

(Circle one)
Paid / Volunteer

Need Fundamentals of
 Coaching Course?
 YES NO

Non-Faculty Coaching Application

Please complete both sides of this application in your own handwriting.

Personal Information

Name _____
Preferred Title First Middle/Maiden Last Nickname

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Alternate Phone No. _____

E – Mail Address _____ [] Former Student [] Former Employee

Preferences in Non-Faculty Coaching Position

School Year: _____

Position:

Head Varsity Assistant Varsity
 Head JV Assistant JV
 Head Middle School Assistant Middle School

Sport:

<input type="checkbox"/> Football	<input type="checkbox"/> Cheerleading, Ftbl	<input type="checkbox"/> Cheerleading, Bball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Men's Basketball	<input type="checkbox"/> Women's Basketball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Men's Soccer	<input type="checkbox"/> Women's Soccer	<input type="checkbox"/> Cross Country
<input type="checkbox"/> Men's Tennis	<input type="checkbox"/> Women's Tennis	<input type="checkbox"/> Swimming
<input type="checkbox"/> Men's Track	<input type="checkbox"/> Women's Track	<input type="checkbox"/> Golf

Middle Schools	High Schools
<input type="checkbox"/> C.C. Griffin Middle <input type="checkbox"/> Hickory Ridge Middle	<input type="checkbox"/> Central Cabarrus High <input type="checkbox"/> Jay M Robinson High
<input type="checkbox"/> Concord Middle <input type="checkbox"/> Mount Pleasant Middle	<input type="checkbox"/> Concord High <input type="checkbox"/> Mount Pleasant High
<input type="checkbox"/> H.E. Winkler Middle <input type="checkbox"/> Northwest Cabarrus Middle	<input type="checkbox"/> Cox Mill High <input type="checkbox"/> Northwest Cabarrus High
<input type="checkbox"/> Harris Road Middle	<input type="checkbox"/> Hickory Ridge High

Coaching/Work Experience

Dates From-To (Mo/Yr)	Name of School/Organization/Work	Location of School/ Organization/ Work	Duties
/ - /	1.		
/ - /	2.		
/ - /	3.		
/ - /	4.		

References

Please give out at least three references that have first-hand knowledge of your professional ability, experience, and competence. If you have not previously substituted, please include the names of former employers. References from relatives or persons who can only evaluate your personality and character are not acceptable.

Name	Position	Telephone Number/s	Mailing Address
1.			
2.			
3.			

Additional Information

Please Check Appropriate Answer:

Yes No

- Have you ever been suspended, dismissed, fired, or discharged from a position of employment?
- Have you ever been asked to resign from a position of employment?
- Have you ever entered a plea of nolo contendere (no contest) to any charge against you?
- Do you have any criminal charges pending against you or are you currently involved in any criminal proceedings, including supervised or unsupervised probation?
- Have you ever been convicted of any violation of the law other than a minor traffic ticket?

If your answer to any of the above questions is yes, please explain below and/or attach a separate sheet:

Driver's License Number _____ State _____ Class _____

Applicant's Statement

The undersigned applicant/employee hereby expressly authorizes the Board of Education, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal law, law enforcement, or traffic records, which may include confirmation by fingerprint identification. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give to the Board of Education, its members, officers, agents, or its employees; I hereby release the Cabarrus County Board of Education this information. A copy of this consent and release shall be considered as a duplicate original.

I have carefully read the information contained on the application and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

I also agree to abide by the rules and regulations of the NCHSAA and Cabarrus County School System. My behavior shall be beyond reproach at all times.

Other Requirements - The following must be completed before coaching in ANY CONTEST:

- 1. NFHS Fundamentals of Coaching course must be completed and certificate on file.

Other Requirements - The following must be completed before coaching in ANY PRACTICE:

- 1. NFHS Concussion course must be completed and certificate on file.

