Memorandum

To: All Applicants for Substitute Employment
From: Human Resources
Subject: Information on Substitute Employment

Hello. Thank you for your interest in working for the Longwood Public Schools. Given the size of our District, we are continually looking for qualified substitute employees to provide his/her services when our employees are absent. By accessing this packet you are making the first steps towards becoming part of the Longwood team.

Accordingly, in this packet of information are the following three (3) sets of documents (11 pages):

1. Substitute Application
2. Federal Tax form (W-4)
3. Reference Forms (3)

All of these documents must be completed and returned to the address on the bottom of the Substitute Application. If you are selected for continued on-boarding, you will be contacted by a representative from Eastern Suffolk BOCES who assists the District with the hiring of substitute employees.

Should you have any questions, I encourage you to access our website at http://www.longwood.k12.ny.us/ or contact the Human Resources office at above phone number.

Best of Luck with your Future Endeavors.
LONGWOOD CENTRAL SCHOOL DISTRICT
35 Yaphank-Middle Island Road
Middle Island, New York 11953-2373
631-345-5896

Substitute Application

PLEASE PRINT CLEARLY & COMPLETE IN INK

Last Name: ___________________________ First Name ___________________________ MI ___________

Street Address: ___________________________

City: ___________________________ State: ___________ ZIP: ___________

Home Phone: (____) _______ - _______  □ Best Number  Cell Phone: (____) _______ - _______  □ Best Number

When can you start work? ______________ E-mail: ______________

Person to be notified in the event of an emergency: Name: __________________ Telephone: ______________

What language(s) other than English do you speak fluently? □ No □ Yes  If yes: ______________

Do you have a New York State Teacher’s Certificate? □ Yes □ No

If No, when will your certificate requirement will be completed on or about: ______________

If Yes, please list subjects for which you are certified: ______________

Registered Professional Nurse □ Yes □ No  If yes, provide number ______________

EDUCATIONAL PREPARATION

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<tr>
<th>Name of School</th>
<th>Degree</th>
<th>Year of Grad.</th>
<th>Major &amp; Minor</th>
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College: ______________

Other Courses: ______________

Volunteer Fire Fighter □ No □ Yes (proof required)  Veteran □ No □ Yes

Are your fingerprints on file with the New York State Education Department: □ No □ Yes □ Unsure

REFERENCES
(List 3 recent persons who have supervised your work)

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March 2016
Additional Applicant Information

Have you previously worked for Longwood? □ No □ Yes  If yes, state job and when ____________________________

Are you related to any employees in the school district? □ No □ Yes  If yes, state name and relationship below: ____________________________

NOTICE TO ALL APPLICANTS

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of my employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize Longwood CSD for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the school district to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omission on this application may prevent my application from being evaluated and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

Print Applicant’s Name ____________________________  Applicant’s Signature ____________________________  Date ____________________________

Additional Space

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Please return to:
Substitute Service/Longwood CSD
c/o Eastern Suffolk BOCES
379 Locust Avenue
Oakdale, NY 11769

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www.longwood.k12.ny.us

March 2016
Applicant’s Statement

Please describe an experience(s) or ability(ies) you possess which you believe will be of use in the position you seek. You may also use this space to provide additional information relative to your qualifications for this position.
Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply:
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability,
• For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax.

Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 of the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions
Personal Allowances Worksheet
Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don’t qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Employee’s Withholding Allowance Certificate

Department of the Treasury
Internal Revenue Service

Whether you’re entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial
2 Last name
3 □ Single □ Married □ Married, but withhold at higher Single rate.
4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. □
5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages) ...
6 Additional amount, if any, you want withheld from each paycheck ...
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.
   □ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   □ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
   If you meet both conditions, write "Exempt" here ...

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature □ (This form is not valid unless you sign it.) □
Date □

9 First date of employment
10 Employer’s identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
Cat. No. 10220Q
Form W-4 (2018)
Substitute Reference Check Form

The person named below has applied for a position in our school district. It is a requirement of our employment practice to obtain three (3) different reference checks from individuals who know the applicant personally. To this end, we request that you place a check mark in the appropriate columns and return this form to us. Your response will be treated as confidential information. Thank you for your assistance.

Applicant’s Name: ____________________________
Position Applying for: __________________________

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### Personal Qualifications

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### Additional Comments Regarding Candidate
(Attach Addition Sheet(s) as needed)

If you were in an employment arrangement with our applicant, would you hire, rehire him/her?  □ Yes □ No

How long have you known this person in his/her related position?  

Your Full Legal Name  

Signature of Evaluator  

Date  

Position of Evaluator  

Placement of Employment  

Contact Phone Number

Return Directly to:  Substitute Teacher Service/Longwood CSD
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379 Locust Avenue  
Oakdale, NY 11769

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www.longwood.k12.ny.us  
Community Unity...Be A Part Of The Pride
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### Additional Comments Regarding Candidate (Attach Addition Sheet(s) as needed)

__________________________________________________________________________

__________________________________________________________________________

If you were in an employment arrangement with our applicant, would you hire, rehire him/her?  
☐ Yes  ☐ No

How long have you known this person in his/her related position?  
__________________________________________________________________________

Your Full Legal Name  ____________________________  Position of Evaluator  ____________________________

Signature of Evaluator  ____________________________  Placement of Employment  ____________________________

Date  ____________________________  Contact Phone Number  ____________________________

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379 Locust Avenue
Oakdale, NY 11769

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