



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.						
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):						
<input type="checkbox"/> 1. A citizen of the United States						
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)						
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)						
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 		<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 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 	<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 For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p style="text-align: center;">Acceptable Receipts</p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Substitute Teachers and Aides Selection Sheet

☐ **Summit ESC Preschools / Renhill Partnership Program**

Copley-Fairlawn City Schools – Herberich Primary
Coventry Local Schools – Coventry Elementary
Cuyahoga Falls City Schools – Schnee Building
Field Local Schools – Brimfield Elementary
Manchester Local Schools – Coventry Elementary
Mogadore Local Schools – H.O.Sommer Elementary
Nardon Hills City Schools - Ledgeview Elementary
Tallmadge City Schools – David Bacon Building
Woodridge Local Schools – Woodridge Elementary School/Honey Locust

☐ **Summit ESC Autism Programs / Renhill Partnership Program**

Copley-Fairlawn City Schools – KidsFirst/TOPS Building

☐ **Summit ESC / Renhill Partnership Districts**

Faith Islamic Academy
Field Local Schools
Mogadore Local Schools
Portage Lakes Career Center
Revere Local Schools
Schnee Learning Center
Wadsworth City Schools
Woodridge Local Schools

☐ **Summit ESC Member Districts**

contact these districts directly

Copley-Fairlawn City Schools
Coventry Local Schools
Cuyahoga Falls City Schools
Hudson City Schools
Manchester Local Schools
Nardon Hills City Schools
Norton City Schools
Stow-Munroe Falls City Schools
Tallmadge City Schools
Rootstown Local Schools
Southeast Local Schools
Waterloo Local Schools
Windham Exempted Village Schools



SHORTENED APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with The Renhill Group. This application does not serve as interest in working with other divisions of Renhill. Please understand that completion of this application and the enclosed paperwork is not an offer of employment with The Renhill Group. Until you have been offered an assignment and that assignment has been accepted, you are not an employee of The Renhill Group.

Applicant Signature: _____ Date: _____

Name: _____ Application Date: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

CRIMINAL CONVICTION QUESTIONNAIRE

Under the authority granted by R.C. 109.57, The Renhill Group does initiate a background investigation through appropriate authorities for all new employees to verify that no person has been convicted of or plead guilty to certain criminal offenses. Your response to the following is therefore required.

- | | |
|---|--|
| 1. Any felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any violation of R.C. 2907.04 (corruption of a minor)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Any violation of R.C. 2907.06 (sexual imposition)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any offense of violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Any theft offense (as defined in R.C. 2913.01)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any drug abuse offense (as defined in R.C. 2925.01) that is not a minor misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Any substantively comparable ordinance of a municipal corporation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever resigned from a teaching position (including tutor and substitute) at a time when disciplinary charges were pending or threatened against you; or have you ever been a party to a contract with a board of education which was non-renewed, suspended, or terminated for reasons relating to your performance, including but not limited to, gross inefficiency, immorality, willful, and persistent violations of reasonable regulations of the board of education, or for their good and just cause?

☐ Yes ☐ No

If yes, please explain fully. Use a separate sheet of paper if necessary.

I understand that if any information given by me in this application is false or misleading, I will be disqualified from consideration as a candidate, or if I have been hired, that I will be subject to immediate dismissal regardless of whether I have achieved tenure, regardless of the passage of time after my hiring, and notwithstanding the receipt of any interim satisfactory performance evaluations.

Applicant Signature: _____ Date: _____



SHORTENED APPLICATION FOR EMPLOYMENT

TERMS OF EMPLOYMENT

I certify that all information in this application and resume, if attached, are true and correct. I understand that any false and/or misleading information contained in this application will result in my discharge if employed by The Renhill Group.

Background Investigation

I hereby release any law enforcement agencies, my former employer, their agents, any credit reporting agency, any state or federal bureau, or any of the references shown from liability for any damage whatsoever in furnishing said information. I understand that my background will be fully investigated and, if employed, false or misleading statements on the application shall be grounds for dismissal. I agree and understand that any and all background investigation information obtained by Renhill may be turned over to a client of Renhill to assist in my placement. I hereby release Renhill and its client from any and all liability for any damage whatsoever in furnishing said information.

Alcohol and Drug Testing

I agree not to use or possess alcohol or illegal drugs at work, or work under that influence of alcohol or illegal drugs. I understand that I will be discharged by The Renhill Group for violating these rules.

If employed by The Renhill Group, I will provide a urine and/or blood specimen to a laboratory designated by The Renhill Group under the following circumstances, at any time, with little or no advance notice to maintain the validity of the test:

The Renhill Group has cause to believe that I am under the influence of alcohol or illegal drugs.

I have been involved in an on-the-job accident resulting in personal injury or property damage.

I am being considered for a hire-in with a client.

I am being considered for placement with certain clients.

The detected presence of alcohol or illegal drugs will be grounds for discharge. My failure or refusal to provide a urine and/or blood specimen when requested by The Renhill Group under the above circumstances will also be grounds for discharge.

