CATASAUQUA AREA SCHOOL DISTRICT – www.cattysd.org Employment Forms Checklist

NAME	Phone#
POSITION A	APPLYING FOR Cafeteria Substitute
being recomm Administration	TIONS ory, by law, that all applicants of the Catasauqua Area School District complete the following forms <u>prior</u> to your mended to the Board of Education for employment. Please present this list, along with completed forms to the on Office for confirmation. No applicants will be considered for employment unless <u>all</u> forms are complete. e sure to retain clearance copies for your records.
CHECKLIS	<u>IST</u>
	Completed application
\ <u></u>	_ ACT 34 clearance by PA State Police (www.epatch.state.pa.us)
	PA Child Abuse History Clearance (www.compass.state.pa.us/cwis)
4	_ FBI Federal Criminal History (https://uenroll.identogo.com to apply Service Code 1KG6XN)
5	_ACT 168 PA Sexual Misconduct/Abuse Disclosure (1 for each qualifying employer AND current employer)
6	ACT 126 Child Abuse Training Requirement (https://www.reportabusepa.pitt.edu)
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 (NEED COPY OF DRIVER'S LICENSE & SS CARD)
12	_ W-4 tax form
13	_ Direct Deposit Form – required for all employees
14	Market Place Notification
15	Local Services Tax - CASD Exemption Certificate If income is under \$12,000 must go to municipality working in (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	Copy of Social Security Card if not provided for 19 identification
20.	New Employee Email Accounts (all paid applicants) Visit www.cattysd.org - Departments-Human Resources-
	er/Internet Network & Email Use Form
21	Computer/Internet Acceptable Use Form (all paid applicants) http://www2.cattysd.org/distpolicies/223.pdf
	****DISTRICT USE ONLY****
	VED – IF APPLICABLE (SIGN & DATE BY PRINCIPAL) firm that the above named applicant has completed all required employment forms as listed. The forms are enclosed
herewith.	Signature
	Signature Work Date Signed ust request retirement/sick days from former district, if employee is transferring to CASD.