

**Lindale Independent School District
PO Box 370, Lindale, TX 75771-0370**

Food Service / Transportation / Maintenance / Grounds / Custodial Application

In compliance with Texas Senate Bill 9, Lindale ISD requires that employees meet the requirement for fingerprinting and criminal history background check with the Department of Public Safety.

General Information

DATE OF THIS APPLICATION _____
Month Day Year

Position(s) for which you are applying _____

Name in Full _____
 (Please print) Last First Middle Maiden Name

Address _____
 (Please print) Street City State Zip

Telephone Numbers _____
Home Cell Work

Have you previously been fingerprinted / registered with the Department of Public Safety for employment?

(please circle) Yes No

Please list a contact person in the event we are unable to reach you at the above address / telephone number.

Name _____ Relationship _____ Phone () _____

Education (Check highest level attained)

Not a high school graduate Less than two years of college

High school graduate Two or more years of college

GED Other training or education

Licenses/certificates held _____

Schools Attended:

Name of School	Date of Attendance	Course of Study	Diploma, Degree, or Certificate	Year Earned

Work Experience

Provide your work information for the past 10 years on all jobs for which you worked in maintenance, grounds, custodial, or food service positions. List the most recent experience first. Continue on another sheet if necessary.

Employer Name, Address, Zip, Phone #	Supervisor	Dates Employed	Kind of Work	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

Other Work Experience

Employer Name, Address, Zip, Phone #	Supervisor	Dates Employed	Kind of Work	Reason for Leaving
1.				
2.				

Do you have any duties that would interfere with you accepting any assignment for the good of the system, or attending meetings, or participating in other activities outside of school hours which are related to the general school program? **YES NO** If yes, please explain. _____

References

Please list references the district can contact.

Full Name of Reference	Relationship	Mailing Address	Area Code, Telephone #
1.			
2.			
3.			

Special Skills / Equipment

List specific skills and/or equipment you can operate.

1.	5.
3.	6.
4.	7.

Additional Information

Have you ever been arrested? Please circle **YES NO**

Explain _____

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general, and which is contrary to the accepted rule of right and duty between persons including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor.

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? **Please circle**

YES NO

Explain _____

CONVICTION OF A CRIME, DEFERRED ADJUDICATION OR IMPOSITION OF PROBATION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE OF THE OFFENSE, AND THE RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.

I hereby declare this information to be complete and true to the best of my knowledge and belief. I understand that any misrepresentation, falsification of facts, or failure to disclose convictions for a felony or any offense involving moral turpitude shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept it or reject it.

I understand that the district is authorized to obtain criminal history record information on applicants the district intends to employ. I hereby authorize the district to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Furthermore, I authorize the information I have provided to be used to contact previous employers for investigative purposes, and release all parties from any liability or damage that may result from furnishing this information to you.

Signature

Date

The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legal protected status in its educational programs or employment. No persons shall be denied employment solely because of an impairment which is unrelated to the ability to engage in activities involved in the position or program for which the application has been made.

**LINDALE INDPENDENT SCHOOL DISTRICT
P.O. BOX 370
LINDALE, TX 75771-0370**

**ADDENDUM TO APPLICATION
Confidential**

AUTHORIZATION TO REQUEST CRIMINAL HISTORY RECORD

The Lindale Independent School District is required by law to obtain criminal history record information on all applicants for employment with the district (Texas Education Code Section 21.917). The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

Full Name _____
Last First Middle Maiden

Social Security Number _____ Date of Birth _____

DL: State _____ Number _____

Sex: Male _____ Female _____

Ethnicity: Black _____ White _____ Hispanic _____ Other _____

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Lindale ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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
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>	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

STOP Employer Completes Next Page **STOP**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Sections 2 & 3 Do Not Write In This Space <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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)
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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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

