

## CENTRAL UNIFIED SCHOOL DISTRICT

### Returning Coaches Packet

#### INSTRUCTIONS:

This packet must be completed by all volunteer coaches and coaches; incomplete packets will not be processed. Completed packets must be authorized and signed by the site principal; packets for volunteer coaches must also be signed by the site athletic director. Authorized packets must be submitted to the Human Resources Department for processing. Volunteers and/or chaperones that require fingerprint clearance must be fingerprinted through the Central Unified Human Resources Department (at no cost to volunteers); fingerprint clearance from outside agencies cannot be accepted.

Volunteers and Coaches who are not fingerprinted shall not work with students until clearance has been received from Human Resources

#### TO BE COMPLETED BY SITE ATHLETIC DIRECTOR ONLY

SELECT COACHING TYPE: ☐ WALK ON HEAD COACH ☐ WALK ON ASSISTANT COACH ☐ VOLUNTEER COACH

STIPEND PAYMENT (please check one): ☐ FULL ☐ SPLIT (50/50) ☐ FUNDRAISER ☐ ASP (After School Program)

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ SITE: \_\_\_\_\_

- ☐ COMPLETE – Employment Application
- ☐ COMPLETE – Accident or Emergency Procedure Form
- ☐ COMPLETE - Code of Conduct for Teacher and Coaches
- ☐ COMPLETE – W-4 (District fills out #8) (*WALK ON COACH ONLY*)
- ☐ COMPLETE – I-9 (Section 1 only) (*WALK ON COACH ONLY*)
- ☐ COMPLETE – Child Abuse Training Certification [www.getsafetytrained.com](http://www.getsafetytrained.com) (Due annually)
- ☐ COMPLETE – Copy of Valid TB test (within the last 60 days)
- ☐ ATTACH – Valid CPR Certification (infant, child & adult) or Date of Completion: \_\_\_\_\_ (*WALK ON COACH ONLY*)
- ☐ ATTACH – Valid First Aid Certification or Date of Completion: \_\_\_\_\_ (*WALK ON COACH ONLY*)
- ☐ ATTACH – Concussion Certification or Date of Completion [www.nfhslearn.com](http://www.nfhslearn.com): \_\_\_\_\_
- ☐ ATTACH – Sudden Cardiac Arrest Certification or Date of Completion [www.nfhslearn.com](http://www.nfhslearn.com): \_\_\_\_\_
- ☐ ORIGINAL – Social Security Card (*WALK ON COACH ONLY*)
- ☐ ORIGINAL – Valid California Driver's License or CA I.D. (*WALK ON COACH ONLY*)

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Site Athletic Director

School Site Name

Date

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Site Principal Signature

School Site Name

Date



## Central Unified School District

4605 N. Polk Avenue • Fresno, California 93722 • (559) 274-4700

[www.centralunified.org](http://www.centralunified.org)

### EMPLOYMENT APPLICATION

An Affirmative Action/Equal Opportunity Employer

*Notice of Nondiscrimination: The Central Unified School District does not discriminate on the basis of race, color, sex, disability, or national origin, in admission or access to and treatment of employment in its programs and activities as required by Title VI, Title IX, and Section 504.*

#### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Email Address \_\_\_\_\_

System Contact Number ☐ HOME ☐ CELL Date Available \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Class \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Are you a current employee of Central Unified? ..... ☐ YES ☐ NO
2. Are you a substitute in any other public school district during the school year? ..... ☐ YES ☐ NO
3. Have you ever worked for Central Unified? If yes, please provide dates: ..... ☐ YES ☐ NO
4. Have you ever applied for work with Central Unified? ..... ☐ YES ☐ NO
5. Have you registered your credential(s) in the Fresno County Office of Education? ..... ☐ YES ☐ NO
6. Have you ever been released or asked to resign? ..... ☐ YES ☐ NO
7. Are you presently on leave status from any public agency? ..... ☐ YES ☐ NO
8. Have you ever been convicted or pleaded guilty to a felony or misdemeanor after your 18<sup>th</sup> birthday? ..... ☐ YES ☐ NO
9. Do you currently have a felony or misdemeanor charge pending? ..... ☐ YES ☐ NO
10. Do you have any relatives employed by Central Unified? ..... ☐ YES ☐ NO

