

# Custer School District

527 Montgomery Street  
Custer, SD 57730

Phone: (605) 673-3154  
Fax: (605) 673-5607



**Mark Naugle**  
Superintendent of Schools

**Lisa Fluck**  
Business Manager

## SUBSTITUTE APPLICATION PACKET

**Fingerprinting cards must be picked up at the administration office 527 Montgomery Street, Monday -Thursday 7:30-4:30pm or Friday 8-1pm. The application is NOT complete without all documentation, fingerprints and background check. Please call Jennie 673-3154 with any questions.**

### **REQUIRED DOCUMENTATION (all must be provided for application submission)**

- 1) **Completed application** for Classified Employment.
- 2) **Completed Form I-9**, Employment Eligibility Authorization. Please remember to provide two of the require documents look on the back of the form for verification of required documents.
- 3) **Completed Form W-4**, Employee's Withholding Allowance Certificate.
- 4) For payroll purposes only, we need a **copy of your Driver's License & Social Security Card**. If you are unable to locate your card, the payroll office has the form from the SSA to request a replacement card.
- 5) Include a **copy of your highest level of education**.  
We must have one of the following:
  - HS Diploma
  - HS transcripts
  - A letter from your high school verifying your graduation date
  - College Transcripts
  - College Diploma
  - Teacher Certificate (even if it is expired)
- 6) **Sign CSD Confidentiality Form**
- 7) **CSD Substitute Teacher Handbook**, confirmation of receipt.



# CUSTER SCHOOL DISTRICT 16-1

527 Montgomery Street • Custer, SD 57730 • Phone: (605)673-3154 • Fax: (605)673-5607  
www.csd.k12.sd.us

An Equal Opportunity Employer

## **APPLICATION FOR CLASSIFIED EMPLOYMENT**

(Incomplete applications will not be considered)

Please Type or Print Clearly

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(City) (State) (Zip) (Daytime)

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Evening) (cell)

E-mail address: \_\_\_\_\_

Position(s) for which you are applying, please indicate:

Clerical \_\_\_\_\_ Substitute  
 Paraprofessional \_\_\_\_\_ Elementary  
\_\_\_\_\_ Secondary

Substitute Teacher (Please specify grade or subject preference): \_\_\_\_\_

Custodial/Maintenance \_\_\_\_\_ Substitute  
\_\_\_\_\_ Special Ed  
\_\_\_\_\_ Substitute

Coaching/Activity (Please specify): \_\_\_\_\_

Other \_\_\_\_\_  
(Please specify)

Please indicate in which schools you are seeking employment:  All Schools

Custer Jr/Sr High  Custer Elementary  Hermosa

### **EDUCATIONAL RECORD**

Please List the Name & Address of Each School Attended	Subjects or Courses Studied	Type of Diploma or Degree Earned	Grad. Yes/No	Total Years Attended
High School				
Technical School				
College/University Work				
Graduate Work				

*THE MISSION OF CUSTER SCHOOL DISTRICT 16-1 IS TO EDUCATE EVERY STUDENT TO HIS/HER POTENTIAL.*

**Federal Law** obligates us to provide reasonable accommodations for the known disabilities of the applicant, unless doing so would pose undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

## EMPLOYMENT RECORD

In chronological order, beginning with your most recent or present employer, please list your employment experience. Include any job-related military service assignments and volunteer activities. "See Resume" is not sufficient for this section.

Present or Last Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Wage/Salary		
		Start:	End:	
Reason for Leaving:				
Second Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Third Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Fourth Previous Employer Name		Dates Employed		Describe Type of Work Performed and Skills Used
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				

## REFERENCES (List three references who are not relatives or personal friends, and who are familiar with your professional work)

1. \_\_\_\_\_  
Name Title Address Telephone number(s)
2. \_\_\_\_\_  
Name Title Address Telephone number(s)
3. \_\_\_\_\_  
Name Title Address Telephone number(s)

May we contact the employers and references listed on this application?  Yes  No If not, please indicate by name which ones you do not wish for us to contact. \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

1. Summarize special job-related skills and qualifications acquired from employment, education, or other experience. \_\_\_\_\_  
\_\_\_\_\_
2. If you are a certified teacher, list endorsement area(s): \_\_\_\_\_

## ACTIVITIES AND HONORS

Please list any job-related activities and honors. (Please exclude memberships that would reveal race, creed, color, national origin, gender, age, or disabilities.) \_\_\_\_\_  
\_\_\_\_\_

1. Check employment you will accept:  Permanent  Temporary  Full-time  Part-time
2. Are you able to perform the essential tasks of the job for which you are applying?  No  Yes
3. Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired?  
 No  Yes
4. Have you ever been dismissed, failed to be renewed after completing a probationary period, or been asked to resign from a position?  Yes  No
5. Are there any restrictions regarding hours or days of availability?  Yes  No
6. Have you ever been convicted of an offense other than a minor traffic violation? (DUI & DWI convictions are not minor and must be reported.)  No  Yes
7. Have you ever been arrested for a felony?  No  Yes
8. Have you ever been charged with a felony?  No  Yes
9. Have you ever been convicted of a felony crime?  No  Yes
10. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense?  No  Yes
11. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense?  No  Yes
12. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense?  No  Yes
13. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense?  No  Yes
14. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense?  No  Yes
15. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug-related offense?  No  Yes
16. Have you ever been arrested for an act of violence, including domestic violence?  No  Yes
17. Have you ever been charged with an act of violence, including domestic violence?  No  Yes