EMPLOYEE PERSONNEL INFORMATION

Employee # _____

Name _____
Last First Middle

Maiden Name _____

Mailing Address _____
City _____ State _____ Zip Code _____

Residence (if different) _____

Home Telephone Number () _____

Social Security Number _____

Marital Status _____ Number of Children _____

Spouse's Name _____

Spouse's Employer _____

Spouse's Business Telephone Number () _____

Employee's Date of Birth _____
Month Day Year

Employee's Place of Birth _____

Sex (please circle) Male Female

Ethnicity: (please check appropriate box)

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Black (not of Hispanic origin)	<input type="checkbox"/>	White (not of Hispanic origin)
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Other

DEPARTMENT SUPERVISOR USE ONLY

Department / Campus _____

Hourly Rate _____

First day of Employment _____

BUSINESS OFFICE USE ONLY

Actual days worked _____

Est. Annual Hours Worked _____

Percent Day Assigned _____ State _____ Local _____

Projected Annual Salary _____

PUBLIC INFORMATION ACCESS NOTIFICATION

Periodically, information concerning district employees is requested by the public. The Public Information Act requires the district to release information regarding name, salary, date of employment, title, etc. to the public. Employees may choose to keep their address, phone number, Social Security number, and information that reveals whether they have family members private.

This choice must be made within 14 days of hire or the information is subject to public access. Employees may choose to open or close access to this information at any time by submitting a written statement to the personnel records administrator.

Employee Information:

Name _____ Social Security Number _____

Home Address _____

Home telephone number () _____

Election to Close or Open Public Access:

- I elect to close public access to my home address, telephone number, Social Security number, and information on family members.

- I elect to open public access to my home address, telephone number, Social Security number, and information on family members.

Signature _____

Date _____

Safety

Each year millions of workers suffer workplace injuries that are largely preventable. Accident Prevention has always been an important part of a district's safety program. We ask you to follow safety procedures, use common sense, and report any unsafe conditions to your supervisor. The district places a high priority on providing a safe environment for staff, students and visitors. Employees must also take responsibility for performing their duties in a safe manner.

Safe Lifting

- Use proper lifting methods – Keep back straight, lift slowly with your legs, hold the object close to your body, turn with your feet, don't twist your back, set the object down smoothly and keep your back as straight as possible.
- Don't reach for objects on high shelves.
- Only use approved ladders or step stools to reach high shelves.

Slips and Falls

- Keep floors as clean and dry as possible.
- Wipe up spills immediately. Don't wait for someone else to wipe it up.
- Keep work areas and traffic lanes clear.

Sharp Objects

- Keep knives and box openers sharp.
- Use the correct sharp object for the job.
- Always carry sharp objects with the point down and the cutting edge away from the body.
- Cut away from the body and fellow workers.
- Do not leave sharp objects laying on the floor or in work area.

Remember that the district is self-insured for Workers' Compensation. This means that the district pays directly for medical or disability costs due to job related accidents. This requires each of you to perform job duties in a safe and prudent manner.

I have read and understand the importance of safety for myself and those around me.

Signature _____ **Date** _____

NOTICE TO NEW EMPLOYEES

Lindale Independent School District (name of employer) has workers' compensation insurance coverage from Claims Administrative Services, Inc. (name of insurance carrier) to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031. You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Lindale Independent School District (name of employer) in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Lindale Independent School District (name of employer) está cubierto por aseguranza de compensación al trabajador através de Claims Administrative Services, Inc. (Name of insurance carrier) para su protección. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador de cualquier oficina de la Comisión de Compensación de Trabajadores de Tejas, o puede llamar al 1-800-252-7031. Usted puede elegir retener su derecho a acciones bajo la ley común, si, no mas tarde de cinco días despues de comenzar empleo, usted notifica a Lindale Independent School District (name of employer) por escrito que usted desea retener su derecho bajo la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios medicos si es usted lesionado/a.