If yes, please list: \_\_\_\_\_

Name Relation School/Department

Name Relation School/Department

11. If employed, could you furnish verification of the legal right to work in the United States? ☐ YES ☐ NO
12. Are you now, or have you ever have been a member of State Teachers Retirement System (STRS)?..... ☐ YES ☐ NO

If "Yes" on any of the questions 1 to 9, explain. \_\_\_\_\_

\_\_\_\_\_

Name of person to be notified in case of emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

#### HEALTH DATA

Date of last physical \_\_\_\_\_

(If employed, a medical examination may be required and provided at no expense)

Do you have any disabilities that would prevent/hinder you from performing the position for which you are applying? ..... ☐ YES ☐ NO

If yes, give the nature of the disability, limitations and any special equipment and/or considerations that may be necessary. \_\_\_\_\_

Please Print Clearly

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SITE \_\_\_\_\_  
RFP# \_\_\_\_\_  
Test Date/Score \_\_\_\_\_

POSITION(S) APPLYING FOR \_\_\_\_\_

- ☐ Administrative
- ☐ Certified
- ☐ Classified
- ☐ Classified Management

**Central Unified School District: ACCIDENT OR EMERGENCY PROCEDURE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**SPOUSE OR NEAREST RELATIVE:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**IN CASE OF ILLNESS OR INJURY, PLEASE CONTACT:** *Please list at least two people, in addition to the person listed above.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**PHYSICIAN / INSURANCE INFORMATION – OPTIONAL:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission to be transported by an ambulance or other available means if necessary: ☐ YES ☐ NO

Do you have any physical condition that would be significant in a medical emergency: ☐ YES ☐ NO

*If YES, include medication taken regularly, allergies, etc., in the space provided below.*

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site / Department**

**OATH OF AFFIRMATION OF ALLEGIANCE**

STATE OF CALIFORNIA  
COUNTY OF FRESNO

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United State and the Constitution of the State of California; that I will take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Department or Site

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

\_\_\_\_\_  
Walk On Coach

\_\_\_\_\_  
Payroll Title

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_  
HR Representative

**Pursuing Victory With Honor\***  
**Code of Conduct for Teacher-Coaches**  
**of Interscholastic Age Student-Athletes**

*This Code of Conduct applies to all teacher-coaches of interscholastic age athletes.*

*The Code has been adopted by Central Unified Athletics*

Those who coach student-athletes are, first and foremost, teachers who have a duty to assure that their sports programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character<sup>SM</sup>”). The highest potential of sports is achieved when teacher-coaches consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Sincere and good faith efforts to honor the words and spirit of this Code will improve the quality of our programs and the well-being of our student-athletes.

**TRUSTWORTHINESS**

- *Trustworthiness* — Be worthy of trust in all you do and teach student-athletes the importance of integrity, honesty, reliability and loyalty.
- *Integrity* — Model high ideals of ethics and sportsmanship and always pursue victory with honor. Teach, Enforce, Advocate and Model (T.E.A.M.) the importance of honor and good character by doing the right thing even when it’s unpopular or personally costly.
- *Honesty* — Don’t lie, cheat, steal or engage in or permit dishonest or unsportsmanlike conduct.
- *Reliability* — Fulfill commitments; do what you say you will do; be on time. Except in cases of extreme personal necessity, no teacher-coach should or resign during a season.
- *Loyalty* — Be loyal to your school and team. Put the team above personal glory.
- *Primacy of Educational Goals* — Be faithful to the educational and character-development missions of the institution and assure that these objectives are not compromised to achieve sports performance goals. Always place the academic, emotional, physical and moral well-being of student-athletes above desires and pressures to win. Coaches should be viewed, first and foremost, as teachers and referred to as “teacher-coaches.”
- *Counseling* — Be candid with student-athletes and their parents about the likelihood of getting an athletic scholarship or playing on a professional level. Advise them that many colleges will not recruit student-athletes who do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably. Create a more realistic understanding in student-athletes and their parents of how few athletes get athletic scholarships and become professionals and the relatively short careers of those who do.
- *College Recruiting* — Be honest and candid with college recruiters about the character and academic abilities and interest of student-athletes. Involve the parents/guardians with the college representative and take the lead in the recruiting process.