Applicant's Signature _____ Date _____

Principal Approval

I verify that I have been unable to employ a bona-fide faculty or an instructional staff member of our local education agency for appointment to the needed coaching position below, and further verify that the above named applicant has been informed of the North Carolina High School Athletic Association and the North Carolina State Board of Education Athletic Rules and Regulations, including the Sports Season Regulations.

I recommend this applicant as a Coach for (Sport): _____ for the _____ school year.

Principal's Signature _____ Date _____

Athletics Director _____ Date _____

The Board of Education is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, disability, or national origin.

FOR CENTRAL OFFICE USE ONLY

<input type="checkbox"/> Summary of Rights	<input type="checkbox"/> Health Exam
<input type="checkbox"/> Release of Information	<input type="checkbox"/> W-4
<input type="checkbox"/> I-9	<input type="checkbox"/> NC-4
<input type="checkbox"/> IDs	<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Drug Free Workplace	<input type="checkbox"/> Background Check Complete

County Athletic Director's Signature _____

Date _____

Thank You for Your Interest in Working with Cabarrus County Schools!

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who Reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

I have read and understand the above "Summary of Your Rights Under the Fair Credit Reporting Act."

Signed and Dated

Applicant/Employee keeps one copy, return one copy with application.

Consumer Reports Release

In connection with my application for employment (including contract for services), I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name)

Last: _____ First: _____

Middle: _____ Other Names Maiden, Aliases, etc. _____

Date of Birth: Month _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates (MM/Year)</u>
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____
5.	_____	_____	_____	_____	From: _____ To: _____

Signature _____ **Date:** _____



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 [][]-[][]-[][][][]		E-mail Address			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):

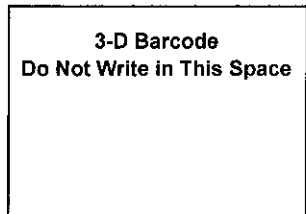
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion 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)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Attention Applicant:

You are ***required*** to include a photocopy of ***two (2)*** forms of identification as stated on Form I-9 Lists of Acceptable Documents. Choose ***ONE*** from List B and ***ONE*** from List C:
LIST B – Picture Identification
(Ex: Drivers License or School ID)
LIST C – Citizenship
(Ex: Social Security Card or Birth Certificate)

OR

Choose ***ONE*** from Column A:
(Ex: US Passport or US Passport Card)

Applications cannot be processed or approved without them.

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	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Cabarrus County Board of Education

Drug-Free Workplace Environment Policy

I. General Statement of Policy

- A. It is the policy of the Cabarrus County Board of Education (“Board”) that the work environment shall be free of the presence of alcoholic beverages or unlawful controlled substances and that employees shall perform their job assignments safely, efficiently, and without the adverse influence of alcohol or controlled substances. This policy shall govern each employee (1) during school hours, (2) while on any property owned or leased by the Board, (3) at any time during which the employee is acting in the course and scope of his or her employment with the Board, and/or (4) at any other time that the employee’s violation of this policy has a direct and adverse effect upon the performance of his or her job.
- B. All employees should be aware of the harmful effects and dangers of the use and abuse of alcohol and controlled substances in the workplace. Employees working under the influence of alcohol or controlled substances:
 - 1. May create unsafe conditions for themselves, students, and other employees;
 - 2. May perform unsatisfactorily and adversely affect the performance of others; and
 - 3. May discredit the Cabarrus County School System (“System”) and cause disrespect for the employee and the System among the students, parents, and other citizens whom we serve.