Signature of employee _____

Signature of employer _____

Date _____

LINDALE INDEPENDENT SCHOOL DISTRICT

DRUG AND ALCOHOL ABUSE POLICY

The purpose of this policy is to eliminate drug and alcohol abuse from the workplace. The scope of the policy includes the definition of a controlled substance or dangerous drug, the prevention of drug and alcohol abuse, responsibility and liability of employees, the exception to the Policy, requirements of the District, and actions of District should the Policy be violated.

Employees shall not unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of any of the following substances during working hours while at school or at school related activities during or outside of usual working hours:

- Any controlled substance or dangerous drug as defined by law, including but not limited to, marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate.
- Alcohol or any alcoholic beverage.
- Any abusable glue, aerosol paint, or any other chemical substance for inhalation.
- Any other intoxicant, or mood-changing, mind-altering, or behavior-altering drug.

An employee need not be legally intoxicated to be considered "under the influence" of a controlled substance.

EXCEPTION: An employee who uses a drug authorized by a licensed physician through a prescription specifically for that employee's use shall not be considered to have violated this policy.

DRUG-FREE SCHOOLS REQUIREMENT

The District prohibits the unlawful distribution, possession, or use of illicit drugs and alcohol on school premises or as part of any of the District's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug alcohol counseling or rehabilitation programs or employee assistance programs, termination from employment with the District, and referral to appropriate law enforcement officials for prosecution. The following are some of the drug and alcohol rehabilitation facilities in the area: University Park Hospital, Greenbrier, Parkside Lodges, Pinewood Hospital, and Smith County Council on Alcoholism and Drug Abuse.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment.

(This notice complies with notice requirements imposed by the federal Drug-Free Schools and Communities Acts Amendments of 1989 {20 U.S.C. 3224a and 34 CFR 86.201})

I have read and understand the Drug and Alcohol Abuse Police.

Signature _____ Date _____



Notice to Employees: Requirements for the Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see Questions and Answers on the Individual Shared Responsibility-Provision, www.irs.gov/uac/Questions-andAnswers-on-the-Individual-Shared-Responsibility-Provision. If you do not have health insurance and you are not exempt, you may be subject to a penalty (see www.healthcare.gov/what-if-someone-doesnt-have-coverage-in-2014). The penalty takes effect on the first day of the 2014 plan year (September 1, 2014).

Enrollment in TRS-ActiveCare satisfies the requirement to have health insurance. The TRS-ActiveCare Enrollment Guide explains who is eligible to enroll in ActiveCare.

Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

As an alternative to ActiveCare or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that will offer “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. The Marketplace will begin enrollment in October 2013 for coverage beginning in January 2014. For information on the Marketplace, see www.healthcare.gov.

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at www.healthcare.gov. Please note that the district will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

Enrollment in TRS-ActiveCare took place in August, 2013. If you chose not to enroll in ActiveCare in August, you will not be able to enroll again until the 2014-2015 plan year unless you experience a special enrollment event. On the other hand, if you did enroll in ActiveCare in August, 2013, the district’s section 125 plan (cafeteria plan) does permit you to drop insurance before the end of the plan year if you meet the predetermined eligibility requirements.

Additional information. If you have questions or concerns about the health insurance offered through the district, please contact: Heather Taylor, LISD Benefits Coordinator, 903-881-4001. Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to www.healthcare.gov or your personal attorney.

Basic Information About Health Care Offered By The District
(to be completed by the district)

If you decide to shop for coverage in the marketplace, below is the employer information you will enter at healthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the marketplace application.

3. Employer name Lindale Independent School District		4. Employer Identification Number (EIN) 75-6001957
5. Employer Address P.O. Box 370		6. Employer phone number (903) 881-4001
7. City Lindale	8. State TX	9. Zip code 75771
10. Who can we contact about employee health coverage at this job? Michelle Tate, LISD Business Manager, 903-881-4001		
11. Phone number (if different from above)		12. Email address tateml@lindaleeagles.org

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the ActiveCare Enrollment Guide. The coverage offered by Active Care meets the minimum value standard and the cost of this coverage to you is intended to be affordable.