**RESPECT**

- *Respect* — Treat all people with respect all the time and require the same of student-athletes.
- *Class* — Be a good sport. Teach and model class. Be gracious in victory and accept defeat with dignity. Encourage student-athletes to help up fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Taunting* — Don’t engage in or allow trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport. Assure that student-athletes conduct themselves in an appropriate manner.
- *Respect for Officials* — Treat game officials with respect; don’t complain about or argue with an official’s decisions during or after an athletic event. Adopt and enforce policies and procedures to assure that the conduct and decisions of referees are subject to reasonable review. Vigorously protect referees from retaliation, blackballing or intimidation by teacher-coaches or others who are unhappy with the way a referee called a game. Assure that neither you nor your players publicly criticize a official in a manner that discredits the game, impugns the honor or the integrity of any official or subjects the referees to ridicule or hostility. Adopt whatever policies are necessary to assure the safety of referees and prevent verbal or physical abuse from teacher-coaches, student athletes or spectators. Encourage regular and formal opportunities for coaches, and in some cases student-athletes, to interact and converse with referees in non-confrontational settings.
- *Respect for Parents/Guardians* — Treat the parents/guardians of student-athletes with respect. Be clear about your expectations, goals and policies and maintain open lines of communication.
- *Profanity* — Don’t engage in or permit profanity or obscene gestures during practices, sporting events, on team buses, or in any other situation where the behavior could reflect badly on the school or the sports program.
- *Positive Coaching* — Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. Refrain from physical or psychological intimidation, verbal abuse,

and conduct demeaning to student-athletes or others. Goals related to the basketball program should be clearly stated in a manner that is consistent with the educational mission of the institution and the basketball program should pursue these objectives in the context of the overall athletic program mission. Consider very carefully the potential impact of any incentives and disincentives proposed or agreed to in the context of the institution's sportsmanship and character-building goals.

- *Effort and Teamwork* — Encourage student-athletes to pursue victory with passion, to think and play as a team, to do their best and continually improve through personal effort and discipline. Discourage selfishness and put less emphasis on the final outcome of the contest.
- *Professional Relationships* — Maintain appropriate, professional relationships with student-athletes and respect proper teacher-student boundaries. Sexual or romantic contact with students is strictly forbidden as is verbal or physical conduct of a sexual nature directed to or in view of student-athletes. Always put the best interests of the student-athlete above personal considerations and scrupulously avoid conflicts of interest including financial relationships that could be construed as exploitive. Guard against personal, financial, social, organizational, or political factors that might lead to misuse of influence and scrupulously avoid accepting any benefits conferred by persons who seek to influence a decision of a student athlete. Fully disclose all relevant facts including the nature and amount of compensation to the student-athlete and his or her parents or guardians.

### **RESPONSIBILITY**

- *Life Skills* — Always strive to enhance the physical, mental, social and moral development of student-athletes and teach them positive life skills that will help them become well-rounded, successful and socially responsible. Discuss ethical and sportsmanship issues in relation to actual and hypothetical situations occurring or likely to occur in practice or games.
- *Advocacy of Education* — Advocate the importance of education beyond athletic eligibility standards and work with faculty and parents/guardians to help student-athletes set and achieve academic goals. The academic performance of student-athletes in terms of grades and actual graduation should be a major factor. Assure that interscholastic programs do not unduly interfere with the ability and motivation of student-athletes to achieve their academic potential. Encourage student-athletes to think of themselves as students first and athletes second. Provide comprehensive support programs that can help student-athletes deal with academic issues. Be attentive to the grades and effort of student-athletes as well as upcoming exams and papers.
- *Advocacy of Honor* — Prominently discuss the importance of character, ethics and sportsmanship in materials about the athletic program and vigorously advocate the concept of pursuing victory with honor in all communications. Stress that good character, ethics and sportsmanship are essential to honorable athletic

competition and that victory attained in any other way is empty and unworthy.

