



**Welcome to West Clermont!**

**Call or e-mail Kim Prewitt, HR Administrative Assistant to schedule an appointment.**

**Bring the following to the appointment:**

- Social Security Card and Driver's License
- \$52.00 cash/check only for background check (Mon-Fri 8-11am or 1-4pm)
- Completed New Hire Packet
- Ohio license/permit (*If applicable*)

**The following may be turned in within 30 days of hire:**

- A copy of all College transcripts
- Transfer of unused sick leave balance (*If applicable*)
- Verification of years of experience (*If applicable*)

**Please let me know if you have any questions!**

**Kim Prewitt, HR Administrative Assistant**

**4350 Aicholtz Rd. Suite 220**

**Cincinnati, Ohio 45245**

**513-943-5015**

**[prewitt\\_k@westcler.org](mailto:prewitt_k@westcler.org)**

**West Clermont Local School District**  
**Notice and Release for Criminal Investigation**

**West Clermont Employee**

**Notice**

Under S.B. 38, H.B. 162 and O.R.C. 3319.11, the West Clermont Local School District is required to have all finalists being considered for employment to satisfactorily complete a criminal investigation with the Ohio Bureau of Criminal Identification and Investigation (BCII). The applicant will be fingerprinted by district personnel and pay the appropriate processing fee to be considered as a finalist in the hiring process (see reverse side for more information).

Applicants who can produce a certified copy of FBI and BCII investigations completed by the Ohio BCII within the past year will not have to be fingerprinted or pay the processing fee.

**Release**

Besides the criminal record check of any applicant for employment who is receiving final consideration for a position involving the care, custody or control of school children, a board of education must be able to communicate freely with the persons listed as references by the applicant, as well as other persons and organizations who may have knowledge of the qualifications and fitness of the applicant for the position.

By your signature below, you agree that:

1. You do not object to the board of education ordering a criminal records check through the Ohio Bureau of Criminal Identification and Investigation;
2. You will provide fingerprint impressions upon request;
3. You will reimburse the board of education for its costs related to 1. and 2. above, upon request;
4. You authorize the board of education to make inquiries of past employers and other persons and entities, whether listed among your references or not, for the purpose of determining your qualifications and fitness for the position;
5. In the event that the results of the criminal records check by the Ohio Bureau of Criminal Identification and Investigation are not received prior to our hiring, your contract of employment is hereby conditional upon those results being satisfactory to the board of education.

I, the undersigned, accept and agree to pay the BCII fee currently understood to be \$27.00. Applicants will pay \$30.00 per national (FBI) check. If both the BCII and National background checks are done at the same time, the cost to be paid will be \$52.00. I understand this is a non-refundable amount and that I am hereby notified that the criminal records check is required to be conducted and satisfactorily completed as a pre-condition of employment with the West Clermont Local School District.

The completion of this document is required for further consideration of your application and by signing below indicates you have read and understand both sides of this notice.

Have you lived continuously in Ohio for the past five years? YES  NO

Print Name \_\_\_\_\_ SS# \_\_\_\_\_  
                    First                                    Middle                                    Last

Street Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Job Title \_\_\_\_\_ School(s) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## WEST CLERMONT LOCAL SCHOOL DISTRICT

Section 124,341 of the Revised Code contains protections for employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

The State of Ohio has established a reporting system whereby public employees can file complaints of fraud and misuse of public funds by public offices or officials. Complaints can be made using any of the following methods:

1. Mail a written complaint to:  
Ohio Auditor of State's Office  
Special Investigations Unit  
88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43215
2. Report a complaint online by going to:  
<http://www.auditor.state.oh.us/fraudcenter>, then click on "Report Fraud Online".
3. Report a complaint by telephone by calling:  
1-866-FRAUD-OH (866-372-8364)

### **Acknowledgment of receipt of Auditor of State fraud reporting system information**

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging West Clermont Local School District Board of Education provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

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Print Name

Title

Department

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Employee's Signature

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Date



**PUBLIC EMPLOYMENT** - In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**DECLARATION**

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X \_\_\_\_\_  
 Signature Date

Ohio Department of Public Safety  
Ohio Homeland Security

U.S. Department of State Terrorist Exclusion List

As of April 21, 2006

Terrorist Exclusion List Designees (alphabetical listing)

