

EMPLOYEE INFORMATION SHEET
Barrow County Schools

DATE _____

NAME _____
First Middle Last Birth Date

Mailing Address Phone Number

City State Zip

Social Security Number Name exactly as it appears on Social Security Card

School Employed Grade/Subject/Position

Date Employed Teacher Retirement Number (if applicable)

List two contacts in case of an emergency:

1. _____
Name Phone

Address Relationship

2. _____
Name Phone

Address Relationship

*******CERTIFIED PERSONNEL ONLY*******

Type of certificates(s) you now have Area of Certification

When does your certificate expire? Total years of educational experience

If you do not currently have a teaching certificate, has one been applied for? Yes _____ No _____



Barrow County School System

Boldly Committed to Student Success

179 W. Athens Street
Winder, Georgia 30680
770-867-4527
678-425-2896 (FAX)



Chris McMichael, Ed.D.
Superintendent

Cynthia Beggs
Executive Director for Planning and Personnel

TO: All Employees
FROM: Chris McMichael, Superintendent
RE: Health History Questionnaire

The Barrow County Board of Education does not discriminate in hiring employees suffering from any physical or mental condition resulting from injury or illness. The Georgia Workers' Compensation Act creates a Subsequent Injury Trust Fund to encourage employers to hire and/or retain individuals who suffer permanent impairments or handicaps. The information requested on the Health History Questionnaire is to be used to evaluate whether the employer may be entitled to an on-the-job injury. It is very important that you provide complete and accurate information concerning any physical or mental problems you may have.

Any false statements, misrepresentations or concealments to secure employment are sufficient grounds for dismissal. Information given on the form is considered to be confidential and will not be part of the personnel file.

Answer **YES** or **NO** and **write in** any other applicable information under Comments. Sign and date the form and return to the Human Resources Department of the Barrow County School System. Feel free to return your form in a sealed envelope with your name on the outside.

BARROW COUNTY POST HIRE HEALTH QUESTIONNAIRE

EMPLOYEE INFORMATION

Full Name _____ Social Security # _____

Date of Birth _____ Driver's License #: _____ Present Position _____

Current Address _____

Street/Apartment # City State ZIP

MEDICAL HISTORY

(Answer **Yes (Y)** or **No (N)** & complete other applicable information under Comments.

	Y/N		Y/N
1. Heart Disease or Heart Attack	_____	16. Hearing Trouble	_____
2. Rheumatic Fever	_____	17. Ear Infection or Running Ear	_____
3. High Blood Pressure	_____	18. Mastoid Operation	_____
Medication?	_____	19. Frequent Headaches	_____
4. Varicose Veins or Leg Ulcer	_____	20. Head Injury	_____
5. Chest Pain	_____	21. Eye Injury: Right or Left or both	_____
6. Chronic Cough	_____	22. Dizziness or Fainting Spells	_____
7. Tuberculosis	_____	23. Convulsions or Epilepsy	_____
8. Allergies	_____	24. Frequent Backaches	_____
9. Hay Fever or Asthma	_____	25. Arthritis or Rheumatism	_____
10. Skin Problems	_____	26. Amputation of any part of body	_____
11. Reaction to Serum or Drug	_____	27. Problems with Bones or Joints	_____
12. Kidney or Bladder Problems	_____	28. Nervous Condition	_____
13. Ulcers	_____	29. Weakness of any part of body	_____
14. Diabetes	_____	30. Osteoporosis	_____
Insulin Dependent?	_____	31. Problems with Ankles, Legs or Knees	_____
15. Cancer	_____	32. Sleep Disorders	_____

Comments _____

33. Do you have any disease or impairment not listed above? _____ If so, what? _____

34. Have you ever been treated for back problems? _____ When and where? _____

35. Do you have any weight lifting restrictions? _____

36. Have you ever had any surgery? _____ If so, what? _____

When? _____ Name of Physician _____

37. Have you ever had a ruptured a part of your body? _____ Which one? _____

Was Surgery performed? _____ When? _____

I CERTIFY THAT THE ABOVE ENTRIES ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION BY ANY MEDICAL PROVIDER OF MINE TO VERIFY THIS INFORMATION.