- *Good Character* — Foster the development of good character by teaching, enforcing, advocating and modeling (T.E.A.M.) high standards of ethics and sportsmanship and the Six Pillars of Character. Look for opportunities to state and reinforce positive messages consistent with the Pursuing Victory with Honor campaign.
- *Role-Modeling* — Be a worthy role-model. Always be mindful of the high visibility and great influence you have as a teacher-coach and consistently conduct yourself in private and coaching situations in a manner that exemplifies all you want your student-athletes to be. Teacher-coaches should emphasize in oral and written communication the on- and off-court responsibility of teacher-coaches and student-athletes to be worthy role models and positive ambassadors for the institution.
- *Personal Conduct* — Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or in other situations where your conduct could undermine your positive impact as a role model. A comprehensive communication and enforcement strategy should be implemented to assure that all parties involved fully understand the standards that apply to them and that they will be held accountable to those standards. Regularly incorporate positive messages about sportsmanship, character and ethics into practices and game situations.
- *Competence* — Strive to improve coaching competence and acquire increasing proficiency in coaching principles and current strategies, character-building techniques, and first-aid and safety. Have basic knowledge of: 1) the character-building aspects of sports and methods of teaching and reinforcing sportsmanship and good character, 2) the requirements of a safe sports environment including C.P.R. certification and knowledge of first aid and the physical limitations of the age group coached, and 3) the rules, strategies and principles of effective coaching.
- *Knowledge of Rules* — Maintain a thorough knowledge of current game and competition rules and assure that your student-athletes know and understand the rules. Examine existing rules and regulations limiting the length of seasons, the amount of practice time permitted per week, and the number of games that may be played in light of actual practices that may evade the spirit or even violate the letter of those regulations.
- *Positive Environment* — Strive to provide a challenging, safe, enjoyable and successful experience for the athletes by maintaining a sports environment that is physically and emotionally safe.
- *Safety and Health* — Establish standards and regulations that put the health of young athletes above other considerations. Be informed about basic first aid principles and the physical capacities and limitations of the age group coached.
- *Unhealthy Substances* — Educate student-athletes about the dangers and prohibit the use of unhealthy and illegal substances including alcohol, tobacco and recreational

or performance-enhancing drugs and nutritional supplements. Be informed about the health risks involved in the use of over-the-counter nutritional supplements, tobacco and alcohol.

- *Eating Disorders* — Counsel students about the dangers of and be vigilant for signs of eating disorders or unhealthy techniques to gain, lose or maintain weight.
- *Physician's Advice* — Seek and follow the advice of a physician when determining whether an injured student-athlete is ready to play.
- *Privilege to Compete* — Assure that student-athletes understand that participation in interscholastic sports programs is a privilege, not a right, and that they are expected to represent their school, team and teammates with honor, on and off the field. Require your student-athletes to consistently exhibit good character and conduct themselves as positive role models. Stress that the organization's commitment to education, sportsmanship and ethics and its character-building and life skills goals take precedence.
- *Self-Control* — Control your ego and emotions; avoid displays of anger and frustration; don't retaliate.
- *Integrity of the Game* — Protect the integrity of the game.
- *Gambling* — Don't gamble or associate with professional gamblers. Be informed about the rules prohibiting gambling activities.
- *Enforcing Rules* — Enforce the codes of conduct consistently in all sports-related activities and venues even when the consequences are high. Teacher-coaches who observe what reasonably appears to be misconduct are obligated to report their observations.
- *Protecting Athletes* — Put the well-being of student-athletes above other considerations and take proper steps to protect them from inappropriate conduct. High school programs should discourage student-athletes and teacher-coaches from participating in non-conforming basketball programs.
- *Access* — Help make a broad spectrum of sports experiences available to all diverse communities.
- *Improper Commercialism* — Be sensitive to and avoid unwholesome commercialism including inappropriate exploitation of your name or the name of the school and undue financial dependence on corporate entities. Carefully consider the impact on students and the general public of permitting commercial advertising in arenas and stadiums. Understand that there is no free equipment and that the cash value of the equipment is simply a payment in kind for the benefits sought by the commercial entity.

