



MIAMI-DADE COUNTY PUBLIC SCHOOLS

OFFICE OF HUMAN RESOURCES

1500 Biscayne Boulevard

Miami, FL 33132

APPLICATION DIRECTIONS FOR INSTRUCTIONAL POSITION

Full-Time Teachers, Part-Time Teachers, Temporary Instructors,
Counselors, School Psychologists, Media Specialists, & School Social Workers

Please Read Instructions Before Completing The Application.

General Information

Interviews are scheduled in subject areas that are in demand in Miami-Dade County Public Schools. No interviews are scheduled for humanities, business and Spanish. In these cases, interviews will be limited to temporary instructor (substitute). In addition, applicants with academic coverage for economics, geography, political science, psychology, and sociology may schedule interviews for the broad field of social science (grades 6-12).

Note: Employment Eligibility Verification (USCIS Form I-9) and original documentation must be completed within three days of hire as required by the Amnesty Immigration Law. Appropriate identification includes: a United States Passport, a State Driver's License, or a Resident Alien Card; and the original Social Security card.

INSTRUCTIONS FOR COMPLETING THE INSTRUCTIONAL APPLICATION PROCESS

In order to expedite the process, the following must be submitted together:

1. ____ **W-4 Tax Form**
2. ____ **Copy of Social Security Card** - must be received prior to application processing, including applications submitted electronically to the Office of Human Resources.
3. ____ **Application for Employment (FM-3504) - SIGNED and DATED.** For electronic submissions, page 3 must be mailed to the Office of Human Resources - signed and dated.
 - Applicant's name and social security number must be written/typed on each page.
4. ____ **Restricted Personal Data** - must be completed thoroughly, signed, and dated. If you answer YES to any of the questions, you must provide an original/certified copy of the arrest form disposition(s) for each charge including sealed and expunged records. Please be advised that your fingerprints will be used to check for a criminal history.
5. ____ **Two (2) Reference Evaluation Forms** - must be completed by persons best able to attest to the applicant's prior job performance within a year of submission.
 - **Acceptable references may include:** Deans, professors, intern supervisors, directing/supervising teachers, principals, assistant principals, subject area coordinators, supervisors, and/or immediate past employers.
 - **Unacceptable references:** References from friends, relatives, and neighbors are NOT accepted unless they fall under the categories listed above.
6. ____ **Official Transcripts (stamped and in a sealed envelope)**
 - **Applicants for full-time or part-time teaching positions:** must submit a minimum of a Bachelor's degree from an accredited college or university.

Applicants for Temporary Instructor positions (substitute teachers): must submit evidence of a minimum of 60 credits, from an accredited college or university, and a minimum cumulative grade point average (GPA) of 2.5. Foreign degrees/transcripts must be evaluated by an appropriate accreditation agency that is approved by the Florida Department of Education (FLDOE).

7. ____ Effective July 1, 2009 a passing score on all 4 parts of the General Knowledge Test (GK) will be required in order to be eligible for instructional employment with M-DCPS. This includes applicants for full-time instructional, hourly instructional and temporary instructor (substitute teacher) positions. Registration and testing information may be found at www.fl.nesinc.com.
8. ____ **Statement of Status of Eligibility** issued by the FLDOE must be received prior to scheduling an interview for the following categories.
- Non-education majors and/or graduates of colleges or universities out of the State of Florida, including graduates with foreign degrees. Foreign degrees/transcripts must be translated and evaluated by an appropriate accreditation agency approved by the FLDOE.
9. ____ **Telephone References** - in addition to the two (2) reference evaluation forms, the applicant must furnish the name(s) and the phone number(s) of their current or most recent employer(s) or supervisor(s). The interviewer will verify telephone references.

All teachers must hold or be eligible for an Academic or Vocational Certificate. Academic Certificates and Degreed Vocational Certificates are issued by the State of Florida, Bureau of Educator Certification. Non-Degreed Vocational and Career Specialist Certificates are issued by Miami-Dade County Public Schools.

For information and to apply online, please go to <http://www.fldoe.org/edcert/>

For more information, please visit our certification website at <http://certification.dadeschools.net/>

IMPORTANT NOTICE

Please be advised that your fingerprints will be used by the Florida Department of Law Enforcement and the Federal Bureau of Investigation (FBI) to check for any criminal/arrest history.

Criminal offense(s) include, but are not limited to, felonies or misdemeanors, for example: DUI/DWI, assault/battery, auto theft, disorderly conduct, domestic violence, fraud, loitering, prostitution/solicitation, robbery, shoplifting, theft (grand/petty), trespassing, violation of probation, failure to appear, and military charges.

