Elkins School District

LICENSED EMPLOYEE CHECKLIST FOR EMPLOYMENT

NOTE: Sensitive Information should never be shared via email. You will receive an email with an Employee Information Form, shared through Adobe Acrobat Sign. This is a secure document that will be used to set up your district email and account access.

_____Original Transcript _____NTE or PRAXIS Scores

_____ Letter from prior district on leftover sick days

_____ Teacher Retirement Forms

1. Complete and attach the ATRS Membership Data Form - School District

_____ Copy of Social Security Card - DO NOT email sensitive information - take it directly to the HR department.

_____Copy of Driver's License - DO NOT email sensitive information - take it directly to the HR department.

_____ I-9 Employment Eligibility Verification

_____ W-4

_____ State Tax Form AR4EC

_____ Background check and fingerprinting.

1. Go to: https://dese.ade.arkansas.gov/Offices/educator-effectiveness/licensure/background-checks
2. Complete Background Check Processes Online
   a. Step One: Online Background Check Consent Form
   b. Step Two: Background Check Payment
   Enter Verification Code: 7201000
   c. Step Three: List of Approved Live Scan Locations (see below for Northwest Arkansas Location)
3. Take the Background Check Consent Form (from Step One), the Transaction ID# from your payment (Step Two), and your Driver's License to the Live Scan site.

NOTE: In Northwest Arkansas, a Live Scan site is located at the NWAESC 4 North Double Springs Rd Farmington, AR 72730. Fingerprinting will occur by appointment only. Schedule an appointment here: https://www.starfishnw.org/

_____ Authorization for Release of Confidential Information Contained within the Arkansas Child Maltreatment Central Registry. Follow the instructions on the website.

_____ Direct Deposit Authorization **with a voided check from the account that direct deposit will go into** DO NOT email sensitive information - take it directly to the HR department.

_____ Computer Technology Acceptable Use Policy

_____ Drug-Free Workplace Acknowledgement

_____ Sick Bank Donation Form

_____Health Insurance web portal my.arbenefits.org

_____ HSA

_____ Colonial Life Insurance