DATE _____ SIGNATURE _____



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WORKERS' COMPENSATION PROCEDURE **Barrow County Schools**

Barrow County Schools operates under the Georgia Workers' Compensation Law. Workers must report all accidents immediately to the employer by advising the employer personally, or an agent, representative, boss, supervisor, or foreman. If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limit of the law. In some cases the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days. The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. A worker injured on the job must select a doctor from the posted list at their work area. The minimum panel shall consist of at least four physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics. Further, this panel shall include one minority physician whenever feasible. One change of doctor, from the list, may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation. The only exception to the above requirement is an injury requiring emergency room treatment.

Workers' Compensation panel:

St. Mary's Industrial Medicine Clinic

4017 Atlanta Hwy, Suite B
Athens, GA 30606
706-389-2222

Med Fast Medical Clinic

902 Athens Hwy
Loganville, GA 30052
770-554-5533

Georgia Center for Sight

651 S. Milledge Ave.
Athens, GA 30605
706-546-9290

Resurgens Orthopedics

758 Old Norcross Road
Suite 100
Lawrenceville, GA 30046
404-531-8484

Athens Orthopedic Clinic

1765 Old West Broad Street
Building 2, Suite 200
Athens, GA 30606
706-549-1663

Gateway Family Medicine

340 Exchange Blvd.
Bethlehem, GA 30620
770-307-0661

Regional First Care

340 Exchange Boulevard
Bethlehem, GA 30620
678-963-7171

EMPLOYEE STATEMENT:

I have read (or have had read for me) and understand the above procedures to be followed for injuries on the job.

Employee Name: _____
(Please Print)

Employee Signature: _____

Date: _____



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Employee Race and Ethnicity Reporting

Employee Number: _____ School: _____

Employee Name: _____
First Name Middle Name Last Name

Date Form Completed: _____

The U.S. Department of Education has implemented new standards for school districts to report employee race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

You must complete both #1 (Single Selection) and #2 (Multi-Selection if applicable)

1. Are you of Hispanic, Latino, or Spanish ethnicity: Yes No

Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Date: _____ Signature: _____



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PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

STATE OF GEORGIA

BARROW COUNTY

I, _____, a citizen of the United States of America and the State of Georgia and being an employee of the Barrow County School System and the recipient of public funds for services rendered as such employee, do hereby solemnly (swear or affirm) that I will support the Constitution of the United States of America and the Constitution of Georgia.

Signature of Employee

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public



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IDENTIFICATION BADGE POLICY

All Barrow County School employees will wear picture identification badges during school hours. The badge also allows the employee to be admitted to all extracurricular activities sponsored by Barrow County Schools. Play-offs and tournaments are not included.

There will be a \$5.00 charge for badge replacements.

When an employee terminates, the ID badge must be turned into the Human Resources Department.

Employee Name (Please Print)

Employee Signature

Date

Affidavit
Verification of Lawful Presence in United States
Pursuant to O.C.G.A. § 50-36-1(e)

By executing this affidavit under oath, as an applicant for public benefits from the Barrow County School District, the undersigned applicant verifies one of the following with respect to my citizenship status:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____ (ex., *driver's license, birth certificate, state I.D. with photo, military I.D., or list type of document issued by federal immigration agency*)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE _____ DAY OF
_____, 20____.

NOTARY PUBLIC

My Commission Expires: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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	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

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

Refer to the instructions for more information about acceptable receipts.

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Chris McMichael, Ed.D.
Superintendent

Cynthia Beggs
Executive Director for Planning and Personnel

TO: _____
School System or Institution

Street Address

City, State, Zip Code

FROM: Barrow County Board of Education

SUBJECT: Verification of Professional Employment

DATE: _____

The Individual whose name appears below has been employed by the named school system. In order to establish salary placement, it is necessary to verify previous professional employment. Page 2 provides the form for information needed for salary purposes and for other employee benefits. Thank you for this service to your former employee.

