



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 _____
(Employee Name) |
| <input type="checkbox"/> Vidcruiter | <input type="checkbox"/> CSD School _____
(School Name) |
| <input type="checkbox"/> Workforce Services | <input type="checkbox"/> Career Center/Handshake _____
(University/College) |
| <input type="checkbox"/> Other _____
(Please List Source) | <input type="checkbox"/> Career Fair _____
(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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 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
		<ol style="list-style-type: none"> 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 	
		<ol style="list-style-type: none"> 3. School ID card with a photograph 	
		<ol style="list-style-type: none"> 4. Voter's registration card 	
		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 	
		<ol style="list-style-type: none"> 6. Military dependent's ID card 	
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 	
		<ol style="list-style-type: none"> 8. Native American tribal document 	
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 	
		<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>	
		<ol style="list-style-type: none"> 10. School record or report card 	
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 	
		<ol style="list-style-type: none"> 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.**

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 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.)

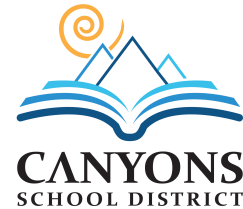
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	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 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 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 <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.

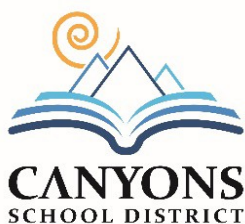
Find Routing Number on Your Check

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

- Your Name** and **Your Address** at the top left.
- DATE** at the top right.
- 1001** in the top right corner.
- PAY TO THE ORDER OF** followed by a line and a **\$** symbol.
- DOLLARS** at the bottom right of the pay line.
- Your Bank Name** below the pay line.
- MEMO** at the bottom left.
- 123456789** (9 Digit Routing Number) and **0000987654321** (Your Account Number) in the bottom left.
- 1001** (Check Number) in the bottom right.

Labels at the bottom of the diagram:

- 9 Digit Routing Number** (under 123456789)
- Your Account Number** (under 0000987654321)
- Check Number** (under 1001)



Insurance Acknowledgement

Insurance with Canyons District

By signing below, I understand that I have 30 days from my hire date to enroll in insurance with Canyons School District. I understand that I need to obtain insurance materials (to review available benefits) by going online to: <https://www.canyonsdistrict.org/depts/insurance/>. I understand that my new coverage will be effective on the first of the month following my start date. For questions, call the insurance department at 801-826-5428.

Employee Signature

Date

Printed Name

Last 4 of SSN



OFFICIAL VERIFICATION OF LICENSED PROFESSIONAL EXPERIENCE

New Employees: Send this form to your former employer(s) HR departments to complete

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

Human Resources

9361 South 300 East

Sandy, UT 84070-2998

Office: (801) 826-5500 Fax: (801) 826-5374

Instructions: 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 **valid professional license**. *Substitute, Internship, and University teaching experience do not count towards service credit.*

Information to be completed by Employee:

Full Legal Name: _____ Last Four Digits of Social: XXX-XX-_____

Current Mailing Address: _____ City, State, & Zip Code: _____

Location(s) Hired at: _____ Last Name Used While Employed (if different): _____

Information to be completed by Employer:

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"/>	Did the individual's performance, for the dates indicated above, meet or exceed the district standard for satisfactory educator performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 a valid license required for the position(s) listed above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your school/district accredited?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Years of Experience: Years _____ Months _____	

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 and Email Address:	Date:

Legal Liability Protection for School District Employees

**Your School District and its employees are covered for liability by:
The Utah State Risk Management Fund. (Hereafter the Fund)
Lawsuits are defended by: The Litigation Division of the
Utah Attorney General's Office.**

YOUR UTAH STATE RISK MANAGEMENT FUND COVERAGE RIGHTS

If a civil claim or a civil lawsuit for damages is brought against you for acts or omissions occurring:

1. During the performance of your duties;
2. Within the scope of your employment; or
3. Under color of authority, then, under the Governmental Immunity Act of Utah you may have the right:
 - To have any lawsuit defended by an attorney at no cost to you;
 - To have any claim settlement paid on your behalf; and
 - To have any judgment entered against you paid for you.



SECURING COVERAGE

To secure these rights you must:

- Immediately notify the School District of any claim or lawsuit;
- Immediately forward to the School District all legal documents served on you;
- Make a written request to the School District for defense and indemnification within ten days of the service of a lawsuit; and
- Cooperate in the subsequent investigation and defense, including making an offer of judgment if requested.

WHAT IS NOT COVERED?

Your rights to defense and payment of claims or judgments do not cover acts or omissions involving:

- Fraud;
- Willful misconduct;
- Impairment due to your use of alcohol or drugs; or
- False testimony under oath..



Criminal Defense Protection

As a School District employee if: Criminal charges are filed against you for acts or omissions occurring:

1. During the performance of your duties;
2. Within the scope of your employment; or
3. Under color of authority,

then under the terms of Utah Code 52-6 you have the right to recover from your employing School District reasonable attorneys fees and court costs, if the indictment or information is quashed, dismissed or results in an acquittal, unless it is quashed or dismissed on motion of the prosecuting attorney. The Fund does NOT provide an attorney nor pay for attorneys fees incurred in defending a criminal case, nor does it cover or pay for any fines, fees, or any other costs assessed in a criminal case.

Additional Insurance Options

Civil Liability Coverages		Civil coverage not provided by Governmental Immunity Act.Fund	Criminal Defense Coverages
State Risk Fund	Coverage for employees of School Districts under the Governmental Immunity Act is generally consistent with the Utah Governmental Immunity Act damage caps. The Fund may cover School Districts' obligations to their employees up to \$10 million per occurrence. Coverage is primary and pays before other coverages. Punitive damages are not covered. Liability for district vehicle usage by employees is covered by the fund.	N/A	No criminal defense coverage.
UEA	Coverage limits are \$1 million per occurrence in damages awarded, \$3 million per occurrence aggregate, except civil rights; \$300,000, per occurrence for civil right claims inclusive of defense costs. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bail bond premiums, up to \$1,000 per bond covered; Personal property damage caused by assault up to \$500 covered;	\$35,000 per school related criminal proceeding if exonerated from all charges, if charges are withdrawn or dismissed or if case is the result of corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.
AFT	Coverage limits are \$1 million per member and \$2 million aggregate, except \$250,000 per member per year for denial of constitutional rights. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bond premium available if required for the defense of a suit; Personal property damage caused by assault up to \$250 covered; \$10,000 assault death benefit covered; \$5,000 defense costs in licensure or credential hearing covered.	\$35,000 per member per year for school related criminal charges if completely exonerated or if case results from corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.
AAE	Coverage limits are \$2 million per occurrence and \$2 million aggregate and all legal fees are covered, except sexual harassment or abuse.	Bail bond premiums, up to \$1,000 per bond covered. Legal consultation for workplace employment issues.	\$10,000 per member per claim in legal coverage for corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.

For additional information about your rights please see the following:

The Utah Governmental Immunity Act UCA 63G-7; Reimbursement of Criminal Defense Costs UCA 52-6;

Your District Risk Manager or Business Official; or

The Utah State Division of Risk Management

4315 S 2700 W

Salt Lake City, Utah 84129

(801) 957-7170

*The information provided here is a general description and comparison of coverages. For a detailed explanation of coverages you may refer to the statutes cited above and coverage brochures provided by UEA & AFT. and coverage brochures provided by UEA & AFT.

AAE – www.aaeteachers.org for information.

AFT - www.ut.aft.org for information

UEA - www.myuea.org for information