Additionally, please be advised that ALL records, **including sealed and/or expunged records**, must be disclosed on the Restricted Personal Data Form (#3505) which is part of this application package. Failure to fully and accurately disclose all information, or the falsification of any related information, will disqualify the applicant or employee from employment.

To schedule an interview or to check the status of your application, after your file has been processed, please e-mail: persappt@dadeschools.net

Processing may take up to 10 working days.

**Miami-Dade County Public Schools (M-DCPS)
Office of Human Resources - Instructional Staffing
1500 Biscayne Boulevard, Suite 129
Miami, Florida 33132**

Visit our website for more information:
<http://jobs.dadeschools.net/>

Please include a copy of:

Driver's License & Social Security Card

**MIAMI-DADE COUNTY PUBLIC SCHOOLS****OFFICE OF HUMAN RESOURCES**1500 Biscayne Boulevard
Miami, Florida 33132

For Office Use Only:

Date Received: _____

Initials: _____

Application For: _____

APPLICATION FOR EMPLOYMENT**INSTRUCTIONS: Please type or print.** Complete accurately to facilitate the processing of your application.**Type of Position(s) Desired:** ☐ Full-Time ☐ Part-Time ☐ Temporary Instructor (Substitute)**Position(s) desired:** _____**SECTION 1. PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY (for identification purposes only)
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FORMER LAST NAME(S)

PHONE NUMBER	OTHER PHONE NUMBER	E-MAIL ADDRESS
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ADDRESS	CITY	STATE	ZIP CODE
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Are you eligible for Veteran's Preference? ☐ Yes ☐ No

If yes, please note that it is your responsibility to submit the Veteran's Preference forms and all required proof of eligibility to our office.

SECTION 2. EDUCATION

(College/University official transcripts with a minimum GPA of 2.5 must be received before an interview for an instructional position can be scheduled. All foreign degrees must be evaluated, validated and translated by an accredited agency.)

NAME OF INSTITUTION/SCHOOL	STATE/COUNTRY	MAJOR/LAST GRADE COMPLETED	DEGREE/ GRAD DATE	DEGREE TYPE	GPA

Foreign Languages (list below as appropriate)

_____	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Bi-literate	_____	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Bi-literate
_____	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Bi-literate	_____	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Bi-literate

SECTION 3. CERTIFICATION INFORMATION (for instructional and administrative use, as appropriate)

If you do not currently possess a Florida Educator's Certificate, your application for a Florida Educator's Certificate must be on file with the Florida Department of Education. If you possess a Florida Educator's Certificate, please complete the following information.

EXPIRATION DATE	TYPE OF CERTIFICATE	LEVEL OF TRAINING	CERTIFICATE NUMBER
	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> TEMPORARY		

A statement of eligibility issued by the Florida Department of Education must be received for the following categories: non-education majors and/or graduates of colleges or universities outside of the State of Florida, including graduates possessing foreign degrees.

Name: _____ Social Security #: _____

Effective July 1, 2009 a passing score on all 4 parts of the General Knowledge Test (GK) will be required in order to be eligible for instructional employment with M-DCPS. This includes applicants for full-time instructional, hourly instructional and temporary instructor (substitute teacher) positions. Registration and testing information may be found at www.fl.nesinc.com.

SECTION 3. CERTIFICATION INFORMATION (for instructional and administrative use, as appropriate) (CONTINUED)

HAVE YOU PASSED ANY OF THE FLORIDA TEACHER CERTIFICATION EXAMINATIONS?

Yes ☐ No ☐ General Knowledge Test (GK) Yes ☐ No ☐ Professional Education (PED)
Yes ☐ No ☐ Subject Area Examinations (SAE) Yes ☐ No ☐ CLAST on or before June 30, 2002
Yes ☐ No ☐ Praxis

If you answer yes to any of the above, please attach a copy of the official score report.

SECTION 4. PROFESSIONAL/TECHNICAL LICENSES OR OTHER CERTIFICATIONS (as required by position)

License/Other Certificates

CREDENTIALS OR LICENSES	ISSUED FROM	EXPIRATION DATE	OTHER PERTINENT INFORMATION

Driver's License Number: _____ (include copy)

Yes ☐ No ☐ Florida Operator's Class E
Yes ☐ No ☐ Florida Commercial (CDL) If Yes, indicate class below.
☐ Class A ☐ Class B ☐ Class C ☐ Class D (non-commercial) ☐ Chauffeur's License

Machines, equipment and other duties in which you have had either training and/or experience (as required by position).