Regarding Worker's Compensation

I understand that The Renhill Group and its clients have agreed that The Renhill Group will provide Worker's Compensation Insurance coverage for its employees. In the event of an injury in the workplace I will contact The Renhill Group within 24 hours of the accident and I agree that Worker's Compensation is my sole source of recovery from The Renhill Group for any injuries I might sustain.

Ohio Worker's Compensation law provides benefits to employees who suffer an injury or illness arising out of their employment, but excludes injuries that are the result of illegal drug or alcohol intoxication.

Ohio law states that the burden of proof has been placed back on the employee. Renhill requires that any employee who works for Renhill or one of Renhill's clients MUST agree to submit to a drug/alcohol test to prove that alcohol or drugs did not place a part in the accident or injury at the work place. A refusal to submit to the test may affect your eligibility for worker's compensation benefits and may be cause for termination.

Terms of Employment

I acknowledge that should I be employed by The Renhill Group I will be an at will employee. I can terminate my employment with or without cause and with or without notice at any time and understand that The Renhill Group has the same rights. No person other than the President of The Renhill Group has the authority to change the will of at will employment and that any such change can occur only in a written employment agreement.

I understand that it is the policy of The Renhill Group to defend any unwarranted claims for unemployment compensation. I agree that this agreement may be assigned by The Renhill Group to any successor employer, and shall continue to be binding on me.

I understand that if I accept an assignment through The Renhill Group and fail to appear for my scheduled work assignment, walk off the assignment, or do not return after lunch/break on any given work day, I will be terminated by Renhill. Any hours that I have worked up to that point for which I have not been paid will be paid to me at the current minimum wage rate.

I understand that any client to whom I am assigned may present an offer of employment to me. The Renhill Group and their clients are not obligated to make an offer of employment. Further, I understand that I am an employee of The Renhill Group and should such an offer be made, I must meet all qualifications as outlined in the job description.

Applicant Signature: _____

Date: _____



I, _____, hereby request copies of the following documents be released to Summit ESC member school districts and/or Renhill Group via regular, first-class mail and/or email so that they may complete my substitute personnel file.

- BCI Background Check
- FBI Background Check
- Teaching License/Aide Permit
- Transcripts/Diploma
- I-9
- Other employment documents as necessary

I hereby release Summit Educational Service Center from any liability or privacy laws by providing this authorization.

Print

Sign

Date

Summit Educational Service Center
420 Washington Ave
Cuyahoga Falls, OH 44221
330.945.5600

From: Kristen Matti <kristen.matti@renhill.com>

Sent: Thursday, September 19, 2019 10:24 AM

To: Skraba, Sara

Subject: RE: Sub training

Below are the PSW courses that are required of all Renhill employees whether they are yearlong or substitute.

We payroll deduct \$10 out of everyone's first paycheck to cover the cost of the trainings.

Teacher:

- Active shooter
- BBP (*must be completed annually*)
- Bullying prevention (*must be completed annually*)
- Child abuse awareness & reporting requirements
- *Classroom management expectations & tips (only needed if they don't have an education degree)*
- Hazard communication
- *Preschool (corresponds with attached preschool training instructions)*
- Renhill policies & procedures
- Sexual harassment (*must be completed annually*)
- Slips, trips, and falls prevention
- *Sub teacher essentials (only needed if they don't have an education degree)*

Aide:

- Active shooter
- BBP (*must be completed annually*)
- Bullying prevention (*must be completed annually*)
- Child abuse awareness & reporting requirements
- Hazard communication
- *Preschool (corresponds with attached preschool training instructions)*
- Renhill policies & procedures
- Sexual harassment (*must be completed annually*)
- Slips, trips, and falls prevention
- Special education aide principles

Hopefully, that helps. If there is anything else I can provide to you please let me know.

Kristen Matti

Hiring & Compliance Specialist

w: 216-767-5609 | **f:** 216-220-8788

From: Kristen Matti <kristen.matti@renhill.com>

Sent: Friday, February 8, 2019 3:05 PM

To: Wolf, Bob <BobW@summitesc.org>

Subject: RE: Onboarding Process

The federal withholding is one of our electronic documents. Here's a list of all the documents currently included on the online checklist:

- Employee Voluntary Self Identification
- Federal W-4
- Equifax Tax Credit Questionnaire
- Direct Deposit form
- Payroll Deduction for Training
- STRS
- Renhill Employee Handbook Acknowledgement
- District Preference Sheet
- District Handbook Acknowledgements (if applicable)
- Insurance Enrollment form
- Exchange Notice and FMLA Notice

At this time, we are unable to create electronic documents for the Ohio I-4, SERS, and SSA which is why we require paper forms.

Kristen Matti

Hiring & Compliance Specialist

w: 216-767-5609 | **f:** 216-220-8788

1085 Rockside Rd. Suite 13 Parma, OH 44134

**Department of
Taxation****IT 4**
Rev. 12/20**Employee's Withholding Exemption Certificate**

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
- Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)\$

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature _____

Date _____

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____