

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Employment Application Form

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1 - 6.

DATE _____

Personal Information

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long have you lived at this address: _____ Social Security No. _____ - _____ - _____

Telephone () _____ - _____ Cell () _____ - _____ Email _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

If under 18, please list age _____

Position applied for (1) _____

and salary desired (2) _____
(Be specific)

Days/hours available to work	
No Preference _____	Thur _____
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____

How many hours can you work weekly? _____ Can you work evenings? _____

When will you be available to begin work? _____

Educational Information

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(Complete mailing address)</small>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Certification Information

Do you hold a West Virginia Certification? _____ (Please Attach Copy)

Do you hold a Certification in another state? _____ (Please Attach Copy)

List Endorsements: _____

Teaching Experience

	School	Supervisor	Subject(s) Taught	Grade Level(s)
Student Teaching				
Student Teaching				
Employment				
Employment				
Employment				

(Please list school district and state)

Honors and Distinctions

(List degrees, honors, awards, commendations, elective or appointive offices held, or other distinctions received.)

Membership and Affiliations

(List educational – church – and other leadership roles)

Community Activities

(List Community and Activities you have been or are currently involved with)

Office Skills

Typing: ____ Yes ____ No **10 Key:** ____ Yes ____ No If yes, how many words per minute: _____

Personal Computer: ____ Yes ____ No **Email:** ____ Yes ____ No

Microsoft Word: ____ Yes ____ No **Microsoft Excel:** ____ Yes ____ No **Microsoft PowerPoint** ____ Yes ____ No

(Please list any other programs or offices skills you may pose)

References

(List 3 persons NOT related to you, whom you have known at least two years)

Reference 1

NAME: _____ BUSINESS: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () ____ - _____ Cell: () ____ - _____ Years Known: _____

Reference 2

NAME: _____ BUSINESS: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () ____ - _____ Cell: () ____ - _____ Years Known: _____

Reference 3

NAME: _____ BUSINESS: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () ____ - _____ Cell: () ____ - _____ Years Known: _____

Background Check and Information

In addition to the following information, a thorough background check may be made at the option of the Board.

If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as Background Check and Information: A, B, C, D, and E respectively.

“YES” answers to the following questions will not be necessarily result in denial of employment. The Board will consider all the circumstances, including the date and nature of events, which have led to the actions described below. Your written explanations will assist the Board in determining your eligibility and suitability for employment.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, reversed, vacated or expunged. If you answer “YES” you must provide dates of the proceedings, the name and address of the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s) including a judgment order, final order, magistrate court documentation, or any other relevant court document.

YES _____ NO _____

Explanation:

- B. Have you ever been dismissed (fired) from any job, or resigned at the request of the employer, or while charges against you or an investigation of your behavior were pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES _____ NO _____

Explanation:

- C. Have you ever been disciplined, reprimanded, or suspended from any employment because of allegations of misconduct? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the date of employment action, the name address and telephone number of the employer(s) and a statement of the alleged reasons for the action.

YES _____ NO _____

Explanation:

- D. Have you ever had a license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES” you must provide the dates of proceedings, name address and telephone number of the agency or body where proceedings took place, a statement of the accusations, against you, the final disposition and/or current status of the charge or complaint.

YES _____ NO _____

Explanation:

- E. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES _____ NO _____

Explanation:

Consent to Conduct Background Investigation, Authorization and Release

I have made application for a position with Nolan Christian Academy. I understand that in order for the Board to determine my eligibility, qualifications and suitability for employment, the Board will conduct a background investigation if I am considered for the position. This investigation may include, but is not limited to, inquiries of present and former employers, schools, law enforcement agencies, government agencies, including all entities which have information relating to my employment history, evaluations, plans of improvement, documentation of disciplinary action, reasons for non-rehire, special training and education.

I hereby authorize and request any person or other entity, including, but not limited to, present and former employers, schools attended, law enforcement agencies, government agencies, including all entities which have information relating to my employment history, evaluations, plans of improvement, documentation of disciplinary action, reasons for non-rehire, special training and education to furnish a representative of Nolan Christian Academy with any and all information and copies of records in their possession regarding me. By signing below, I hereby release and hold harmless the Nolan Christian Academy, its members, officers, employees, and agents and any person or entity responding to a request for information pursuant to this **Consent to Background Investigation, Authorization and Release** and their members, officers, employees and agents from claims arising out of or in any connection with their legitimate gathering or disclosure of information as authorized by this **Consent to Background Investigation, Authorization and Release**. I agree that a photocopy or facsimile copy of this **Consent to Background Investigation, Authorization and Release** may be accepted with the same authority as an original.

I authorize investigation of all statements on the application form and other materials provided as part of my application for this position.

Applicant’s Name _____ SS# _____

Applicant’s Signature _____ Date _____

Acknowledgment of Application

(Read this paragraph carefully before signing this application)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment with Nolan Christian Academy and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact of this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I acknowledge that this application, when submitted, shall become property of Nolan Christian Academy.

I _____, promise or affirm under the penalty of perjury that all information provided in or with this application is true, correct, and complete to the best of my knowledge.

Date _____ Signature of Applicant _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 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 are 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 2015. 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: { • 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. }	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	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		2015
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 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • 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)	