EQUIPMENT AND/OR DUTIES	TRAINING	EXPERIENCE	EQUIPMENT AND/OR DUTIES	TRAINING	EXPERIENCE

SECTION 5. EMPLOYMENT HISTORY

List places of employment for the past five (5) years. Employers may be contacted.

POSITION TITLE	DATES		NAME OF EMPLOYER	ADDRESS OF EMPLOYER	SUPERVISOR'S NAME/TITLE	PHONE NUMBER
	FROM	TO				

Have you ever been employed by Miami-Dade County Public Schools? ☐ Yes ☐ No

If yes, When? _____

Position Title: _____ Department: _____

Employee No.: _____ Under what name? _____

Name: _____ Social Security #: _____

SECTION 5. EMPLOYMENT HISTORY (Continued)

District Procedures prohibits the direct supervision of an employee by a relative. Are you related to any person now employed by Miami-Dade County Public Schools?

Yes ☐ No ☐ If yes, write the name of the relative(s), relationship, and work location. (Attached a list, as necessary)

RELATIVE'S NAME	RELATIONSHIP	WORK LOCATION

SECTION 6. TEACHING EXPERIENCE (not for the purpose of salary adjudication)

Full-Time Teaching Experience:

Total years of experience claimed _____

Teaching Experience: M-DCPS Yrs: _____ Administrative Yrs: _____

Public Schools: STATE _____ Yrs _____ STATE _____ Yrs _____ STATE _____ Yrs _____

Non-Public Schools: STATE _____ Yrs _____ STATE _____ Yrs _____ STATE _____ Yrs _____

Student Teaching Experience (If applicable)

School: _____ City/State: _____

Yes ☐ No ☐ Are you currently on leave or under contract with a private, public or charter school?

If yes, please explain:

Are you currently receiving pension/retirement benefits from an employer paid retirement plan? Yes ☐ No ☐

if yes, please provide the following:

Employer's Name

Date Benefit first received

SECTION 7. REFERENCES

NAME AND TITLE	ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP)	TELEPHONE NUMBER

SECTION 8. AFFIDAVIT

I am aware and understand that Miami-Dade County Public Schools adheres to numerous policies and procedures which would include but are not limited to those delineated on the attached page.

- I declare that if I am employed by the School Board of Miami-Dade County, Florida, and a recipient of public funds as such an employee, I do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and the State of Florida.
- I agree that any omissions or inaccurate statements anywhere in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail, it will not be considered.

Signature of Applicant

Date

Board Rules for M-DCPS Staff

The Office of Human Resources values the important role instructional and support personnel provides to the educational environment. It seeks to attract and retain highly qualified individuals who are motivated and can perform the complex tasks required to foster excellence in a community of learners, while exhibiting the highest degree of professionalism, integrity, and ethical behaviors. To this end, all our applicants are required to familiarize themselves with the following School Board Rules and employment expectations (listed in numerical order):

Politics - Participation of Staff	6Gx13- <u>1C-1.06</u>
Gifts to School Personnel	6Gx13- <u>1C-1.08</u>
General Personnel Policy Statement	6Gx13- <u>4-1.01</u>
Drug-Free Workplace General Policy Statement	6Gx13- <u>4-1.05</u>
Tobacco - Free Work Places	6Gx13- <u>4-1.06</u>
Violence in the Workplace	6Gx13- <u>4-1.08</u>
Employee - Student Relationships	6Gx13- <u>4-1.09</u>
Equal Opportunity Employment and Assignment	6Gx13- <u>4A-1.01</u>
Assignment - Members of Same Family	6Gx13- <u>4A-1.18</u>
Responsibilities and Duties	6Gx13- <u>4A-1.21</u>
Conflict of Interest	6Gx13- <u>4A-1.212</u>
Code of Ethics	6Gx13- <u>4A-1.213</u>
Separation - Dismissal or Suspension - All Personnel	6Gx13- <u>4A-1.302</u>
Discrimination/Harassment: Complaint Procedures for Employees	6Gx13- <u>4A-1.32</u>
Fingerprinting of All Employees	6Gx13- <u>4C-1.021</u>
Compliance with Copyright Laws and "Fair Use" Guidelines	6Gx13- <u>4C-1.063</u>
Employment - Nonschool	6Gx13- <u>4C-1.17</u>
Nonschool Employment	6Gx13- <u>4C-1.18</u>
Absences and Leaves	6Gx13- <u>4E-1.01</u>
Corporal Punishment-Prohibited	6Gx13- <u>5D-1.07</u>
Acceptable Use Policy for the Exploration and Utilization of the Internet as a Tool for Learning	6Gx13- <u>6A-1.112</u>