#### FAIRNESS

- *Fairness and Openness* — Be fair in competitive situations, team selection, discipline and all other matters. Be open-minded and willing to listen and learn.

#### CARING

- *Safe Competition* — Put safety and health considerations above the desire to win. Never permit student-athletes to intentionally injure any player or engage in reckless behavior that might cause injury to themselves or others.
- *Caring Environment* — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team

#### CITIZENSHIP

- *Honoring the Spirit of Rules* — Observe and require student-athletes to observe the spirit and the letter of all rules including the rules of the game and those relating to eligibility, recruitment, transfers, practices and other aspects of interscholastic competition. Demand integrity and observe and enforce the spirit and letter of the rules. You should not engage in or allow any conduct designed to evade rules governing fair competition.
- *Promoting Sportsmanship* — Promote sportsmanship over gamesmanship; don't cheat. Resist temptations to gain competitive advantage through strategies (such as devious rules violations, alteration of equipment or the field of play, or tactics designed primarily to induce injury or fear of injury) that violate the rules, disrespect the highest traditions of the sport or change the nature of competition by negating or diminishing the impact of the core athletic skills that define the sport. Establish and regularly practice pre- and post-game rituals and traditions that reinforce the principles of sportsmanship. Specially acknowledge acts of good sportsmanship on the court.

**I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.**

\_\_\_\_\_  
Teacher-Coach Signature

\_\_\_\_\_  
Date

\*Our athletic program endorses the *Pursuing Victory With Honor* Arizona Sports Summit Accord.

"Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____
<div style="display: flex; align-items: center;"><div style="border-left: 1px solid black; padding-left: 10px; margin-right: 10px;">For accuracy, complete all worksheets that apply.</div><div><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div></div>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details.	<b>1</b>	\$
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	<b>2</b>	\$
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	<b>5</b>	\$
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	<b>6</b>	\$
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	<b>7</b>	\$
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	<b>8</b>	
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	<b>9</b>	
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	<b>2</b>	
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet	<b>3</b>	

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	<b>8</b>	\$
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	<b>9</b>	\$

#### Table 1

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

#### Table 2

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
-----------------------------	---------------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Central Unified School District	
Employer's Business or Organization Address (Street Number and Name) 4605 N. Polk	City or Town Fresno	State CA	ZIP Code 93722

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------


I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# Get Safety Trained



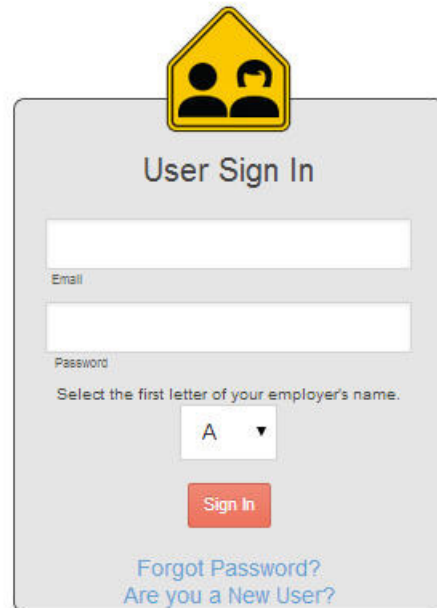
## New User Registration

1. For first time registration, go to [www.crma-jpa.org](http://www.crma-jpa.org)
2. Select "Training and Risk Management" which can be found toward the top of the webpage.
3. Select this icon  to begin.
4. Select the blue letters that say, "Are you a New User?" in the User Sign In Box.
5. Select the first letter of your School District from the drop down list and then click Continue.
6. Select your School District and click Submit.
7. Complete the registration form with name, job title, etc., and click Agree.
8. You will then be directed to your personal training page.



