CONGRATULATIONS & WELCOME TO OUR FAMILY!

Attached is the New Hire Packet and Checklist with items we require for your employee file. Please make sure to turn in this completed packet to your Principal as soon as possible.

- ☐ Completed Employee Application (Should be provided to principal during interview)
- ☐ Employee Resume (Should be provided to principal during interview)
- ☐ New Hire Packet (attached)
- ☐ Picture of Driver's License
- ☐ Picture of Social Security Cards
- ☐ Signed offer Letter
- ☐ Official/Unofficial Transcript OR Copy of Diploma
- ☐ Evidence of Certification/Degree

Doctors of Academics Inc.
New Hire Packet.

_____

Company Name

_____

Employee Name

_____

Email Address

Notice to Hiring management : NO person shall be considered an employee of Doctors of Academics Inc. Until the "NEW HIRE PACKET" forms have been completed in full, signed and submitted to Doctors of Academics Inc.

Included in this packet are the 6 forms you must sign and return

- **New employee information form**
- **IRS W-4**
- **Form I-9, Employment Eligibility Verification**
- **Employee**

New employee Information Form

_____

First Name (Must match current SS card/ID) Middle Last

_____ _____

Social Security Number Date of Birth

_____

Address City/State/zip

_____ _____

Emergency Contact Name Relationship

_____ _____

Emergency Contact Address Emergency contact Phone

_____ _____

Employee Signature Date

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

_____ _____

Employee Job Title Job Function

_____ _____

Hire Date Workers Comp Code

____ Full Time ____ Part-time ____ Seasonal ___ Temporary

PAY CODE

___ Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)

___ Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)

___ Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

EMPLOYEE PAY FREQUENCY

___ Weekly ___ Bi-Weekly ___Semi-Monthly ___ Monthly

EMPLOYEE HOURLY RATE OF PAY

$_____

POST-INJURY DRUG TESTING POLICY

Doctors of academics(hereafter known as The Company) believe that it is important to promote a drug free community to maintain safe, healthy and efficient operations and to protect the safety and security of our employees, facilities, and property. Drugs and alcohol may pose serious risks to the user and all those who work with the user. In addition, the use, possession, safe, transfer, manufacture, distribution, and dispensation of alcohol or illegal drugs in the workplace pose unacceptable risks to the maintenance of a safe and healthy workplace and to the security of The Company's employees, facilities, and property. Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a variety of workplace problems, including increased injuries on the job, increase absenteeism, increased health care and benefit costs, increased theft, decreased morale, decreased productivity, and a decline in the quality of products and services provided by The Company. For all of those reasons The Company has established this Post Injury Drug Testing Policy. This Policy was written to ensure compliance with all applicable state and federal laws.

SCOPE OF POLICY

This policy applies to all employees of the company.

DISSEMINATION OF POLICY

All employees will receive a copy of this policy upon hire and will be required to sign the Post-Injury Drug Testing acknowledgement.

DEFINITIONS

A. "illegal drugs": Illegal drugs means any controlled substance medication or other chemical substance that (1) is not legal legally obtainable; or (2) is legally obtainable, but is not legally obtained, is not being used legally, or is not being used for the purpose(s) for which it was prescribed or intended by the manufacturer. Thus, "illegal drugs" may include even over-the-counter medications, if they are not being used for the purpose(s) for which they were intended by the manufacturer.

B. Legal Drugs/Medication

"Legal drugs" Means prescribed or over-the-counter drugs that are legally obtained and used for the purpose(s) for which they were intended by the manufacturer.

DRUG AND ALCOHOL TESTING POST INJURY

The Company requires that employees submit to post injury drug testing within 24 hours of notification of injury on all injuries treated at a medical facility. Furthermore, employers may send employees for drug testing even if treatment is not sought.

SPECIMEN COLLECTION AND TESTING

A. Specimen Collection Procedures

1. Test Subject Privacy

Appropriate professional personnel will supervise the collection of urine and blood specimens for testing.

2. Chain of custody procedures

The company will take steps to preserve the chain of custody of specimens in order to ensure testing accuracy.

B. Specimen Testing Procedures

1. Specimens will be tested only by laboratories that are properly approved to conduct drug testing by the National Institute on drug abuse, the Department of Health and Human Services, or the College of American pathologists. Specimens will be tested only for the presence of illegal drugs, and their metabolites.

2. The company will rely on only on positive initial screening test results that also have been confirmed by gas Chromatography/mass spectrometry or other methods of confirmatory analysis provide for by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologist ("Confirmatory test").

C. **Cost of Testing**

The Company will pay for any drug test that it requests or requires.

D. **The Results**

The Company will promptly Communicate positive results to rest subjects.

E. **Employees: Test Results Report**

Employees may request, in writing, a copy of their test results report provided that The Company receives a request within five calendar days after the employee has been informed with the positive test results.

CONFIDENTIALITY OF TEST RESULTS

The Company will not disclose test results except as authorized by the test subject or as authorized, permitted, or required by applicable law.

CONSEQUENCES OF REFUSAL

Employees may refuse to undergo drug testing. However, employees who refused to undergo testing or who failed to cooperate with the test and procedures may be subject to discipline, up to and including immediate discharge.

CONSEQUENCES OF CONFIRMED POSITIVE TEST RESULTS

Any employee who tests positive on a confirmatory drug and alcohol tests required by The Company may be subject to discipline, up to and including immediate discharge.

EMPLOYEES: RIGHT TO EXPLAIN TEST RESULTS

Any employee who tests positive on a confirmatory drug test required by The Company, may request, in writing, the opportunity to explain the positive test results in a confidential setting, provided that The Company receives the request within five (5) calendar days after the employee has been informed of the positive test result. Furthermore, any employee who tests positive on a confirmatory drug test required by The Company may request, in writing, the

confirmatory test of the original sample, at his or own expense, provided that The Company received the request within five (5) calendar days after the employee has been informed of the positive test result. Confirmatory test requested and paid for by the employee may be conducted only by laboratories that are properly approved to conduct drug and alcohol testing by the National Institute on drug abuse, the Department of Health and Human Services, or the College of American pathologists

POST-INJURY DRUG TESTING ACKNOWLEDGEMENT

I have received and read a copy of the Doctors of Academics (Hereafter Known as "The Company") Post Injury Drug Testing Policy (hereafter known as the "policy") I understand that the policy applies to me and that I must abide by the policy as a condition of employment. I understand that if I fail to comply with any aspect of the policy or test positive on a drug test I may be subject to discipline, up to and including immediate termination of my employment.

I understand that the policy supersedes and revokes all previous practices, procedures, policies, and other statements of The Company, whether written or oral, that modify, supplement, or conflict with this policy. I also understand that the policy may be amended at any time period the policy was written to ensure compliance with all applicable state and federal laws.

_____ _____ _____

SIGNATURE DATE PRINTED NAME

GENERAL SAFETY RULES

1. Job safety is our responsibility to each individual employee. Job safety often is applying common sense to a situation. Use good common sense and stay alert on the job at all times.

2. All injuries, no matter how minor, must be reported to you on site supervisor immediately.

3. Employees under the influence of drugs or alcohol, while on the job, will be subject to

disciplinary options, up to and including discharge. If you are taking prescribed medication, you must advise the on-site supervisor prior to the start of the shift if side effects of the medication can affect your performance or can be a safety risk.

4. When you report for work, if you feel ill or are emotionally upset due to personal problems, inform your on-site supervisor before starting work if you believe your illness or emotions will affect your performance or will be a safe risk.

5. report any unsafe condition to your on-site supervisor immediately, even if the unsafe condition does not directly affect you.

6. If you are not sure how to perform the job you must stop and check with your on-site

supervisor. This is for your safety and for the safety of your fellow workers.

7. Do not start or operate any equipment without proper authority and safety instructions.

Never operate a piece of equipment when guards or other safety devices are not in place.

8. Do not attempt to repair or tamper with equipment not working properly. report the condition to your own site supervisor

9. Any employee who is furnished safety equipment will be required to use such equipment while doing the work for which the equipment was furnished.

10. Good housekeeping practices should be followed at all times. This means clean tools, dry floors, maintain neat work areas and arrange materials properly.

11. Use the correct method for lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.

12. All electrical power tools and cords must have an operational third wire positive ground. Electrical tools and cords without positive grounding should not be used. Double insulated tools must be marked.

13. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.

14. As of July 1, 2003, Chapter 386 part II, Florida Statutes “The Florida Clean Air Act”, smoking is prohibited in all enclosed indoor working places unless otherwise noted.

15. All employees who drive or are passengers, while on company business, must wear their seat belts at all times.

16. Obey all safety and warning signs at all times.

17. If you are treated by a physician or authorized medical personnel for an injury that occurs on the job, you will be required to submit to drug and /or alcohol testing within 24 hours from the incident time.

18. If you are involved in any accidents or injuries on the job, you will be required to submit to post-accident/injury drug and/or alcohol testing within 24 hours from the incident time.

I have read these rules (or the rules have been read to me) and I understand and will obey the rules for my own benefit.

_____ _____ _____

Employee Signature Print Name Date

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		► **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ► $ _____

Multiply the number of other dependents by $500 . . . . ► $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) _____ **Date** _____

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $25,900 if you're married filing jointly or qualifying widow(er)
- $19,400 if you're head of household
- $12,950 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may 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 to the Department of Health and Human Services for use 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.

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 *(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	ZIP Code

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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. *(See instructions)*

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.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

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

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

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)*				

Additional Information

QR Code - Sections 2 & 3
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	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)*

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

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
1. U.S. Passport or U.S. Passport Card		**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		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

VECHS APPLICANT WAIVER AGREEMENT AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize *(enter Name of Qualified Entity)* Doctors of Academics Learning Academy to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee and/or volunteer.

A national criminal history record check has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ☐have OR ☐have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ☐do OR ☐do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): ☐Employee ☐Volunteer

Signature: _____ Date: _____

Printed Name: _____ Date of birth: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY

Doctors of Academics
LEARNING ACADEMY
1503 S US 301 TAMPA, FL 33619
813-856-9679

Fingerprinting Requirements

All employees and volunteers are required to conduct a level two background screening using our VECHS number. Our ORI number is **E29040276**

Our preferred vendor is listed below, however please feel free to choose a vendor of your choice.

D&L Livescan Background Screening
727-301-2542
https://www.dllivescanbg.com/

Please try to have your background check scheduled before your starting day. If choosing a different vendor be sure to specify your are needing a level 2 VECHS fingerprint appointment.

X_____

Doctors of Academics

LEARNING ACADEMY

1503 S US 301 TAMPA, FL 33619

813-856-9679

Front of Drivers	Back of Drivers

Social Security card (front)	Social Security card (back)

X _____