

Employee's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Welcome to West Nodaway!

You have accepted a position at West Nodaway. Here is a checklist that will need to be completed and returned to the superintendent's office as soon after hire as possible:

\_\_\_\_\_ Application for Employment

\_\_\_\_\_ W-4's: Federal  
State

\_\_\_\_\_ Employment Eligibility Form (I-9) with documentation-  
Copies of (examples) Driver's License  
Social Security Card  
Passport or other

\_\_\_\_\_ Cafeteria Plan Election Form-permits tax-sheltering of insurance premiums; and flexible  
Spending account for unreimbursed medical expenses

\_\_\_\_\_ Group insurance application form (whether or not you elect to participate)  
Eligible employees who elect the insurance coverage will receive board-paid benefits  
at the rate of \$325.00 per month toward the employee's premium. A letter regarding  
the coverage is attached along with information for insurance website...

\_\_\_\_\_ Copies of complete official transcript (certified staff and substitute teachers)  
Please verify college hours: \_\_\_\_\_ B.S./undergraduate \_\_\_\_\_ graduate hours  
Towards MS \_\_\_\_\_ hours beyond MS

\_\_\_\_\_ Completion of fingerprinting, including a criminal record check (information attached for  
electronic fingerprinting)

\_\_\_\_\_ Direct deposit form with blank deposit slip or voided check

\_\_\_\_\_ Teaching certificate

\_\_\_\_\_ Social Security Statement

\_\_\_\_\_ Emergency Leave Bank

\_\_\_\_\_ Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_