18. Have you ever been convicted of an act of violence, including domestic violence?  No  Yes
19. Have you ever been the subject of an investigation by a school district or any other employer?  
 No  Yes

**If you responded "Yes" to any of the questions, #4-19, please attach an explanation.**

20. \_\_\_\_\_ I understand that a background investigation will be conducted to verify the authenticity and  
 initial completeness of the information furnished by me.
21. \_\_\_\_\_ I hereby authorize the release of information by all previous employers regarding my job  
 initial performance.
22. \_\_\_\_\_ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing  
 initial statements, and that the answers and the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.
23. \_\_\_\_\_ I further agree and consent in advance to being summarily discharged without cause or hearing  
 initial if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

\_\_\_\_\_  
**Applicant's Signature**

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

**Note to applicant:** Please attach copy of document verifying highest level of education (i.e., diploma or transcripts).

**IMPORTANT APPLICANT INFORMATION**

Due to the large number of applications, we are unable to inform you of openings. It will be your responsibility to check with this office for information on current openings. The number is 605-673-3154. Other than some substitute positions, we do not interview unless a specific position is open. It is your responsibility to update your application with our office. Applications will be kept on file for one year from the application date, unless renewed at the written request of the applicant.

**The Custer School District 16-1 does not discriminate on the basis of race or color, national origin, gender, disability, age, religion and creed, or marital status, in admission or access to or treatment or employment in its programs and activities.**

For inquiries concerning the district's compliance with Title VI or Title IX Section 504 or the Americans with Disabilities (ADA) acts please contact the Superintendent of Schools, 527 Montgomery St., Custer, SD, 57730, (605) 673-3154. For further inquiries contact the South Dakota Regional Office for Civil Rights, U.S. Dept. of Education, Office for Civil Rights, 8930 Ward Parkway, Ste 2037, Kansas City, MO, 64114-3002, phone (816) 268-0550, TDD (877) 521-2172, Fax (816)823-1404, e-mail: [OCR.KansasCity@ed.gov](mailto:OCR.KansasCity@ed.gov).

For Office Use Only

Copy of Highest Level of Education   
  New Employee Info Sheet   
  W-4 Complete  
 Fingerprinting Complete   
  Fingerprint Analysis Report Received   
  I-9 Form Complete  
 Copy of Driver's License   
  Copy of SS card   
  Sick Bank Form   
  Direct Deposit Form   
  403(b)

P:\Jen's Docs\NEWSTAFF\Classified Staff Application.doc

# Employee's Withholding Certificate

▶ **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.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> 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		
	<b>(c)</b> <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) 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>	\$ _____
	<b>(c) 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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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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



*Employer Completes Next Page*



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**Mark Naugle**  
Superintendent of Schools

**Lisa Fluck**  
Business Manager

## CONFIDENTIALITY AGREEMENT

Custer School District Staff including Coaches and Subs

Federal law guarantees privacy and confidentiality for students and their records. As an employee of the Custer School District, you may under limited circumstances, have access to sensitive student information while on campus. Student education records include all records, files, documents and other materials that contain personally identifiable information on any student.

### As a Custer School District employee, you agree to the following:

1. I will not discuss the identity, behavior, or needs of any student within the Custer School District with any person not authorized to work directly with said student.
2. I will not discuss with others the content of any specific student records, nor will I disclose personally identifiable student information, or any other information regarding individual students.
3. I understand that questions about individual students or the content of confidential student records must be directed to the principal or special education administrator.
4. I must report any breach or suspected breach in confidentiality, immediately upon my discovery, to the school principal or special education administrator.
5. I understand that appropriate conversations with school personnel who work directly with the said student, shall be held in a private location. Conversations held in any out-of-school public location, including with school personnel, are not admissible.
6. The classroom teacher in cooperation with the special education teacher should be communicating directly with parents. Substitute teachers, coaches, paraprofessionals, as well as other school personnel should defer all parent requests and/or messages to either the classroom teacher or special education teacher.

### Student Privacy and Confidentiality

As an employee in the Custer School District, Federal Regulations regarding confidentiality require that you not reveal the identity of any student with whom you may come in contact. Disclosure of any student information, including the person's presence in special education, or any description of a student may be interpreted as a Federal Criminal Offense. Students have the right to expect:

- Identity will not be disclosed.
- Nothing that happens in school will be repeated except to authorized school personnel.
- Student records and academic progress are not to be shared with anyone other than necessary school personnel.

What should I do?

- Refer all questions about a student to the student's teacher or administrator.

Before you speak, remember that violating a student's confidentiality isn't just impolite, it is against the law.

(  ) **please initial** ~ Yes, I have read and understand the Custer School District Confidentiality Agreement.

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

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

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

*The mission of Custer School District 16-1 is to educate every student to his/her potential.*