



## *Haverhill Public Schools*

### *Application Packet*

- Application – Must be completed in its entirety
- CORI Form w/Government ID attached (color copy)
- Fingerprint Acknowledgement (*An Act Relative to Background Checks*)
- Fingerprint Instructions
- W4 – Employee’s Withholding Certificate (*Federal & State*)
- Direct Deposit Form & Instructions
- Payment Cycle Format Election (**ESP’s, Nurses, & Teachers only**)
- Social Security (SSA-1945)
- HPS Emergency Notification
- A.L.I.C.E Acknowledgement
- I-9 Form w/2 forms of Government ID’s (color copy)**\*\*DO NOT FORGET TO SIGN FORM**
- Racial & Ethnicity Demographics (*optional*)
- State Ethics Training Instructions (*submit certificates with application packet*)
- Annual State & Federal Mandated Training Acknowledgement Signature Page (*Training sent in attachment for your review and records*)
- HPS Policy Packet Signature Page (*HPS policy sent in attachment for your review and records*)
- Technology – Written Information Security Program

**All policies and forms can be found on the Haverhill Public Schools website on the Human Resources page.**



**H AVERHILL PUBLIC SCHOOLS**  
EMPLOYMENT APPLICATION

Ms., Mrs., Mr.: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Bilingual: YES / NO Languages: \_\_\_\_\_

*Application is for:* School Spring Posting# \_\_\_\_\_

\_\_\_ Full-time      \_\_\_ Part-time      \_\_\_ Substitute      \_\_\_ Summer

*Position(s) For Which You Are Applying:*

___ Administrator _____	___ Crossing Guard _____	___ Paraprofessional/Special Ed _____
___ Athletic Department _____	___ Custodian _____	___ Security Specialist _____
___ Bus Driver _____	___ Lunch Monitor _____	___ Specialist _____
___ Bus Monitor _____	___ Maintenance Department _____	___ Teacher _____
___ Cafeteria _____	___ Nurse _____	___ Technology Department _____
___ Clerical _____	___ Paraprofessional/Instructional _____	___ Therapist _____
		___ Other _____

***Applicant Statement:***  
*I hereby certify that the facts set forth in this employment application are true and complete. I understand that if employed, falsified statements, omission or misrepresentation of fact on this application may be considered sufficient cause for refusal of hire or immediate dismissal. I authorize the Haverhill Public Schools to make any investigation of my personal history. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Haverhill Public Schools.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

***Employment Application Statement:***  
*The Haverhill Public Schools subscribe to the fullest extent to the principle of the dignity of all people and of their labors and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, military status, or disability. Every available opportunity will be taken in order to assure that each applicant for a position is selected on the basis of qualifications, merit and ability.*

EDUCATION					
Type	School	City, State	Major	Degree/Diploma	Date Graduated
High School					
Vocational					
Associates					
Bachelors					
Masters					
Other					

LICENSURE/CERTIFICATIONS				
State Issued	License #	Subject Area/Field	Level	Expiration Date

*It is the responsibility of the applicant to submit, if applicable, college transcripts, licenses, and certifications.*

WORK EXPERIENCE <i>List in chronological order with most recent first. DO NOT state "see resume"</i>					
From	To	Place of Employment	Location	Phone Number	Position
Mo. Yr.	Mo. Yr.				
		<b>Reason for Leaving:</b>			
Mo. Yr.	Mo. Yr.				
		<b>Reason for Leaving:</b>			
Mo. Yr.	Mo. Yr.				
		<b>Reason for Leaving:</b>			

STUDENT TEACHING, PRACTICUM, & INTERNSHIP EXPERIENCE – <i>First Year Teachers Only</i>					
From	To	School	Town/City	State	Grade Levels / Subjects Taught

MENTOR INDUCTION ( <i>FIRST YEAR AND SECOND YEAR</i> )
Have you completed a mentor induction program? 1 <sup>ST</sup> year: YES _____ NO _____ 2 <sup>ND</sup> year: YES ____ NO ____ If yes, please provide a copy of the certificate with application.

MILITARY SERVICE <i>Active Duty</i>						
From		To		Branch of Service/Nature of Work	Rank	Number of Years & Months
Mo.	Yr.	Mo.	Yr.			



**REFERENCES** *Please do not list relatives. At least two must be job-related.*

Full Name	Official Position	Present Address			Telephone No.
		No. Street	City/Town	State	

**CITIZENSHIP**

Can you present proof, if hired, that you are eligible to work in the United States? YES \_\_\_ NO \_\_\_

**Civil Service Status: (If Applicable)**

Have you taken the Civil Service examination? YES \_\_\_ NO \_\_\_

Title of exam: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**Are you receiving a Massachusetts Retirement or Disability Pension? \*YES \_\_\_ NO \_\_\_**

*\*If yes, please note your income is limited according to M.G.L. c.32 § 91(b) & (c) and you cannot work more than 1200 hours in the service of the Commonwealth or a political subdivision thereof in a calendar year.*

**SKILLS**

	Please Indicate Level - Circle				Please Indicate Level - Circle		
Microsoft Word	Basic	Intermediate	Expert	Google Suite	Basic	Intermediate	Expert
Microsoft Excel	Basic	Intermediate	Expert	Google Forms	Basic	Intermediate	Expert
Microsoft Outlook	Basic	Intermediate	Expert	Google Classroom	Basic	Intermediate	Expert
Microsoft PowerPoint	Basic	Intermediate	Expert	Teach Point	Basic	Intermediate	Expert
School Brains	Basic	Intermediate	Expert	Other:	Basic	Intermediate	Expert
Budget Sense	Basic	Intermediate	Expert	Other:	Basic	Intermediate	Expert

**STATEMENT OF CANDIDACY**

**Write a brief statement to give additional information regarding your candidacy, to include:**

**For Instructional Staff:** Your philosophy of education, professional aspirations, personal approach to teaching, skills and demonstrated competencies that you believe will impact and/or contribute to the educational process in the Haverhill Public Schools.

**For Non-Instructional Staff:** Your personal aspirations and interest in the Haverhill School District as well as how you believe your personal skills and competencies will have a positive impact and/or contribute to the educational process of the Haverhill Public Schools.

***City Employment***

Have you ever been employed by Haverhill Public Schools or the City of Haverhill? YES \_\_\_ NO \_\_\_

If yes, indicate department and position: \_\_\_\_\_  
 Dept./Position                              Date of Employment                              Supervisor



**FOR OFFICE USE ONLY**

<u>Verification Checklist:</u>	<u>Document Checklist:</u>
___ Official Transcripts ___ Copy of Transcripts	___ School Spring Packet
___ Degree _____	___ Letters of Reference (1) ___ (2) ___ (3) ___
___ MA DESE License # _____	___ CORI Check – Date: Submitted _____ Received _____
___ MEPID # _____	___ Fingerprint Acknowledgement
Area _____ Temp Prelim. Initial Prof. Other	___ Fingerprint Check - Date: Submitted _____ Received _____
Area _____ Temp Prelim. Initial Prof. Other	___ Suitability Letter Received – Date: _____
SEI Endorsement ( ) YES ( ) NO	___ I-9 Form ___ Passport or 2 ID's
___ Mentor Induction Certificate	___ W-4 Form
___ DPL or DPH License# _____	___ Direct Deposit Form ___ Bank Letter or Voided Check
Area _____	___ Emergency/No School Contact Information
___ ESP - ParaPro Assessment _____	___ Policy Packet
___ Bus Drivers: ___ 7D ___ CDL	___ Tobacco Use on School Property, Drug-Free Workplace, Internet Policy, Non-Discrimination & Harassment, MCAD Pregnant Workers Fairness Act
___ Reference Checks (1) ___ (2) ___ (3) ___	___ State Ethics Training Online _____ Acknowledgement
<b><u>Personnel Checklist:</u></b>	___ DESE Mandatory Packet
Classification: _____ Step: _____ Salary \$ _____	___ Social Security Form
Prorated: Yes or No Unit _____ Non-Unit _____	___ A.L.I.C.E. Acknowledgement
Daily \$ _____ Hourly \$ _____	___ EPIMS Race & Ethnicity Demographics (optional)
Start Date: _____	___ Written Information Security Program (WISP)
FTE: ___ .25 ___ .50 ___ .75 ___ 1.0 Other _____	___ Substitute Handbook
Predecessor: _____	___ Substitute Questionnaire (Reasonable Assurance)
Position: _____	_____
Location: _____	_____
( ) SB _____ ( ) BS _____	_____
( ) Payroll ( ) Benefits	_____
( ) Technology ( ) Substitute List	_____

Please submit application to:  
**Haverhill Public Schools ~ C/O Human Resource Department**  
**4 Summer Street – Suite 104 ~ Haverhill, MA 01830**

**IMPORTANT!!  
COLOR COPY  
OF  
GOVERNMENT  
ISSUED ID  
MUST BE  
ATTACHED**

**HAVERHILL PUBLIC SCHOOLS**

**4 Summer Street Room 104  
Haverhill, MA 01830  
978-374-3400**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

Haverhill Public Schools is registered under the provisions of M.G.L. c.6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicants, or current licensees, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Haverhill Public Schools to submit a CORI check for my information to the DJIS. The authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check. I also understand, that Haverhill Public Schools may conduct subsequent CORI checks within one year of the date of this form signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
**Signature of CORI Subject** **Date**

**Please check one:**  **Current Employee**  **Prospective Employee**  **Subcontractor**  **Volunteer**  **Student**

**SUBJECT INFORMATION – PLEASE PRINT** **School:** \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY): \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**Last Six (6) Digits Of Social Security Number:** \_\_\_\_ \_ --- \_\_\_\_ \_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_

Father's Full Name : \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

The information contained above was verified by reviewing the following form of government issued photographic identification (circle one):			
Driver's License	Passport	State ID	Military ID
Verified By: _____ Print		_____ Signature	
School/Location: _____		Date: _____	



M.G.L. Chapter 77 of the Acts of 2013  
An Act Relative to Background Checks

On September 3, 2013, the Governor signed into law Chapter 77 of the Acts of 2013, “An Act Relative to Background Checks.” This was an amendment to the initial Massachusetts law signed on January 10, 2013, Chapter 459 of the Acts of 2012, requiring fingerprint based national and state criminal background checks for school employees and others.

As a condition of employment with Haverhill Public Schools, you will be subject to a Massachusetts CORI (Criminal Offender Record Information) and a fingerprint-based national and state criminal background check. These must be completed prior to your start date. Under Chapter 77, the employee/prospective employee/volunteer is responsible for the cost of the of the national criminal background check. The fingerprint fees are \$35 for non-licensed and \$55 for licensed individuals.

Your employment in the Haverhill Public Schools is conditioned upon completion and assessment of the CORI and fingerprint-based national and state criminal background check.

Please sign below indicating your understanding and acknowledgement of these conditions of employment.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information regarding national criminal background checks, please visit <http://www.mass.gov/eopss/agencies/dcjis/>





**Haverhill Public Schools**  
**Fingerprinting Fulfillment Process**  
*IdentoGO Massachusetts*

1. To make an appointment for fingerprinting, Log onto <https://ma.state.identogo.com> or call 1-866-349-8130. **Walk ins are not accepted.**
  - Under Fingerprinting & Enrollment Services, click on Register for In-State Digital Fingerprinting Services
  - Agency/Sector > “Pre-K-12<sup>th</sup> Grade Education (ESE)”
  - Fingerprint Reason > “All Other School Personnel” or “Licensed Educator”
  - The Provider ID for Haverhill is 01280000. You may add up to 10 different school districts provider ID’s. Keep in mind all school districts entered would receive the fingerprint results.
  - **Be sure to print out your registration confirmation and bring it with you to your appointment.**
2. Arrive for your appointment with your printed registration confirmation and valid (not expired) Government issued ID.
3. Pay the appropriate fee of \$35 (All Other School Personnel) or \$55 (Licensed Educator) in person at time of appointment via credit card, bank or personal check, or money order. **Cash is not accepted.**
4. Trained Enrollment Agents will ensure that your paperwork is in order, take your fingerprints, process the request, and have you on your way!

Haverhill Public Schools will receive the results and contact you if additional information is needed. It’s important to retain your receipt for your records. Human Resources may request a copy of the receipt.

Please log onto <https://ma.state.identogo.com> or call 1-866-349-8130 with any questions that you may have. You may also contact the Haverhill Public Schools Human Resources Department at 978-374-3411.

**Please note:** If you have been fingerprinted for another MA School District within the past 7 years, you can ask that District to send Haverhill Public Schools a Determination of Suitability. Please have the suitability letter sent to: Judy Manzi at [jmanzi@haverhill-ps.org](mailto:jmanzi@haverhill-ps.org) or Cherie Pinardi at [cherie.pinardi@haverhill-ps.org](mailto:cherie.pinardi@haverhill-ps.org)

## Employee's Withholding Certificate

OMB No. 1545-0074

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.**

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): 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) _____
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FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name ..... Social Security no. ....  
Print home address ..... City ..... State ..... Zip .....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$.....
  - A.  Check if you will file as head of household on your tax return.
  - B.  Check if you are blind.
  - C.  Check if spouse is blind and not subject to withholding.
  - D.  Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date ..... Signed .....

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



**HAVERHILL PUBLIC SCHOOLS  
Request for Direct Deposit Form**

**SAFE ~ SIMPLE ~ RELIABLE ~ CONVENIENT**

1. I authorize Haverhill Public Schools to automatically deposit funds owed to me to my

Checking or  Savings account at: \_\_\_\_\_  
FINANCIAL INSTITUTION

and to make adjustment entries, if necessary, only under the conditions at the bottom of this form.

**PLEASE PRINT**

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

Employee Address: \_\_\_\_\_

**Please attach a voided check or bank letter verifying the routing and account number.**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

2. I authorize Haverhill Public Schools to email my direct deposit pay stub to me.

Email Address: \_\_\_\_\_

I have read and understand this form.

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

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I authorize Haverhill Public Schools to automatically deposit any funds owed to me to my account at the Depository Financial Institution named above.

I understand that this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize the company to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provide that, prior to the debit, the company has notified me in writing of the reason for the debit.

**Instructions for Requesting Direct Deposit**

- ❖ Please attach a voided check or a direct deposit form from your bank, verifying the account and routing number, to this form.
- ❖ It may take 1 to 2 pay periods for the direct deposit to take effect.
- ❖ If at any time you wish to stop your direct deposit, you must notify the Payroll Department in writing no later than (7) seven days prior to the date of the next payroll. It may be a good idea to leave an account open that you were having a direct deposit sent to until the next payroll so that if the change does not make it to the payroll department in time you will still have an account that the direct deposit will be accepted into.
- ❖ If you wish to change your direct deposit to a different bank you must then complete a new application of direct deposit and submit it to the Payroll Department. You will receive a check until the direct deposit is accepted by the new bank (approx. 2 pay periods)

Please return the completed form to the Payroll Department. If you have any questions, please call the Payroll Department at 978-420-1959.





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# Haverhill Public Schools

*Payroll Department*

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## PAYMENT CYCLE FORMAT ELECTION

THIS FORM COMPLIES WITH IRS REGULATIONS; SECTION 409A

TO: All Teaching, Nursing and ESP Staff only  
FROM: Charlene Sandlin, Payroll Specialist  
SUBJECT: Pay Cycle Election **FY24**

Please select your option to receive 22 pay cycles or 26 pay cycles. This is a one-time option that cannot be changed until the following fiscal year.

I authorize my annual salary to be distributed in **22** equal pay cycles.

I authorize my annual salary to be distributed in **26** equal pay cycles with the last pay period consisting of 5 pay cycles.

My signature below affirms that I understand my pay election will be considered a permanent election until the end of the fiscal year at which time I may change my pay election for the following fiscal year. If I do not change my selection in future years my election above will remain in effect.

If this form is not returned your pay election will default to your previous year's election.

Please return to Charlene Sandlin, Payroll Specialist, at [charlene.sandlin@haverhill-ps.org](mailto:charlene.sandlin@haverhill-ps.org) or fax to 978-374-3422 or send interoffice to Payroll Department.

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

Employee Name (PRINT): \_\_\_\_\_

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

Choose one:  ESP  Nurse  Teacher

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

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



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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

***Haverhill Public Schools – Emergency Notification***  
*~Please Print~*

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

Emergency Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

-----

***Haverhill Public Schools – Emergency / No School Notification***

Keeping you informed is a top priority in the Haverhill Public School System. That's why we have adopted an automated notification service, which allows us to send a telephone and e-mail message to you providing important information about school events or emergencies. We anticipate using this service to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more.

**Please provide the following contact information to which you would like to receive notifications:**

**Home Phone #1:** \_\_\_\_\_

**Cell Phone #2:** \_\_\_\_\_

**Email Address #1:** \_\_\_\_\_





## Haverhill Public Schools

### Acknowledgement of Receipt

**This acknowledgement must be signed, detached and returned to the Human Resources Department prior to employment.**

I, \_\_\_\_\_, an employee/applicant of the Haverhill Public School District,

Please Print

hereby certify that I have received a copy of the basic A.L.I.C.E. information for my review. I understand that I will be receiving a link via e-mail and must complete the mandatory A.L.I.C.E. on-line training within 21 days.

The certificate received at the end of the training will be printed and forwarded to the Human Resource Department.

Please send my link to my personal e-mail: \_\_\_\_\_

PLEASE PRINT

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

\_\_\_\_\_  
Date



# A.L.I.C.E

Alert, Lockdown, Inform, Counter, Evacuate

*Changes in best practices have occurred nationally for intruders on school campus procedures. A.L.I.C.E. is a set of proactive, options-based strategies that incorporates recommendations from multiple Federal and State agencies.*

## **Profile of an active shooter**

- An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases active shooters use firearms and there is no pattern or method to their selection of victims.
- Active shooter situations are unpredictable and evolve quickly. Typically the immediate deployment of Law Enforcement is required to stop the shooting and mitigate the harm to victims.
- Active shooter situations are often under ten minutes long. Law Enforcement response could be up to or more than ten minutes, so individuals must prepare both mentally and physically for what to do in an active shooter situation.

***This is not training for A.L.I.C.E.  
It is an overview and guide for all to consider.***

***It is important to note that the A.L.I.C.E. model gives option-based strategies in the event of an attack. These are not sequential steps. You decide how to respond based on what is happening.***



A.L.I.C.E. Overview - This strategy can be used in any order:

**Alert:** Alert is your first notification of danger. It is when you first become aware of the threat through your senses (see or hear) or notification. Your life depends on your ability to accurately assess whether you are in danger. ACT IMMEDIATELY!

- Recognize and accept the alert.
- Choose the best action: lockdown, evacuate, inform, or counter
- Act quickly – seconds count! Determine the most reasonable way to protect your own life.

**Lockdown:** The purpose of an enhanced LOCKDOWN is to secure in place, lock door, tie a rope, cord, belt to door handle/furniture, move furniture in front of the door to barricade, and cover any windows near the room door in order to be out of the shooter's view. Spread out within the room and prepare to EVACUATE or COUNTER (all occupants have items in hand to throw at the shooter if room is breached), if needed.

- Silence your cell phone
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

**Inform:** The purpose of INFORM is to continue to communicate the intruder's location in real time. Who, What, Where...Be factual and direct in plain language. It can be shared by anyone.

**Counter:** The purpose of COUNTER is to interrupt the intruder and make it difficult or impossible to aim. This is a strategy used when your life is in imminent danger. Attempt to disrupt and or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

Swarming the shooter - As a ***LAST*** resort, attempt to take the active shooter down. Active resistance is a last resort and should only be used if there are no other survival options. When the shooter is at **close range, and you cannot flee**, your chance of survival is much greater if you try to incapacitate him/her. It is not fighting. It is using your body weight and gravity to take the shooter down. If you are able to subdue the shooter:

- Do **not** pick up their weapon
- If possible, use a trash can or box to cover the weapon until law enforcement takes possession

**Evacuate:** The purpose of EVACUATE is to remove yourself from the danger zone when it is safe to do so.

- If there is an accessible escape path, attempt to evacuate the premises.
- Have an escape route and plan in mind
- If safe, evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible - do **not** carry your cell phone in your hands
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Staff and students should meet at the rallying site for the reunification process.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): \_\_\_\_\_

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information





**Supplement A,  
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name <i>(Family Name)</i> from Section 1.	First Name <i>(Given Name)</i> from Section 1.	Middle initial (if any) from Section 1.
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial <i>(if any)</i>	
Address <i>(Street Number and Name)</i>	City or Town	State	ZIP Code

**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		Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial <i>(if any)</i>	
Address <i>(Street Number and Name)</i>	City or Town	State	ZIP Code

**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		Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial <i>(if any)</i>	
Address <i>(Street Number and Name)</i>	City or Town	State	ZIP Code

**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		Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial <i>(if any)</i>	
Address <i>(Street Number and Name)</i>	City or Town	State	ZIP Code

**Supplement B,**

**Reverification and Rehire (formerly Section 3)**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026



Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.





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# Haverhill Public Schools

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MA DESE Education Personnel Information Management System (EPIMS)

Race and Ethnicity Demographics - *Optional*

Please Print:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_ School/Department: \_\_\_\_\_

**SR08 Race-Ethnicity**

The general racial category or categories that most clearly reflects the individual's recognition of his or her community or with which the individual most identifies.