II. Prohibited Acts

- A. **The Board prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any alcoholic beverage or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance as defined in schedules I through V of Section 202 of the United States Controlled Substances Act, at 21 U.S.C. 812, and as further defined in federal regulations at 21 C.F.R. 1308.11 through 1308.15 and in the North Carolina Controlled Substances Act, N.C. Gen. Stat. 90-86 et. seq.**
- B. The Board prohibits the use of alcoholic beverages by any employee (1) during school hours, (2) while on any property owned or leased by the Board, (3) a any time during which the employee is acting in the course and scope of his or her employment with the Board, and/or (4) at any other time that the employee’s use of alcoholic beverages has a direct and adverse effect upon the performance of his or her job. Nothing in this Policy shall be construed to prohibit employees from consuming alcohol in moderation at social events which are held off of school property. The Board will consider an employee with a blood alcohol level of .04% or higher to be intoxicated and in violation of this policy. Employees in Safety-Sensitive Positions (defined below) are in violation of this Policy if their blood alcohol level is .02% or higher.
- C. The Board prohibits the use of prescription or lawful non-prescription medications by any employee (1) while operating a vehicle owned by the System or (3) at any time during which the employee is acting in the course and scope of his or her employment with the Board to the extent that such use has a direct and adverse effect upon the operation of a vehicle or the performance of his or her job. Employees in Safety-Sensitive Positions may only take prescription medications which are prescribed by a physician who understands the employee’s safety-sensitive job.

III. Employees Covered by DOT Regulations

- A. **Employees who drive or mechanically maintain school buses or other vehicles with a weight in excess of 26,000 pounds, or which carry more than 16 passengers, or which are placarded for hazardous materials, or which otherwise require a commercial drivers license are subject to regulations by the United States Department of Transportation (“DOT-Regulated Employees”).**
- B. With respect to DOT-Regulated Employees, the Board prohibits use or possession of alcohol while on duty. The Board prohibits the use of alcohol by these employees for four (4) hours prior to duty. DOT-Regulated Employees may only use prescription medication which has been prescribed by a physician who understands the safety-sensitive nature of the employee’s job.
- C. DOT-Regulated Employees will be given DOT drug and alcohol tests at the time they are hired for, or transferred to, a DOT-covered position. Together with other accident testing which may be required by the System, DOT-Regulated Employees will be given DOT drug and alcohol tests as soon as possible after they are involved in an accident while operating a System-owned vehicle, if the accident involves a fatality or if the DOT-Regulated Employee is cited in an accident which requires a vehicle to be towed or gives rise to a personal injury which requires medical attention. Alcohol testing must be done as soon as possible following an accident, but in no event more than 8 hours after the accident. Drug testing must be done as soon as possible after the accident, but in no event more than 32 hours after the accident.
- D. DOT-Regulated Employees will be given random DOT drug and alcohol tests and will be kept in a random pool that includes only DOT-Regulated Employees. Alcohol testing must occur just before, during, or just after the performance of their covered safety-sensitive duties. DOT-Regulated Employees may also be subject to drug and alcohol testing upon reasonable suspicion, based upon observable performance, behavioral, or physical indicators of probable drug or alcohol use.
- E. A result of .04 percent (.04%) or higher on the DOT alcohol test is a positive alcohol test result. DOT-Regulated Employees with a DOT alcohol test result of between .02 percent (.02%) and .039 percent (.039%) are prohibited from discharging their vehicle-related duties for a period of 24 hours.
- F. DOT-Regulated Employees who receive a positive DOT drug or alcohol test result shall be suspended without pay. Suspended employees shall be evaluated by a substance abuse professional and shall not return to their DOT-Regulated duties until return is approved by a substance abuse professional. The returning employee shall be subject to DOT drug and alcohol tests upon resumption of DOT-Regulated duties and shall be subject to a minimum of 6 unannounced follow-up tests within the twelve (12) months following the positive test result. This follow-up testing shall be in addition to regular random testing. Any DOT-Regulated Employee who has a second positive DOT drug or alcohol test shall be discharged.
- G. DOT-Regulated Employees shall be subject to all the other provisions of this Policy.

IV. Duties

- A. As a condition of initial and continuing employment, all employees shall
 - 1. Comply with the terms of this Policy and any rules or procedures promulgated there under; and
 - 2. Notify the Superintendent in writing of any conviction pursuant to any criminal drug or alcohol statute no later than (5) days after such conviction. For purposes of this Policy and any rules or procedures promulgated there under, a plea of guilty, no contest, or nolo contendere is a conviction.