- Afghan Support Committee (a.k.a. Anya ul Turan; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihyaz ul Turath al Islamia; a.k.a. Lajnat el Masa Eicatul Afghanistan)
- Al Taqwa Trade, Property and Industry Company Ltd. [(k.a. Al Taqwa Trade, Property and Industry; (k.a. Al Taqwa Trade, Property and Industry Establishment; (k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
- Al-Hamati Sweets Bakeries
- Al-Ittihad al-Islami (AIAI)
- Al-Manar
- Al-Ma'unah
- Al-Nur Honey Center
- Al-Rashid Trust
- Al-Shifa Honey Press for Industry and Commerce
- Al-Wafa al-Iqatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
- Alex Boncayao Brigade (ABB)
- Anarchist Faction for Overthrow
- Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
- Asbat al-Ansar
- Babbar Khalifa International
- Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
- Black Star
- Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
- Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
- Darkzenil Company
- Dhamat Houmat Daawa Salafna (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es-Salafiya; a.k.a. Katibat El Ahouel; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahouel Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daawaa es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
- Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
- First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Primero De Octubre)
- Harakat ul Jihadi Islami (HUJI)
- International Sikh Youth Federation
- Islamic Army of Aden
- Islamic Renewal and Reform Organization
- Jamiat al-Ta'awun al-Islamiyya
- Jamiat ul-Mujahideen (JUM)
- Japanese Red Army (JRA)
- Jaysh-e-Mohammed
- Jayshuliah
- Jerusalem Warriors
- Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
- Libyan Islamic Fighting Group
- Loyalist Volunteer Force (LVF)
- Makhtab al-Khidmat
- Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combatant Marocain)
- Nacia Management Organization (k.a. Al Taqwa Management Organization SA)
- New People's Army (NPA)
- Orange Volunteers (OV)
- People Against Gangsterism and Drugs (PAGAD)
- Red Brigades-Combatant Communist Party (BR-PCC)
- Red Hand Defenders (RHD)
- Revival of Islamic Heritage Society (Pakistan and Afghanistan offices - Kuwait office not designated) (a.k.a. Jamia Ihyaz ul Turath; a.k.a. Jamiat Ihia Al-Turath Al-Islamiyya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
- Revolutionary Proletarian Nucleus
- Revolutionary United Front (RUF)
- Salafist Group for Call and Combat (GSPC)
- The Allied Democratic Forces (ADF)
- The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
- The Lord's Resistance Army (LRA)
- The Pentagon Gang
- The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadn-as-Salikhin, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Shuhids (Martyrs))
- The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
- Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combatant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
- Turkish Hizbullah
- Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
- Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
- Youssef M. Nacia & Co. Gesellschaft M.B.H.



**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 checked="" 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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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



**WEST CLERMONT LOCAL SCHOOL DISTRICT**

**DRUG FREE WORKPLACE POLICY**

**AND**

**AWARENESS PROGRAM**

It is the policy of the West Clermont Local Board of Education to maintain a drug free workplace. Drug or alcohol abuse in the workplace is dangerous and can lead to harm to not only the person abusing drugs or alcohol but also to fellow employees and students. It is especially important that employees not use drugs or alcohol in the workplace in view of the fact that, as employees within the schools, the conduct of all Board of Education employees can potentially influence children within the schools.

For these reasons, the West Clermont Local Board of Education is committed to maintaining a drug free workplace, and will enforce a policy requiring all employees to refrain from the use, including any prescription drug for which an employee does not have a current valid prescription, sale, purchase, possession, or being under the influence of drugs or alcohol while on the job, on school premises, or on or while using school equipment. Employees who fail to comply with this policy will be subject to discipline, up to and including termination from employment.

Any employee convicted of an offense under a criminal drug statute must report his/her conviction to the administration no later than five (5) working days after the conviction. Failure to do so will result in discipline up to and including termination from employment.

The Board of Education does not maintain a drug/alcohol rehabilitation program, but the following are programs within the community available to employees who need help with a drug or alcohol program:

1. Clermont Recovery
2. Care Unit Hospital of Cincinnati
3. St. Elizabeth's Medical Center; Chemical Dependency Unit

Notification to employees that compliance with the above policy is mandatory by the Drug Free Schools Act of 1989.

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**EMPLOYEE'S CERTIFICATION**

I have received a copy of the foregoing Drug Free Workplace Policy and Awareness Program, have read its contents, and understand that I may be disciplined, up to and including termination from employment for failure to comply with the foregoing policy.

Employee's Signature \_\_\_\_\_

Employee Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_



STAFF NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, staff members must sign and return this form.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for business, professional and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. ( ) The Superintendent or \_\_\_\_\_ may disable the technology protection measures to enable access for bona fide research or other lawful purposes.

Staff members accessing the Internet through the Board's computers/network assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board reserves the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/network. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

( ) To the extent that a staff member has the proprietary rights to the design of a website hosted on the Board's servers, the staff member agrees to license the use of the website by the Board without further compensation.

**Please complete the following information:**

Staff Member's Full Name (please print): \_\_\_\_\_

School: \_\_\_\_\_

I have read and agree to abide by the Staff Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Superintendent is responsible for determining what is unauthorized or inappropriate use. The Superintendent may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Staff Network and Internet Acceptable Use and Safety Policy and related Guidelines and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement, State law and/or Board Policy.**