
Printed name of Employee

Social Security Number

Position

LOYALTY OATH

(H.B. 918-1968 OK Leg.)

I do solemnly swear (or affirm) that I will support the Constitution and the Laws of the United States of America and the Constitution and the Laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am an employee of:

Broken Arrow Public Schools District I-3

Signature of Employee

Subscribed and sworn before me this _____ day of _____ 20 _____

State of Oklahoma, County of _____

Commission # _____ My commission expires _____

Notary Public _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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 <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page

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 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

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

Refer to the instructions for more information about acceptable receipts.

EMPLOYMENT STATUS AND EQUIPMENT AGREEMENT

CERTIFIED EMPLOYEES

Certified personnel (full-time and part-time) shall be employed, initially, in the Broken Arrow Public School District on a temporary contract. The temporary contract shall be in effect for the first two years of employment.

Insurance benefits become effective the first of the month following the employee's hire date.

Upon separation from employment I understand I must return any equipment or district property assigned to me or their cost will be deducted from my final check.

SUPPORT EMPLOYEES

Hourly support personnel (full-time and part-time) shall be employed, initially, in the Broken Arrow Public School District on a temporary employee status. The temporary employee status shall be in effect for the employee's entire first year of employment.

Insurance benefits become effective the first of the month following the employee's hire date.

I authorize the cost of my post-offer physical (if applicable) to be deducted from my final pay check if I resign my employment prior to completion of sixty calendar (60) days.

Upon separation from employment I understand I must return any uniforms, equipment, and district property assigned to me or their cost will be deducted from my final check.

STAFF DOCUMENTATION AGREEMENT

To locate the Broken Arrow Public Schools District Policy Guide: Go to www.baschools.org/BoardPolicies

To locate the Negotiated Agreement and Standards of Performance and Conduct for Teachers: Go to https://baschools.socs.net/vimages/shared/vnews/stories/5b7b2c4ff2277/NegotiationsAgreement_2022-23.pdf

I acknowledge that I know where to locate Board Policies and the Negotiated Agreement. These documents describe important information about Broken Arrow Public Schools, and I understand that I should consult Human Resources if I have any questions. I understand and agree that I will read and comply with these policies and standards and any revisions and am bound by the provisions contained therein.

Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to these documents may occur. I understand that Broken Arrow Public Schools may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished policies or practices, with or without notices, at its sole discretion, without giving cause or justification to any employee.

If you do not have access to the website, a paper copy of the above mentioned documents is available in the Human Resources Department. If you have any questions concerning a personnel matter, you may reach the Human Resources Department at 918-259-5704.

By signing below I acknowledge that I have been notified of where to find the above mentioned documents.

PRINTED EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE

Broken Arrow Public Schools
Professional Employment Application
ADDENDUM

In order to avoid the possibility of discrimination or bias in the employment process, certain types of information which once were routinely asked on job applications may no longer be included. However, once an applicant has been employed this information becomes pertinent and important to an employer for a variety of reasons, and the employer has the right to maintain these records in the employee's personnel file. Now that you have been employed by the Broken Arrow Public Schools, you are requested to complete these questions and return this form to the Human Resources Department immediately.

Full name as shown on your Social Security Card: _____
First Name Middle Name Last Name

Maiden Name _____ If married, spouse's full name: _____
First Name Middle Name Last Name

Marital Status: Married Single Divorced Widowed Gender: Male Female

By what other names, single or married, have you maintained in college or on employment records?

1. _____ 2. _____ 3. _____

Date of Birth _____ U.S. Citizen: YES NO
Month — Day — Year

Certain reports the District is required to report by law ask for a description of Staff by race.

Please indicate your ethnicity:

- Yes, Hispanic/Latino
 No, not Hispanic/Latino

Please indicate you race:

- American Indian/Alaskan Native Native Hawaiian or Pacific Islander
 Asian White Black or African American

Emergency contact information in the event of an emergency involving you during the work day/your shift:

Full name: _____ Relationship: _____

Street Address: _____

City, State, Zip Code: _____

Phone number including area code: (____) _____ (____) _____ (____) _____
Daytime Number Evening Number Cell Number

Your Signature _____ Date: _____

Authorization Release Form

Authorization for Use or Disclosure of Protected Personal/Health Information

1. I hereby authorize Broken Arrow Public Schools to disclose and/or discuss the information described in paragraphs 3a, 3b, and/or 3c, to the following individual(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

2. Authorization for release of personal/health information covering the period of (check one)

- a. from (date) _____ - to (date) _____ OR
b. all past, present and future periods.

3. I hereby authorize the release of personal/health information as follows (check one):

- a. PERSONNEL FILE

- Complete Personnel File
 The following information only:

- b. BENEFIT FILE

- Complete Benefit File
 The following information only:

- c. MEDICAL FILE

- Complete Medical File
 The following information only:

4. This authorization shall be in force for one year from signature/date below.
5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.
6. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Printed Name of Employee

Signature of Employee

Date