- B. Within ten (10) days of receiving actual notice of an employee's conviction of any criminal drug statute for a violation occurring in the workplace or within the course and scope of employment, the Board shall notify any federal granting agency from which the Board receives a grant regarding such conviction.
- C. Any employee who has cause to suspect that the Policy has been or is being violated by another employee shall report such information to his or her supervisor or an administrator. In the event the person suspected of violating the Policy is the Superintendent, the employee shall report such information to the Chairperson of the Board. Any employee who makes a report pursuant to this Policy, cooperates with the Board in any ensuing inquiry or investigation, testifies in any Board proceeding resulting from the report, or otherwise participates in the enforcement of this Policy is immune from any disciplinary action that might otherwise be incurred or imposed for such action provided that the employee was acting in good faith.
- D. A supervisor or administrator shall report to law enforcement officials any circumstance or event that gives him or her reason to believe that an employee has violated a criminal drug or alcohol statute. Further, the Board shall cooperate in any investigations or prosecutions of its employees conducted by State, federal, or local law enforcement officials pursuant to a criminal drug or alcohol statute.

V. Authority To Test Employees

- A. The Superintendent shall establish, by administrative regulation, rules and procedures for the implementation of this Policy. Included in such rules and procedures shall be specific procedures for requiring and conducting any tests for the presence of alcohol and/or controlled substances authorized by this Policy. These procedures shall be designed so as to protect the privacy of the employee being required to undergo testing and shall require that all tests for the presence of alcohol and/or controlled substances be conducted pursuant to and in full compliance with the Controlled Substance Examination Regulations found in Chapter 25, Article 20 of the North Carolina General Statutes.
- B. No sample obtained for the purpose of conducting tests for the presence of alcohol and/or controlled substances pursuant to this Policy shall be used to perform any diagnostic examination that would detect any hidden or latent physical or mental infirmity, disease, or condition. Rather, the analysis of such sample shall be confined to such procedures as are devised to detect the presence of alcohol and/or controlled substances.
- C. All information obtained in the course of testing, examining, counseling rehabilitating, and treating employees pursuant to this Policy and any rules or procedures promulgated there under shall be protected as confidential medical information. Documents or data concerning this information shall not be open to inspection by persons other than the affected employee and shall be disseminated only on a need-to-know basis and at the express direction of the Superintendent.
- D. Pursuant to this Policy and any rules or procedures promulgated there under, the Superintendent or his or her designee(s) shall require the following persons to submit to testing for the presence of alcohol and/or controlled substances:
 - 1. All applicants and all newly-hired employees for the following positions or assignments, which the Board defines as Safety-Sensitive Positions:
 - a. Regular, substitute, and designated drivers of vehicles owned by the System;
 - b. Director of Transportation, vehicle mechanic supervisors, and vehicle mechanics;
 - c. Maintenance Department employees; and
 - d. Driver education teachers.

2. All current employees who apply for or are given an assignment, promotion, or transfer to a position listed in IV(D)(1), above.
 3. Any employee operating a vehicle owned by the System which vehicle is involved in an accident that results in \$500.00 or more in property damage, necessitates more than on-site first aid, or is reportable under the rules governing workers' compensation.
 4. Any employee operating a vehicle owned by the System who is found to have committed a moving traffic violation while operating said vehicle.
 5. Any employee when there is reason to believe that he or she has violated this Policy.
- E. The Superintendent or his or her designee shall require employees holding Safety Sensitive Positions to submit to random testing for the presence of alcohol and controlled substances. Employees who have been determined to have violated the Policy and (a) who currently are participating in or (b) who have completed an alcohol or drug abuse assistance or rehabilitation program pursuant to the Policy and any rules or procedures promulgated there under and who have been permitted to return to work shall also be subject to random testing.

