

Elkins School District

LICENSED EMPLOYEE CHECKLIST FOR EMPLOYMENT

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

_____ Teaching Certificate _____ Original Transcript _____ NTE or PRAXIS Scores

_____ [Verification](#) of “Prior” Years of Experience

_____ Letter from prior district on leftover sick days

_____ 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](#)

_____ [W-4](#)

_____ State Tax Form [AR4EC](#)

_____ Background check and fingerprinting.

1. Background Check Payment – Go to: www.ar.gov/ADEbackground
 - Select Employer
 - Enter Verification Code: 7201000
 - Reason for Fingerprinting
 - Teacher (Transfer of Employment)
 - Teacher (Licensure, Renewal, Lifetime)
 - Teacher (Pre-Service)
 - Fiscal Officer
 - Complete Payment
 - 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

_____ [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](#)

_____ [Employee Information Sheet](#)

_____ Health Insurance _____ HSA _____ [Colonial Life Insurance](#)