## User Sign In (after you have registered as a new user)

1. Go to [www.getsafetytrained.com](http://www.getsafetytrained.com) to the User Sign In Box
2. Enter the email address you used to register.
3. Enter your password.
4. Select the first letter of your School District from the drop down list and then click Sign in.
5. Select your School District and click Submit.
6. You will be directed to your personal training page.
7. From your personal training page, you may edit your personal information, take an online training course, view available, required, completed or past-due courses, and print your certificates.
8. Go to view All Courses and click on **Child Abuse Training for Educators.**



The form is titled "User Sign In" and features a yellow house icon with two people inside. It contains the following fields and elements:

- Email input field
- Password input field
- Dropdown menu labeled "Select the first letter of your employer's name." with the letter "A" selected.
- Red "Sign In" button
- Links for "Forgot Password?" and "Are you a New User?"





**CENTRAL UNIFIED SCHOOL DISTRICT  
RISK MANAGEMENT  
4605 N POLK  
FRESNO, CA 93722  
(559) 274-4700 X103**

**DISTRICT RENTAL/DISTRICT/PERSONAL VEHICLE USE FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
DRIVER'S LIC. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
YEAR/MAKE AUTO: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_  
YEAR/MAKE AUTO2: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_  
INSURANCE CARRIER/AGENT \_\_\_\_\_ PHONE#: \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_ DRIVING RESTRICTIONS: \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the Central School District in the course of my duties I may utilize my personal vehicle. I must have liability insurance coverage in force as required by the State of California and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

SIGN: \_\_\_\_\_ STAFF PARENT OTHER DATE: \_\_\_\_\_  
CIRCLE ONE  
SITE: \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
SITE ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District's travel accident policy would be used only after your policy limits have even exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel or students or guests as passengers; (4) carry only the number of passengers for which your vehicle was designed; and (5) each passenger is required to use a safety belt.

Please complete form and attach a legible photocopy of the following: **(1) Proof of Insurance** form presently being provided by your automobile insurance company that indicates expiration date of insurance and **(2) Driver's License**. And return to the Risk Management Department, District Office Annex, prior to driving for a District sponsored activity. District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

District Office Use

REVISED 4-2010

\_\_\_\_\_  
District Office Approval

\_\_\_\_\_  
Date

**APPROVAL EXPIRES:** \_\_\_\_\_

**DENIED**



## Central Unified School District

Human Resources Department • 4605 N. Polk Avenue • Fresno, CA 93722 • (559) 274-4700 • [www.centralunified.org](http://www.centralunified.org)

### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health  
and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider  
(physician, physician assistant, nurse, nurse practitioner)

Name: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security (last 4 digits): \_\_\_\_\_

Classified ☐ Certificated ☐ Job Title: \_\_\_\_\_

History of positive TB disease. \_\_\_\_\_ Yes (If yes, a copy of clear chest x-ray required at initial hire)  
\_\_\_\_\_ No (If no, continue with questions below)

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors			
1.	One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) NOTE: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB	YES	NO
2.	Close contact with someone with infectious TB disease	YES	NO
3.	Birth in any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe	YES	NO
4.	Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe)	YES	NO
5.	Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	YES	NO

*I declare under penalty of perjury, under the laws of the State of California, that all answers contained in this questionnaire are true and correct, with full knowledge that all answers made on this questionnaire are subject to investigation and that any false or dishonest answer may be grounds for denial of employment.*

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

Date \_\_\_\_\_

### CERTIFICATE OF COMPLETION

(To be signed by health care provider completing the risk assessment and/or examination)

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors or if tuberculosis risk factors were identified, has been examined and determined to be free of infectious tuberculosis.

Central Unified School District Health Care Provider:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

If other than CUSD

Medical Care Facility: \_\_\_\_\_

Health Care Provider: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SITES: FOR PPD (TB) SKIN TESTS\*

PLEASE CALL FOR AN APPOINTMENT W/THE SCHOOL NURSE

### NO PPD (TB) SKIN TEST ON THURSDAYS

HERNDON- BARSTOW ELEMENTARY

PHONE: 559-276-5250

EL CAPITAN MIDDLE SCHOOL

PHONE: 559-276-5270

RIVER BLUFF ELEMENTARY SCHOOL

PHONE: 559-276-6001

CENTRAL HIGH SCHOOL – EAST

PHONE: 559276-0280, EXT. 133

TB HEALTH QUESTIONNAIRE CAN BE COMPLETED AT ANY SITE.

\*PPD (TB) SKIN TESTS MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION