

## Find Routing Number on Your Check

The diagram shows a check with the following labels and values:

- Your Name**: \_\_\_\_\_
- Your Address**: \_\_\_\_\_
- DATE**: \_\_\_\_\_
- 1001**: (Check Number)
- PAY TO THE ORDER OF**: \_\_\_\_\_
- \$**: \_\_\_\_\_
- DOLLARS**: \_\_\_\_\_
- Your Bank Name**: \_\_\_\_\_
- MEMO**: \_\_\_\_\_
- 123456789**: (9 Digit Routing Number)
- 0000987654321**: (Your Account Number)
- 1001**: (Check Number)

Below the check, the labels are repeated: 9 Digit Routing Number, Your Account Number, Check Number.



# Insurance Acknowledgement

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## **Insurance with Canyons School District**

By signing below, I understand that I have 30 days from my hire date to enroll in insurance coverage with Canyons School District. I understand that I will receive, in my district email, an email from the Insurance Department that includes enrollment and benefit materials. I also understand that it is my responsibility to contact the Insurance Department, if I do not receive an email within the first 30 days of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 4 of SSN





## OFFICIAL VERIFICATION OF LICENSED PROFESSIONAL SERVICES

**New Employees must send this form to their former employer(s) for verification**

*Service credit cannot be given without a completed verification of experience form*

Department of Human Resources

9361 South 300 East

Sandy, UT 84070-2998

Office: (801) 826-5500

Fax: (801) 826-5374

<b>Name: Last, First, MI</b>	<b>Last 4 of Social Security #:</b>	<b>Instructions:</b> This form is used to determine placement on the salary schedule for licensed personnel who have been employed by Canyons School District.  We appreciate your help in providing the official verification of experience under contract, with a <b>valid professional license</b> .  <i>Substitute, Internship, and University teaching experience do not count towards service credit.</i>
<b>Address:</b>		
<b>Name under which service was rendered (if different from above):</b>	<b>Current Work/School Location:</b>	

School Year During Which Service Was Rendered		School	Type of School	Position Held	Days in Full Contract Year	Actual Days Served	Hours Per Day Employed	Full Time	Part Time %
Beginning	Ending								

Is this individual eligible to be rehired in your district/company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Total Years of Experience:</b>  Years: _____  Months: _____
To your knowledge, has this individual ever had disciplinary action taken against his/her license? (e.g.: reprimand, suspension, revocation?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your school accredited?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a valid license required for the position(s) listed above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**I certify that the above information is true and correct according to our official records:**

Company Verifying Former Employment:	Signature of Certifying Officer:
Mailing Address:	Title:
Phone Number:	Date: