



## ***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.**



**HAVERHILL 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 \_\_\_\_\_  
 Athletic Department \_\_\_\_\_  
 Bus Driver \_\_\_\_\_  
 Bus Monitor \_\_\_\_\_  
 Cafeteria \_\_\_\_\_  
 Clerical \_\_\_\_\_

Crossing Guard \_\_\_\_\_  
 Custodian \_\_\_\_\_  
 Lunch Monitor \_\_\_\_\_  
 Maintenance Department \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Paraprofessional/Instructional \_\_\_\_\_

Paraprofessional/Special Ed \_\_\_\_\_  
 Security Specialist \_\_\_\_\_  
 Specialist \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Technology Department \_\_\_\_\_  
 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** *List in chronological order with most recent first. DO NOT state "see resume"*

From	To	Place of Employment	Location	Phone Number	Position
Mo. Yr.	Mo. Yr.				
<i>Reason for Leaving:</i>					
Mo. Yr.	Mo. Yr.				
<i>Reason for Leaving:</i>					
Mo. Yr.	Mo. Yr.				
<i>Reason for Leaving:</i>					

**STUDENT TEACHING, PRACTICUM, & INTERNSHIP EXPERIENCE** *— First Year Teachers Only*

From	To	School	Town/City	State	Grade Levels / Subjects Taught

**MENTOR INDUCTION (FIRST YEAR AND SECOND YEAR)**

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** *Active Duty (must provide DD-214 for verification)*

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	No. Street	Present Address City/Town	State	Telephone No.

**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 tan 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**

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

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Printed Name

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Signature

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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).

**Employee's Withholding Certificate**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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.

**2026****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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.)

**Step 3:  
Claim  
Dependent  
and Other  
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

- (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .
- (b) Multiply the number of other dependents by \$500 . . . . .

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .

3(a) \$	
3(b) \$	
3 \$	

**Step 4:  
Other  
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .

4(a) \$
4(b) \$

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .

4(c) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . . .

**Exempt from  
withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . .

**Step 5:  
Sign  
Here**

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers  
Only**

Employer's name and address

First date of  
employmentEmployer identification  
number (EIN)

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 withholdings 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 Change Form**

**SAFE ~ SIMPLE ~ RELIABLE ~ CONVENIENT**

***PLEASE PRINT***

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

1. I authorize ***Haverhill Public Schools*** to automatically deposit funds owed to me and to make adjustment entries, if necessary, only under the conditions at the bottom of this form to the following accounts:

Primary Account:

Checking or  Savings account at: (Financial Institution) \_\_\_\_\_

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

**A voided check or bank letter verifying the routing and account numbers MUST be attached.  
Please submit to the Payroll Department.**

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

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

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I authorize Haverhill Public Schools to automatically deposit any funds owed to me to my account at the Depository Financial (s) 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 provided that, prior to the debit, the company has notified me in writing of the reason for the debit.

I have read and understand both sides of this form.

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

## **Haverhill Public Schools**

### **Instructions for Requesting Direct Deposit**

- ❖ A voided check or a direct deposit form from your bank, verifying the account and routing numbers, MUST be attached 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 via US Mail, interoffice mail or drop off in person. 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 for FY26

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 by Tuesday, July 15, 2025 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), fax to 978-374-3422 or send interoffice to Payroll Department.

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

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

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

Choose one:  ESP     Nurse     Teacher

### Example of Pay Cycle Elections

	<b>22 Pay Cycles</b>	<b>26 Pay Cycles</b>
<b>Period</b>	$\$10,000.00 \div 22$	$\$10,000.00 \div 26$
5.00	\$454.55	\$384.62
6.00	\$454.55	\$384.62
7.00	\$454.55	\$384.62
8.00	\$454.55	\$384.62
9.00	\$454.55	\$384.62
10.00	\$454.55	\$384.62
11.00	\$454.55	\$384.62
12.00	\$454.55	\$384.62
13.00	\$454.55	\$384.62
14.00	\$454.55	\$384.62
15.00	\$454.55	\$384.62
16.00	\$454.55	\$384.62
17.00	\$454.55	\$384.62
18.00	\$454.55	\$384.62
19.00	\$454.55	\$384.62
20.00	\$454.55	\$384.62
21.00	\$454.55	\$384.62
22.00	\$454.55	\$384.62
23.00	\$454.55	\$384.62
24.00	\$454.55	\$384.62
25.00	\$454.55	\$384.62
26.00	<u>\$454.55</u>	<u>\$1,923.10</u> (BWG x 5 pays)
	\$10,000.00	\$10,000.00



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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 11 Month Administration Charlene  
FROM: Sandlin, Payroll Specialist  
SUBJECT: Pay Cycle Election for FY26

Please select your option to receive 24 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 24 equal pay cycles.

I authorize my annual salary to be distributed in 26 equal pay cycles with the last pay period consisting of 3 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 by July 15, 2025 your pay election will default to the 24 Pay Cycle.

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

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

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

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

### Example of Pay Cycle Elections

<u>Pay Period</u>	<i>24 Pay Cycles</i> \$10,000.00 ÷ 24	<i>26 Pay Cycles</i> \$10,000.00 ÷ 26
	<b><u>24 Pay Cycle</u></b>	<b><u>26 Pay Cycle</u></b>
3	\$416.67	\$384.62
4	\$416.67	\$384.62
5	\$416.67	\$384.62
6	\$416.67	\$384.62
7	\$416.67	\$384.62
8	\$416.67	\$384.62
9	\$416.67	\$384.62
10	\$416.67	\$384.62
11	\$416.67	\$384.62
12	\$416.67	\$384.62
13	\$416.67	\$384.62
14	\$416.67	\$384.62
15	\$416.67	\$384.62
16	\$416.67	\$384.62
17	\$416.67	\$384.62
18	\$416.67	\$384.62
19	\$416.67	\$384.62
20	\$416.67	\$384.62
21	\$416.67	\$384.62
22	\$416.67	\$384.62
23	\$416.67	\$384.62
24	\$416.67	\$384.62
25	\$416.67	\$384.59
26	<u>\$416.59</u>	<u>\$1,153.74</u> (BWG x 3)
	\$10,000.00	\$10,000.00

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

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

Employee ID#: \_\_\_\_\_

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

Employer ID#: \_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### For More Information

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.**

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

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

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

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, [www.ssa.gov/online/ssa-1945.pdf](http://www.ssa.gov/online/ssa-1945.pdf).

***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 05/31/2027

**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 ZIP Code						
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number						
<p>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.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.)</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) _____</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>Form I-94 Admission Number</td><td>Foreign Passport Number and Country of Issuance</td></tr><tr><td>OR</td><td>OR</td><td></td></tr></table>				USCIS A-Number	Form I-94 Admission Number	Foreign Passport Number and Country of Issuance	OR	OR	
USCIS A-Number	Form I-94 Admission Number	Foreign Passport Number and Country of Issuance							
OR	OR								
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)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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 <i>Haverhill Public Schools</i>		Employer's Business or Organization Address, City or Town, State, ZIP Code <i>4 Summer street Haverhill, MA 01830</i>		

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
			AND
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the 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.		5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority  <b>For persons under age 18 who are unable to present a document listed above:</b>	5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)  7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.
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		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	
<b>Acceptable Receipts</b>			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*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 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) 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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	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 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) 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 (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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) (mm/dd/yyyy)	
<b>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.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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) (mm/dd/yyyy)	
<b>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.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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) (mm/dd/yyyy)	
<b>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.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	



# Instructions for Form I-9, Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 05/31/2027

**Anti-Discrimination Notice:** Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at [www.justice.gov/ier](http://www.justice.gov/ier).

## Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 27, 2011.

## Definitions

**Employee:** A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “employee” does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

**Employer:** A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

**Authorized Representative:** Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

**Preparer and/or Translator:** Any individual who helps the employee complete or translates **Section 1** for the employee.

## General Instructions

**Filing Fee.** See Form G-1055, available at [www.uscis.gov/forms](http://www.uscis.gov/forms), for specific information about the fees applicable to this form.

Form I-9 consists of:

- **Section 1:** Employee Information and Attestation
- **Section 2:** Employer Review and Verification
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

## EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

## EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [\*\*Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)\*\*](#) and on [\*\*I-9 Central\*\*](#).

### Section 1: Employee Information and Attestation

#### Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter "Unknown" in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

#### Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select "An alien authorized to work." If you select "lawful permanent resident," enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

4. **An alien authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "an alien authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) **USCIS Number/A-Number** (7 to 9 digits);
- (2) **Form I-94 Admission Number** (11 digits); or
- (3) **Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

**Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.**

**Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.**

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

**Step 5: Present Form I-9 Documentation**

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

## Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

### Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: "DL" for driver's license, and "SSA" for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

#### List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

#### List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

#### Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

### Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:

- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
- Replacement document information if a receipt was previously presented.
- Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

**Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.**

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

**Step 4: Complete the employer certification.**

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

### **Reverification and Rehire**

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

#### **Reverifications**

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card). Reverification does not apply to List B documentation. Reverification may not apply to certain aliens. See the M-274 for more information about when reverification may not be required.

#### **Rehires**

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

## Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to [www.e-verify.gov](http://www.e-verify.gov) or contact us at [www.e-verify.gov/contact-us](http://www.e-verify.gov/contact-us).

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
  - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
  - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

## USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at [www.uscis.gov/i-9](http://www.uscis.gov/i-9). You may order paper forms at [www.uscis.gov/forms/by-mail](http://www.uscis.gov/forms/forms-by-mail) or by contacting the USCIS Contact Center at **1-800-375-5283** or **1-800-767-1833** (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](http://www.uscis.gov/i-9-central) or USCIS' Form I-9 website at [www.uscis.gov/i-9-central](http://www.uscis.gov/i-9-central).

You can obtain information about Form I-9 by e-mailing USCIS at [I-9Central@uscis.dhs.gov](mailto:I-9Central@uscis.dhs.gov). Employers may call **1-888-464-4218** or **1-877-875-6028** (TTY). Employees may call the USCIS employee hotline at **1-888-897-7781** or **1-877-875-6028** (TTY).

## Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

## Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

**Employees:** By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

**Employers:** By signing **Sections 2 and 3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

**PURPOSE:** The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

**DISCLOSURE:** The information employees provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. USCIS does not store Form I-9 data obtained from external employers or retrieve the information by a personal identifier. DHS may share the information you provide on this form and any additional requested evidence with authorized organizations. DHS follows approved routine uses described in the associated published system of records notice [DHS/USCIS-011 E-Verify, June 18, 2019, 84 FR 28326] and the privacy impact assessments [DHS/USCIS/PIA-036(b) Form I-9 Employment Eligibility Verification Update]. A complete list of the routine uses can be found in the system of records notice associated with this form at <http://www.dhs.gov/system-records-notices-sorns>. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

## **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Haverhill Public Schools

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.

Ethnicity: <input checked="" type="checkbox"/> Individual check one.	
Not Hispanic or Latino	Hispanic or Latino

Race: <input checked="" type="checkbox"/> Individual check one or more.				
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. The department is Haverhill Public Schools. 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.

If you are a new hire, please 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).

If you are a current employee, once you complete the training(s), email Krysten Howell [khowell@haverhill-ps.org](mailto:khowell@haverhill-ps.org) confirming you completed the trainings.

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 department should be Haverhill Public Schools.

*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.

- 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

Once you have reviewed the Annual State and Federal mandated training, please acknowledge by signing below.

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

---

Employee Signature

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Date

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

# **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.**

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Employee Signature

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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