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Richards R-V School District

3461 County Road 1710
West Plains, Mo 65775
Telephone (417) 256-5239
Fax (417) 256-3314

Jerry Premer
Executive Administrator
February 22, 2017

Melonie Bunn
Superintendent

Doug Lansdown
Principal

Dear Substitute Teacher:

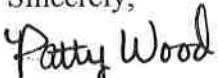
If you are interested in substituting during the 2016-2017 or the upcoming 2017-2018 school year for Richards R-V School, you will need to complete (or update for individuals that have already been substituting for us) your personal information online with the Missouri Department of Elementary and Secondary Education at <http://dese.mo.gov> in the substitute certification area as soon as possible (this does not apply to retired teachers).

Missouri United School Insurance Council requires all employees (including substitute teachers) to complete the Smarter Adults – Safer Children Training. Please visit <http://richards.mo.safeschools.com/login/> and login to access the Smarter Adults – Safer Children Preventing Child Sexual Abuse Training which has been assigned to you. See the enclosed “Smarter Adults – Safer Children Letter” for more information. Please call and I will assign your user name. Please sign and date this letter stating that you have completed this training. Also enclosed are the “Substitute Teacher Application”, “Substitute Teacher Update Sheet”, “Cell Phone Policy Letter”, and “Form I-9”. Please complete and return all of these to me as soon as possible.

Effective January 1, 2005, all individuals hired must have an FBI fingerprint background clearance. Effective July 1, 2012, all applicants will be directed to the Missouri Automated Criminal History Site (MACHS – 3M/Cogent) for this procedure with a cost of \$43.05. You can access their website at www.machs.mo.gov to schedule an appointment online or you may call for an appointment at 877-862-2425. (Applicant Fingerprint Form enclosed with detailed instructions.) If you have previously had the background clearance done, have a current substitute certificate with us and have subbed for us during this past year, you are exempt from having this background check done again. If you have a lifetime teaching certificate on file with us and have subbed for us during the past year, you are exempt from having this background check done. If you apply to sub in multiple districts at one time, this FBI fingerprint background check only has to be done once. However, if you apply in a new district and the current fingerprint background clearance is over twelve months old, then you will have to be fingerprinted and cleared again.

Thank you for your attention to this matter. If you have any questions, please feel free to call.

Sincerely,



Patty Wood
Secretary
Enclosures

“Enable All Students To Become Responsible, Productive Citizens In A Changing World”



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

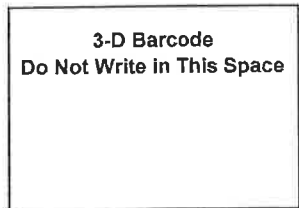
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: _____	Date (mm/dd/yyyy): _____
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____			Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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	LIST B Documents that Establish Identity	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 	<p style="font-size: 2em; margin: 0;">OR</p> <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 	<p style="font-size: 2em; margin: 0;">AND</p> <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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 0881

Agency Name: Richards R-V School

Agency ORI: _____ Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact 3M Cogent directly at 1-877-862-2425 to have a Fingerprint Services Representative conduct the registration on your behalf.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [MACHS Fingerprint Search Portal](#)
3. Click on the "blue box" to [Register with MACHS](#)
4. In the yellow-highlighted box, **enter your agency 4-Digit Registration Number and hit "enter"**
5. Enter your personal information.
6. At the Missouri Background Check Fingerprint Summary **verify** all personal data and agency information before proceeding. If all information entered is accurate and complete, click **Complete Registration**. This will take you to the fingerprint services vendor for further processing to include payment and to select a fingerprint location. Please note your **Transaction Control Number (TCN)**. **The TCN will be required at the time of fingerprinting to confirm your MACHS registration data.**

Your processing fee is automatically calculated based on the 4-digit registration number that you provide. Fees are either paid at the time of registration or are payable to 3M Cogent at the time of fingerprinting unless a billing account has been established by your agency. Upon completion of the fingerprint appointment, 3M Cogent will transmit your fingerprint background check request to the Missouri State Highway Patrol (MSHP) for processing through the state and FBI. The results of the search will be provided to the authorized agency within 5 to 10 business days.

Section Three: Registration Confirmation (for applicant or agency use)

Applicant Name: _____

TCN (Confirmation Number) _____

Date Prints Taken _____