State Board of Education and M-DCPS Board Rules Specific to Instructional Staff

6B-1.001	Code of Ethics of the Education Profession in Florida	
6B-1.006	Principles of Professional Conduct for the Education Profession in Florida	
6B-4.009	Criteria for Suspension and Dismissal	
6B-4.010	Instructional Personnel Assignment Systems	
Certification: Substitutes, Non-degreed Vocational, and Adult Part-Time Teachers		6Gx13- <u>4-1.07</u>
Substitute Teachers		6Gx13- <u>4B-1.01</u>

M-DCPS Board Rules Specific to Non-Instructional Staff

Non-School Employment - Non-Instructional Employees	6Gx13- <u>4C1.171</u>
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**A full listing and description of all School Board Rules may be accessed at <http://www.dadeschools.net/board/rules/>



MIAMI-DADE COUNTY PUBLIC SCHOOLS

OFFICE OF HUMAN RESOURCES

1500 Biscayne Boulevard

Miami, Florida 33132

RESTRICTED PERSONAL DATA

INSTRUCTIONS: Please type or print.

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.
ADDRESS	(CITY)	(STATE)	(ZIP)
DATE OF BIRTH (MM/DD/YYYY)	(PLACE OF BIRTH (CITY, STATE, COUNTRY))		GENDER

POSITION DESIRED: _____

Please be advised that your fingerprints shall be used by the Florida Department of Law Enforcement and the Federal Bureau of Investigation (FBI) to check for a criminal history. The omission, partial disclosure, or falsification of any criminal information, misdemeanor or felony information is a cause for dismissal from employment or disqualification from consideration for employment. Employment offers, if any, are conditional until the results of the fingerprint process have been finalized.

- Yes ☐ No ☐ Are criminal charges other than minor traffic violations currently pending against you? (DUI is not a minor traffic violation.)
- Yes ☐ No ☐ Have you ever pled guilty to a criminal offense?
- Yes ☐ No ☐ Have you ever been convicted in a criminal proceeding?
- Yes ☐ No ☐ Have you ever been fined as a result of criminal action?
- Yes ☐ No ☐ Have you ever pled "no contest" and/or nolo contendere in a criminal proceeding?
- Yes ☐ No ☐ Have you ever been placed on probation for a criminal offense?
- Yes ☐ No ☐ Have you ever had "adjudication withheld" (withholding of guilt or innocence by a judge) in a criminal proceeding?
- Yes ☐ No ☐ Have you ever failed to appear in court and thereby forfeited bond in a criminal proceeding?
- Yes ☐ No ☐ Have you ever had a criminal court proceeding record sealed or expunged?
- Yes ☐ No ☐ Have you ever participated in any type of pre-trial intervention/diversion program?
- Yes ☐ No ☐ Have you ever been imprisoned or jailed?
- Yes ☐ No ☐ Have you or your attorney ever negotiated with a prosecutor to have charges reduced/dismissed or not prosecuted?
- Yes ☐ No ☐ Have you ever been told by a lawyer or judge that you need not disclose a criminal proceeding filed against you?

If you answered YES to any of the above questions, you must provide an original/certified copy of the arrest form and the final court disposition(s) for each charge (attach a list, as necessary) attached to this form.

City Where Arrested/Charged	State	Date of Arrest(s)/Charge(s)	Charge(s)	Disposition(s)

RACE/ETHNIC INFORMATION (CHECK ONE ONLY)

(See definitions below)

☐ WHITE☐ BLACK, NON-HISPANIC☐ HISPANIC☐ ASIAN/PACIFIC ISLANDER☐ AMERICAN INDIAN/ALASKAN NATIVE

In order to comply with federal guidelines, accurate information must be maintained on each employee and student as regards to GENDER and RACIAL/ETHNIC classification.

RACIAL/ETHNIC CATEGORY DEFINITION

White (Not of Hispanic Origin)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (Not of Hispanic Origin)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander	A person having origins in any of the original peoples of Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian/Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

TEACHER/CERTIFICATED APPLICANTS

Yes ☐ No ☐ Have you ever had a teaching certificate revoked, suspended, or on probationary status? If yes, in what state and when?

