

River Valley Local School District

VIKINGS

Adam Wickham
Superintendent

Cathryn Zimmer
Treasurer

River Valley Administration
197 Brocklesby Rd.
Caledonia, Ohio 43314
TEL (740) 725-5400
FAX (740) 725-5499

River Valley High School
Barry Dutt, Principal
4280 Marion-Mt. Gilead Rd.
Caledonia, Ohio 43314
TEL (740) 725-5800
FAX (740) 725-5899

River Valley Middle School
Donald Gliebe, Principal
4334 Marion-Mt. Gilead Rd.
Caledonia, Ohio 43314
TEL (740) 725-5700
FAX (740) 725-5799

Heritage Elementary School
Melanie Comstock, Principal
720 Columbus-Sandusky Rd. S.
Marion, Ohio 43302
TEL (740) 725-5500

Liberty Elementary School
Sandy Richards, Principal
1932 Whetstone River Rd. N.
Caledonia, Ohio 43314
TEL (740) 725-5600
FAX (419) 845-2699

DISTRICT WEB ADDRESS:
www.rvk12.org

ALL CONTRACTED AND VOLUNTEER COACHES:

Your status as a coach within the River Valley Local School District is contingent upon the following paperwork being completed, and copies of all PAC-related certifications being provided to the RV Administrative Office:

District Level Paperwork (included in this packet):

- INITIAL APPLICATION (One time)
 - I-9 FORM (One time)
 - COPY OF HB 491 (One time)
 - ANTI-TERRORIST FORM (One time)
 - STATE AUDITOR FRAUD REPORTING FORM (One time)
 - COPY OF DRIVERS LICENSE AND SS CARD (One time)
- *New drivers license needs re-copied upon renewal

Coaching Certifications (resources available on RV athletics website):

- CURRENT PUPIL ACTIVITY CERTIFICATE – *online application at Ohio Department of Education OH|ID*
- CONCUSSION CERTIFICATION (Every 3 years)
- NFHS FUNDAMENTALS OF COACHING CERTIFICATION (One time)
- CPR CERTIFICATION (Every 2 years)
- COPY OF OHSAA LINDSAY'S LAW CERTIFICATION (Annual)
- COPY OF SPORTS FIRST AID ATTENDANCE VERIFICATION
*Must be turned in before PAC renewals can be verified.
- CURRENT FBI & BCI BACKGROUND CHECKS (Every 5 years)
*SEE BELOW

Thank you for your prompt attention to this matter.

Coaches and volunteers cannot be working with students until the items on this checklist are attended to.

Questions: Contact AD Travis Stout at 740-725-5706 or tstout@rvk12.org.

Note regarding FBI/BCI background checks:

For State and Federal Background Checks, and associated costs, contact the NCOESC (North Central Ohio Educational Service Center) at 740-387-6625. They are located at 333 E. Center Street, Marion Ohio.

River Valley

Local School District

197 Brocklesby Road, Caledonia, OH 43314 • Phone: 740-725-5401

Fax: 740-725-5499



Coaching Application

Individuals who are interested in applying for one or more coaching positions are requested to complete the following application. Additional information may be included to assist River Valley in evaluating the training, experience, and qualifications of the applicant.

Identifying Data

Last Name _____ First Name _____

Address _____
Address City State Zip

Social security number _____ Home telephone _____

Certifications/Position(s)/Participation

List your areas of certification/licensure below:

1. _____
2. _____
3. _____

List, in order of preference, coaching positions desired (specify, if necessary, boys or girls)

1. _____
2. _____
3. _____

List interscholastic sports and number of years of participation as a high school student:

Sport _____
Years _____

List interscholastic sports and number of years of participation as a college student:

Sport _____
Years _____

Certifications/Position(s)/Participation

List your coaching experience- include win/loss record, championships, coaching honors:

Year _____
Title/Position _____
School system _____
W/L _____
Other _____

Value/Philosophy/Factors

What additional athletic experience have you had that would be of value to you in a coaching position?
(example – volunteer coaching) _____

Outline, briefly, your philosophy of school athletics: _____

Explain those factors that you feel are most important to a quality athletic program:

References

Provide three references who are knowledgeable of your coaching experience:

Name _____
Address _____
Phone _____
Title _____
Relationship to your work _____

Name _____
Address _____
Phone _____
Title _____
Relationship to your work _____

Name _____
Address _____
Phone _____
Title _____
Relationship to your work _____

Policy

It is the policy of the River Valley Board of Education that the best qualified applicants shall be selected for each position without regard to race, color, religion, national origin, age, disability, or sex.

Should you be contacted for an interview and require any special accommodations, please contact Thomas Shade, Superintendent, at (740) 725-5401. We will utilize this information only in a manner consistent with the Americans With Disabilities Act of 1990, Section 504 in the Rehabilitation Act of 1973 and Chapter 4112 of the Ohio Revised Code.

Legal Notice

It is understood that River Valley Local School District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contact with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature _____
Date _____

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature _____
Date _____

I have the legal right to work in the United States and will submit the appropriate documentation at time of hire.

Signature _____
Date _____

Do not write in this space - For administrative use only

Assignment(s) _____

Effective dates: _____
From _____
To _____

Approval date _____

Signature of approving administrator:



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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	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 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 	OR	<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 	AND	<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

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

Refer to the instructions for more information about acceptable receipts.

LICENSURE STATUS VERIFICATION FOR SUPPLEMENTAL POSITIONS
(Per HB 491)
(New and Renewal)

Name _____

Date of Birth _____ (if known)

Position _____

(Pupil Activity Coach, Advisor, Volunteer, etc.)

PUPIL ACTIVITY PERMITS

Any person in a position that requires a pupil activity permit must obtain the permit BEFORE the person begins providing services to the school. The person will not be paid for any time prior to obtaining a valid pupil activity permit. Exception to this rule will be if we have a coach leaves within a couple of weeks of the season starting or in the middle of the season. This exception should be applied spradically.

Does the person currently hold a valid pupil activity permit? ____ Yes ____ No

Credential Number _____

Issue date: _____

In No why: _____

PRINCIPAL CERTIFICATION

Through my signature below, to the best of my knowledge, this person is eligible for the position I am recommending them for, and I am requesting a second interview by the Superintendent.

Principal Name _____

Signature

Date

SUPERINTENDENT CERTIFICATION

Through my signature below, I hereby certify that to the best of my knowledge the information provided on this form is true and accurate. Further, I certify that I, or my staff, have verified through the Ohio Department of Education's online educator profile tool that the person either holds a valid license/permit or has submitted to the Ohio Department of Education an application for the required license/permit.

Superintendent Name _____

Signature

Date

*Note: the Ohio Department of Education's online educator profile tool to verify license and application status can be found at:

<https://coreprodint.ode.state.oh.us/core2.3/ode.core.EducatorProfile.UI/EducatorSearch.aspx>



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE

Acknowledgement of receipt of Auditor of State Fraud 5 Reporting System Information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging River Valley Local Schools has provided you information about the fraud reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before mentioned fraud reporting system.

I _____, have read the information provided by my employer regarding the fraud reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE, AND DEPARTMENT

PLEASE SIGN NAME

DATE