VI. Penalties for Non-Compliance

Any employee who violates this Policy or any rules or procedures promulgated thereunder shall be subject to discipline up to and including termination and may be required to participate in an alcohol or drug abuse assistance or rehabilitation program approved by the Superintendent or his or her designee.

VII. Drug-Free Awareness Program

- A. The Superintendent or his or her designee shall establish a Drug-Free Awareness Program to inform all employees of the following:
1. The dangers of drug abuse in the workplace;
 2. The Board's policy of maintaining a drug-free workplace;
 3. Any available alcohol or drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for violations of this Policy.
- B. All supervisory employees shall receive information on (1) how to detect the use or abuse of alcohol and controlled substances among students and employees and (2) how to implement this Policy and any rules or procedures promulgated there under.
- C. Any employee who voluntarily seeks assistance for a problem regarding alcohol or drug abuse shall be encouraged to participate in an alcohol or drug abuse assistance or rehabilitation program.
- D. The Superintendent or his or her designee shall give a copy of this Policy to each employee and to each finalist for a position name in IV (D) (1), above.



**Cabarrus County Board Of Education
Drug-Free Workplace Environment Policy**

**Employee's Acknowledgement of
Receipt of Drug-Free Workplace Environment Policy**

I received a copy of the Board's revised (Dec., 1994) Drug-Free Workplace Environment Policy, and I hereby certify that I have read or had read to me the Policy and that I do understand the Policy.

I understand and agree that no sample obtained for the purpose of conducting tests for the presence of alcohol, over-the-counter medications, and/or controlled substances pursuant to the Policy shall be used to perform any diagnostic examination that would detect any hidden or latent physical or mental infirmity, disease, or condition. Rather, the analysis of such sample shall be confined to such procedures as are devised to detect the presence of alcohol, over-the-counter medications, and/or controlled substances.

I hereby acknowledge that my failure to follow the Board's Policy including my refusal to submit to alcohol and/or drug testing and to permit disclosure of such test results to the Superintendent or his or her designee when required to do so pursuant to the Policy may result in disciplinary action up to and including termination.

I ___ have or ___ have not since December 1, 1992, been convicted of a crime related to alcohol. I ___ have or ___ have not since December 1, 1990, been convicted of a crime related to drugs or any controlled substance. I agree to inform the Drug-Free Workplace Environment Policy Administrator in writing within five (5) days of my signing this Agreement of the nature and disposition of any such past conviction.

Employee's Name (Please Print)

School or Department

Social Security Number

Date

Attended Training Session

Employee's Signature



Cabarrus County Schools

Authorization Agreement for Direct Deposit of Payroll

Instructions:

1. Fill in all information including the type of account, name of the financial institution, bank transit routing number, account number, and the dollar amount to be deposited for each account.
2. **If depositing into a checking account, attach a voided personal check or a statement from your bank indicating the transit routing and account numbers.**
3. Sign and return the form to the Payroll Department at 4401 Old Airport Road.

Important Reminders:

1. Payroll deposits are credited to your account on the date that the salary payments are due (payday).
2. All new or changed direct deposit requests will be effective immediately. A live check will **NOT** be issued.
3. Direct deposit must be received in an appropriate time to process payroll.
4. Failure to notify the Payroll Office in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Social Security # / TimeKeeper #	School / Department	Position

I hereby authorize Cabarrus County Schools to initiate credit entries (deposits) for the direct deposit of payroll to my checking and/or savings account(s) as indicated below and to the depository indicated below. I further authorize Cabarrus County Schools to initiate debit entries (reversal/withdrawals) to my checking or savings account(s) indicated below and the depository indicated below to debit the same to such account if necessary to correct previous credit entries. This authority is to remain in full force and effect until Cabarrus County Schools has received notification from me of its termination in such time and in such manner as to afford Cabarrus County Schools a reasonable opportunity to act on it.