<b>Ethnicity: ✓ Individual check one.</b>	
Not Hispanic or Latino	Hispanic or Latino

<b>Race: ✓ Individual check one or more.</b>				
White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander

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

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





## Haverhill Public Schools State Ethics Commission Conflict of Interest Law Training

The Ethics Commission recently updated the ethics training. The Ethics Reform Law imposes mandatory education and ethics training for all public employees. The new requirements can be summarized as follows: every state, county and municipal (town and school) employee must be given a Summary of the Conflict of Interest Law for Municipal Employees **and** must complete the State Ethics Commission Conflict of Interest Law Training both prepared by the Ethics Commission. This includes individuals who serve full-time, part-time, intermittently and individuals who are appointed or elected, paid or unpaid, and volunteers.

### **Instructions:**

1. Log into <https://massethicstraining.skillburst.com/User/Index.php> and create an account using your school email address (if you have one) otherwise use a personal email address. Save your login information for future use.
2. Select your organization from the drop down "Haverhill"
3. After you successfully register, complete both the Acknowledgement of Receipt of the Summary of the Conflict of Interest Law for Municipal Employees **and** the State Ethics Commission Conflict of Interest Law Training.
- **Acknowledgement Receipt of the Summary of the Conflict of Interest Law for Municipal Employees (10 minutes)**

All employees must be provided with the Summary of the Conflict of Interest Law for Municipal Employees within 30 days of being hired and then annually thereafter. All individuals are required to acknowledge they received the summary.

- **State Ethics Commission Conflict of Interest Law Training (1 hour)**

All employees must take the State Ethics Commission Conflict of Interest Law Training course upon being hired and every two years thereafter.

4. Print the certificates for each training and return with your application packet or email them to Human Resources. To print, click "Your Certificates" (top right corner of page).
5. To make changes to your profile, click "Profile" (top right corner of page). You can change your email address from your personal to your HPS email here.

*The ethics training program can also be found on our web page. For further information, please visit the State Ethics Commission website:*

<https://www.mass.gov/orgs/state-ethics-commission>

# Haverhill Public Schools Policies

## Acknowledgement of Receipt Annual State and Federal Mandated Trainings

Haverhill Public Schools is required by regulation to provide annual mandated training on the topics listed below as outlined by the Massachusetts Department of Education and Secondary Education. To review the mandated training, please log onto

- Civil Rights & Nondiscrimination
- Title IX Training
- Section 504 of the Rehabilitation Act of 1973
- Title II Training
- MGL Chapter 119 Section 51A Training
- Physical Restraint
- Confidentiality of Student Records
- McKinney-Vento Homeless Education Stability for Students in Foster Care
- Educational Stability for Students in Foster Care
- Bullying and Cyberbullying Law M.G.L. c. 70 Sect. 370

**This acknowledgement must be signed and returned to the Human Resources Department prior to employment.**

I, \_\_\_\_\_, an employee/applicant of the Haverhill Public School, hereby certify, that I have reviewed and understand the Annual State and Federal Mandated Training materials.

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

\_\_\_\_\_  
Date

**All Haverhill Public School Policies and forms can be found on the HPS Website on the Human Resources and School Committee pages.**

*Updated: April 2021*

# Haverhill Public Schools Policies

## Acknowledgement of Receipt

**This acknowledgement must be signed, detached and returned to the Human Resources Department prior to employment.**

I, \_\_\_\_\_, an employee/applicant of the Haverhill Public School, hereby certify that I have received, read and understand all of the Haverhill Public School Committee policies listed below:

- Tobacco Use on School Property
- Drug-Free Work Place
- Policy on Social Media
- Non-Discrimination and Harassment
- Sexual Harassment
- Nondiscrimination on the Basis of Disability
- MCAD – Pregnant Workers Fairness Act – I further certify that I have read and understand the MCAD Pregnant Workers Fairness Act issued January 23, 2018.

**Haverhill Public School Policies can be found on the HPS Website on the Human Resources and School Committee pages.**

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

\_\_\_\_\_  
Date



**WRITTEN INFORMATION  
SECURITY PROGRAM**

**ACKNOWLEDGMENT**

**Employee Name:** \_\_\_\_\_

**Employee Position:** \_\_\_\_\_

**Date of Receipt of Written Information Security Program:** \_\_\_\_\_

I acknowledge and agree that:

- (1) I have received a copy of HPS' Written Information Security Program;
- (2) I have read the Written Information Security Program in its entirety and fully understand the provisions contained therein; and
- (3) I agree to abide by the provisions contained in the Written Information Security Program.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Name (Printed)

\_\_\_\_\_  
Date