

Personal Information:	
Full Legal Name:	Former/Maiden Name:
Address:	City:
Phone: Email:	
Social Security # (last 4): Date	of Birth:
Emergency Contact:	Phone:
School: <u>OHS - Band</u> Names & Grades of Children:	
Security Information:	
1. Have you ever been convicted or had adjudication wit	thheld of a felony or other serious crime?
Yes No (If Yes, please indicate in which Sta	te)
2. Have you ever been convicted or had adjudication with	thheld of a misdemeanor?
Yes No (If Yes, please indicate in which Star	te)
3. Are you presently charged with a crime?	
Yes No (If Yes, please indicate in which Star	te)
(If you marked "YES" to any of the questions above,	please explain on an attached sheet)
Statement of Volunteer Service: I am volunteering my services to the School District of Clay County in order to understand that (1) during my time serving as a volunteer, I am not employed volunteer, I am not receiving unemployment compensation benefits; (3) I do compensation for the services for which I am volunteering; (4) I have no expensation for the services for which I am volunteering; (4) I have no expensation for the services for which I am volunteering; (4) I have no expensation for the services for which I background checks of volunteering as a mentor, an FDLE background check may be made. As regulations, policies, and laws of the State of Florida, the Florida State Board agree that the aforementioned statements constitute the terms under which in these terms; and there are no understandings to the contrary.	d by the Clay County School Board; (2) as a not expect nor do I desire any wages or ectations of employment with the Clay County School ers may be made, per Florida Statutes; (6) and, if I is a volunteer, I agree to abide by the rules, d of Education, and the Clay County School Board. I
Signature:	Date:
(Falsification of this application will result in the termination	n of your status as a volunteer)

NOTIFICATION: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.

Clay County School District - Vendor Fingerprinting and Badging

Required for chaperones and all volunteers who might work with/oversee students

VENDORS WHO DO NOT HAVE A STATE BADGE

To schedule a fingerprinting appointment for a State of Florida vendor badge through the School Board of Clay County:

- 1. Go to www.fieldprintflorida.com.
- 2. Click on the "Schedule an Appointment" button.*Notice: You will be charged an additional \$12.50 for a missed appointment unless you reschedule with Fieldprint at least 24 hours prior to your original appointment.
- 3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
- 4. Select "I know my Fieldprint Code" and enter the code "FPCLCoVendorBPrints" (all letters, no numbers. You must use the code we have provided. DO NOT use the drop down menu provided.
- 5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- 6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
- 7. After your fingerprint appointment is complete, please contact Mr. Gugel to schedule time to complete your I9 form (you will need two forms of identification for this).
- 8. Badge processing takes ten to fourteen days once the process is completed and your I9 has been received in our office. Badges will be available at the School Board of Clay County, 900 Walnut St., Green Cove Springs, FL 32043.

VENDORS WHO ALREADY HAVE A STATE VENDOR BADGE

To register with the School Board of Clay County using your State of Florida vendor badge through the FSSR:

- 1. Go to www.fieldprintflorida.com.
- 2. Use the Fieldprint code "FPCLCoVendorFSSR" (all letters, no numbers). Do not use the dropdown menu choices.
- 3. Email Sarah.Zurowski@myoneclay.net your name and who/what company that you work for.

If you have any questions or problems, you may contact the Fieldprint Customer Service Team at 877-614-4364 or customerservice@fieldprint.com.





Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

► 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.

than the first day of employment, but not				nust complete	and sign S	ection 1 o	Form I-9 no later			
Last Name (Family Name)	First Na	me (Given Nan	ne)	Middle Initial	Other L	Last Names Used (if any)				
Address (Street Number and Name)	Apt. Number	Number City or Town			State	ZIP Code				
Date of Birth (mm/dd/yyyy) U.S. Social Sec	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):										
1. A citizen of the United States										
2. A noncitizen national of the United States										
3. A lawful permanent resident (Alien Re	TOTAL MANY AND	774 050 00 %	1741200 1 10							
4. An alien authorized to work until (expire		J	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8						
Some aliens may write "N/A" in the expiration date field. (See instructions) 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.										
1. Alien Registration Number/USCIS Number: OR										
2. Form I-94 Admission Number:										
OR										
3. Foreign Passport Number:										
Country of Issuance:										
Signature of Employee				Today's [ate (mm/dd	/уууу)				
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)						ld/yyyy)				
Last Name (Family Name) First Name (Given Name)										
Address (Street Number and Name)			City or Town			State	ZIP Code			



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LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization		
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary	1	. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	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		
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)		
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and		NA 100 100 100 100 100	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		
	 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 alien's nonimmigrant status 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. 	7. 8. 9.	7. U.S. Coast Guard Merchant Mariner Card		Native American tribal document U.S. Citizen ID Card (Form I-197)		
			Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
			For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security		
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	1	O. School record or report card Clinic, doctor, or hospital record Day-care or nursery school record				

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019