Note: You may elect to distribute your deposit into more than one account. The last item must be for the remaining balance owed to you. Please make sure to indicate what kind of account, along with the amount to be deposited.

Account Type	Name of Financial Institution	Bank Transit Routing #	Account Number	Amount to Deposit	Deposit Balance
1. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____	_____	<input type="checkbox"/>
2. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____	_____	<input type="checkbox"/>

_____ Signature _____ Date

If Depositing into a Checking Account, Please Attach a Voided Check Here

John Smith
90 East State Ave.
Columbus, Ohio 43201

0101
DATE _____

PAY TO THE ORDER OF _____ \$
DOLLARS

Main Street Bank
Columbus, Ohio

MEMO _____

| : 012345678 | : 123456789 || ■ 0101

Routing #
Account #
Check # (Not Required for This Form)

HEALTH EXAMINATION CERTIFICATE North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: _____ Social Security Number: _____

Address: _____

The above named individual is to be recommended for employment by _____ (local school board) in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above named person does not have any communicable disease, including tuberculosis, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			

Date: _____

 Physician, Physician's Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: _____

License/Registration #: _____ State* Granting License/Registration: _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2014</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____	5 _____	6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____	9 Office code (optional) _____	10 Employer identification number (EIN) _____

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue



Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide a new NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - A new form was created for tax year 2014 for taxpayers who intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file another NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4. (See Allowance Worksheet).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER) - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

1. Total number of allowances you are claiming for 2014

(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet) _____

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) _____

.00

Social Security Number _____

Marital Status Single Head of Household Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ M.I. _____ Last Name _____

Address _____ County (Enter first five letters) _____

City _____ State _____ Zip Code (5 Digit) _____ Country (If not U.S.) _____

Employee's Signature _____

Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.



Cabarrus County Schools

Authorization Agreement for Direct Deposit of Payroll

Instructions:

1. Fill in all information including the type of account, name of the financial institution, bank transit routing number, account number, and the dollar amount to be deposited for each account.
2. **If depositing into a checking account, attach a voided personal check or a statement from your bank indicating the transit routing and account numbers.**
3. Sign and return the form to the Payroll Department at 4401 Old Airport Road.

Important Reminders:

1. Payroll deposits are credited to your account on the date that the salary payments are due (payday).
2. All new or changed direct deposit requests will be effective immediately. A live check will **NOT** be issued.
3. Direct deposit must be received in an appropriate time to process payroll.
4. Failure to notify the Payroll Office in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Social Security # / TimeKeeper #	School / Department	Position

I hereby authorize Cabarrus County Schools to initiate credit entries (deposits) for the direct deposit of payroll to my checking and/or savings account(s) as indicated below and to the depository indicated below. I further authorize Cabarrus County Schools to initiate debit entries (reversal/withdrawals) to my checking or savings account(s) indicated below and the depository indicated below to debit the same to such account if necessary to correct previous credit entries. This authority is to remain in full force and effect until Cabarrus County Schools has received notification from me of its termination in such time and in such manner as to afford Cabarrus County Schools a reasonable opportunity to act on it.

Note: You may elect to distribute your deposit into more than one account. The last item must be for the remaining balance owed to you. Please make sure to indicate what kind of account, along with the amount to be deposited.

Account Type	Name of Financial Institution	Bank Transit Routing #	Account Number	Amount to Deposit	Deposit Balance
1. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____	_____	<input type="checkbox"/>
2. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____	_____	<input type="checkbox"/>

_____ Signature _____ Date

If Depositing into a Checking Account, Please Attach a Voided Check Here

John Smith
90 East State Ave.
Columbus, Ohio 43201

0101
DATE _____

PAY TO THE ORDER OF _____ \$
DOLLARS

Main Street Bank
Columbus, Ohio

MEMO _____

| : 012345678 | : 123456789 || ■ 0101

Routing #
Account #
Check # (Not Required for This Form)