

# Elkins School District

## CLASSIFIED EMPLOYEE CHECKLIST FOR EMPLOYMENT

(click links for printable forms to fill out and bring with you)

\_\_\_\_\_ [Employee Information Sheet](#)

\_\_\_\_\_ Teacher Retirement Forms

1. Complete and attach the [ATRS Membership Data Form – School District](#)
2. Complete and attach the [Lump Sum Death Benefit - \\*Beneficiary Designation Form](#)
3. Complete and attach the [Disposition of Residue -\\*Beneficiary Designation Form](#)

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Copy of Birth Certificate (Vital Statistics, not hospital)

\_\_\_\_\_ [I-9 Employment Eligibility Verification](#) (Only print pages 7 and 8)

\_\_\_\_\_ [W-4](#)

\_\_\_\_\_ State Tax Form [AR4EC](#)

\_\_\_\_\_ Background check and fingerprinting.

1. Background Check Payment – Go to: [www.ar.gov/ADEbackground](http://www.ar.gov/ADEbackground)
  - Select Employer
  - Enter Verification Code: 7201000
  - Reason for Fingerprinting
    - Employment (Classified)
    - Employment (Substitute Teacher)
    - Fiscal Officer
  - Complete the Form
  - Print Receipt
2. Take Consent Form, Receipt and Government-issued photo I.D. to a Live Scan site. In Northwest Arkansas a Live Scan site is located at the NWAESC 4 North Double Springs Rd Farmington, AR 72730.

Fingerprinting will occur by appointment only. Call the NWAESC to schedule an appointment. [\(479\) 267-7450](tel:4792677450)

\_\_\_\_\_ [Authorization for Release of Confidential Information Contained within the Arkansas Child Maltreatment Central Registry](#). Follow the instructions on the form. Form must be signed and notarized then mailed along with a check for \$10.00 payable to Arkansas Department of Human Services. Please attach a copy of the completed form to this checklist.

\_\_\_\_\_ [Direct Deposit Authorization](#) \*\*with voided check from account that direct deposit will go into\*\*

\_\_\_\_\_ [Computer Technology Acceptable Use Policy](#)

\_\_\_\_\_ [Drug Free Workplace Acknowledgement](#)

\_\_\_\_\_ [Sick Bank Donation Form](#)

\_\_\_\_\_ [Health Insurance](#)

\_\_\_\_\_ [HSA](#)

\_\_\_\_\_ [Minnesota Life Insurance](#)