State: _____ When: _____

Yes ☐ No ☐ Have you ever had sanctions placed on your teaching certificate for any reason?

Yes ☐ No ☐ Have you ever been denied a teaching certificate anywhere?

Yes ☐ No ☐ Have disciplinary proceedings ever been filed anywhere against your teaching certificate?

Yes ☐ No ☐ Have you ever been dismissed or suggested/recommended to resign from employment?

If yes, explain circumstances and include name and address of employer(s):

Are you eligible for Veterans' Preference?

☐ Yes ☐ No

If yes, please note that it is your responsibility to request from, and submit to our office, Veterans' Preference forms and all required proof of eligibility.

Permission is hereby given to any agency of the government of the United States of America, and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Miami-Dade Schools Police all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reason for discharge from military service, criminal history, on the job performance, educational records, and any other information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me, to supply such information to the Miami-Dade Schools Police.

I certify that the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form may result in immediate dismissal from employment.

Signature

Date

Do not write below this line (for office use only).

PLEASE RETURN THIS FORM TO:

Name: _____

W.Loc#: _____ Room #: _____

APPROVED

Signature

Date

NOT APPROVED

Signature

Date

Form W-4 (2009)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____				
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____				
	For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2009
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2009, 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 ▶		7		

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

(Form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.

- 1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,350 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____
- 7** Subtract line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** Subtract line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



MIAMI-DADE COUNTY PUBLIC SCHOOLS TELEPHONE REFERENCE FORM

Telephone references will be checked prior to interviews. **Acceptable references include: Deans, Professors, Intern Supervisors, Directing/Supervising Teachers, Principals, Assistant Principals, Subject Area Coordinators, Supervisors, and/or immediate past employers. No personal references will be accepted.**

If telephone references cannot be checked prior to a scheduled interview for temporary instructor, the interview will be canceled.

If a telephone reference is unacceptable, the interview will be canceled. To appeal interview, contact the Director of Instructional Staffing at Persing@dadeschools.net

Directions: PLEASE TYPE OR PRINT CLEARLY

APPLICANT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

LIST SUBJECT AREA(S): _____

REFERENCES TO CONTACT:

NAME OF PERSON TO CONTACT: _____

Title _____ Institution _____

Telephone Number (_____) _____

TO BE COMPLETED BY STAFFING OFFICER:

Comments: _____

Date Contact Made _____ By (Staffing Officer) _____

Rating: _____ Outstanding (3) _____ Good (2) _____ Fair (1) _____ Unsatisfactory (.001)

NAME OF PERSON TO CONTACT: _____

Title _____ Institution _____

Telephone Number (_____) _____

TO BE COMPLETED BY STAFFING OFFICER:

Comments: _____

Date Contact Made _____ By (Staffing Officer) _____

Rating: _____ Outstanding (3) _____ Good (2) _____ Fair (1) _____ Unsatisfactory (.001)



REFERENCE EVALUATION FORM

TO THE APPLICANT

Please complete the top portion (name, social security number and position applying for) prior to your submission of this form to the individuals who will provide reference evaluations.

APPLICANT'S NAME (Last) ☐ (First) ☐ (Middle) FORMER LAST NAME(S)

APPLICANT'S SOCIAL SECURITY NUMBER

POSITION DESIRED:
Teacher of: Other: (Please describe.)

TO THE EVALUATOR

The applicant named above is applying for a position with the Miami-Dade County Public School system. We would appreciate having you rate the applicant in the following categories. This evaluation will have restricted use. The evaluator is requested to complete, fold, and return this self-addressed mailer. Your cooperation is appreciated. Thank you.

FRIENDS OR RELATIVES ARE NOT ACCEPTED.

	OUT- STANDING	GOOD	NEEDS IMPROVEMENT	UNSATIS- FACTORY	UNABLE TO RATE
Personal Appearance					
Scholarship					
Adaptability To New Ideas					
Use of Sound Judgement					
Self-Control and Poise					
Cooperation & Helpfulness					
Use of English: Oral					
Written					
Skill As An Instructor					
Discipline in Classroom					
Ability to Work With Others					
Productivity					
Attendance					

1. How long have you known the applicant? (Years)

2. In what capacity?

3. If applicant left your employ, why?

4. Would you recommend applicant for position applied for?
☐ YES ☐ NO (If your answer is NO, please explain.)

5. Would you re-employ? ☐ YES ☐ NO
(If your answer is NO, please explain.)

6. General comments about the applicant.

Name (Printed)

Signature

Title

Address

Telephone

Date