To Be Completed by Employee

First Name Middle Name Last Name

Name when employed, if different from above Social Security Number

Date of Employment School or Department

Position

I hereby authorize you to release all information requested for Verification of Employment to Barrow County School System.

Signature Date

Please complete the appropriate section on page 2 and return to address below:

Executive Director of Planning and Personnel
Barrow County Schools
179 W. Athens Street
Winder, GA 30680
Fax 678-425-2896

*****For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date. Initial salary step is Salary Step E/Creditable Years of Experience 0 if no previous experience is documented*****

Verification of Professional Employment

A. Employee's Name _____ Social Security Number _____

To be completed by previous Georgia Employer (Georgia public school system only)
Please Complete All Sections B-I

B.

Name of Verifying Georgia School System	Dates of Service		Total Days of Contract Year	Hours Per Day	Position	Type of Certificate Held (attach if Available)
	From	To				
Include experience with above Georgia System only. Use more than one line if there was a break in service.						

C. This teacher was granted _____ year's prior experience from other schools and/or systems in accordance with the Georgia Department of Education regulations upon employment with the above verifying system.

D. Total of Experience verified above (B and C) _____ years _____ months _____ days

E. Accumulated sick leave eligible for transfer _____ days

F. State Merit Insurance – Employee was covered: _____ Single _____ Family
_____ No Coverage _____ Standard _____ High Option _____ HMO

G. Did Employee receive an unsatisfactory annual evaluation? _____ Yes _____ No

H. Did Employee have tenure in the system? _____

I. Was Employee "advanced" on the Georgia pay scale? _____ No. Years advanced _____

Step last year (20-____ school year) _____ (indicate _____ Old or _____ New Step Column)

Out of State and Private Institutions

Institution/System	State	Time Actually Served		Total Days Each Year	Position
		Begin Date	End Date		

Total number of years employed in this institution/system _____

The named is a Public _____ Private _____ School and is fully accredited by _____ Department of Education
and/or _____ accrediting agency. State

I certify that the information and the verification of professional experience listed above is complete and accurate according to the official records on file in this school system.

Name of System/Institute _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date _____ Authorized Official and Title _____

TO BE COMPLETED BY EMPLOYEE

TO: _____
NAME OF COMPANY/BUSINESS

ADDRESS

CITY/STATE/ZIP

RE: VERIFICATION OF EMPLOYMENT (Classified)

I have been employed with Barrow County Schools, in the position of

In order to establish salary placement, it is necessary to verify previous employment in the area hired. Page 2 provides information needed for salary purposes. Thank you for this service to your former employee.

FIRST NAME MIDDLE LAST (MAIDEN)

Name when employed by you if different from above Social Security Number

Position when employed by your Company/Business

I hereby authorize you to release all information requested for verification of employment to the Barrow County School System.

Signature

Date

PLEASE COMPLETE PAGE 2 AND RETURN TO:

**Office of Planning and Personnel
Barrow County Schools
179 W. Athens Street
Winder, GA 30680
Fax: 678-425-2896**

VERIFICATION OF EXPERIENCE
(EMPLOYER- PLEASE COMPLETE ALL BLANKS)

NAME OF EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

Position	Employment		Days Worked	FT/PT	Hours Per Day
	From <i>Mo./Day/Yr.</i>	To <i>Mo./Day/Yr.</i>			

Description of Duties: _____

Reason for Leaving: _____

Did employee resign rather than being terminated? _____

Total number of years employed in this position: Years _____ Months _____

Accumulated sick leave days eligible for transfer (from Georgia School System Only): _____ Type of health insurance carried (with Georgia School System only) _____

What percentage of this job would apply to the position this employee has been hired to perform? _____

 I certify that the information and the verification of experience listed above are complete and accurate according to the official records on file in this office.

Name _____ of _____ company/business _____

Phone number _____ (include _____ area code) _____

Address _____

City/State/Zip _____

Name _____

PLEASE PRINT OR TYPE

Signature _____

Title _____

Date _____