

Minnesota New Hire Reporting Form

Effective July 1, 1996 Minnesota Statute 256.998 requires all Minnesota Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Minnesota within 20 days of hire or rehire date.

Information about new hire reporting and online reporting is available on our web site: www.mn-newhire.com

Send completed forms to:

Minnesota New Hire Reporting Center
 PO Box 64212
 St. Paul, MN 55164-0212
 Fax: (651) 227-4991 or toll-free fax (800) 692-4473

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C 1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN as the listed employee's quarterly wages will be reported under):*

4 1 1 7 8 0 3 5 7

Employer Name:

K E N Y O N - W A N A M I N G O I S D 2 1 7 2

Employer Address *(Please indicate the address where the Income Withholding Orders should be sent).*

2 2 5 3 R D A V E

Employer City:

W A N A M I N G O

Employer State:

M N

Zip Code (5 digit):

5 5 9 8 3

Employer Phone:

5 0 7 8 2 4 2 2 1 1

Extension:

2 5 8

Employer Fax:

5 0 7 8 2 4 2 2 2 8

Email:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Check this box if this is an Independent Contractor (1099)

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Hire (mm/dd/yyyy): (optional)

Date of Birth (mm/dd/yyyy): (optional)

Employee State of Hire

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (651) 227-4661 or toll-free (800) 672-4473



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):

<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)
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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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



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

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 	<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 	<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.

**KENYON WANAMINGO PUBLIC SCHOOLS
INDEPENDENT SCHOOL DISTRICT #2172**

Acknowledgment of Public Information that may be provided to Third Parties

I understand that the following information about myself and my employment with the Kenyon Wanamingo Public Schools is considered public under Minnesota law and can be provided, without my consent, to any third party who may contact the System:

- | | |
|---|-------------------------------------|
| *Name | *Actual gross salary |
| *Salary range | *Actual gross pension |
| *Value/nature of employer-paid benefits | *Education and training |
| *Basis for and amount of any additions to salary, including expense reimbursement | *Dates of first and last employment |
| *Job title and position description | |
| *Previous work experiences | |
| *General nature and status of any complaints or charges against me, whether or not they resulted in any disciplinary action | |
| *Final disposition of any disciplinary action | |
| *Terms of any agreement settling administrative or judicial proceedings | |
| *Work location and telephone number | |
| *Honors and awards received | |
| *Payroll data (except that which would reveal private data) | |
| *City and county of residents | |

Signature

Date

Consent to Release of Private Information to Third Parties

The following information is considered private under Minnesota law and would not normally be provided to any third parties who contact the Kenyon Wanamingo Public Schools. Please place a mark in the box adjacent to any information that you consent to have disclosed and sign the following statement.

- | | |
|-------|--|
| _____ | Performance review and evaluation |
| _____ | Reasons for my use of medical sick leave |
| _____ | Information about pending disciplinary actions |

I hereby consent to the disclosure of the above information (only as I have specifically indicated) by the Kenyon Wanamingo Public Schools to any third party who may request it. I hereby release and waive any claims that I may have now or in the future against the Kenyon Wanamingo Public Schools or any of its employees which are in any way connected to the disclosure of this data about me to a third party.

Signature

Date

Direct Deposit Authorization Form

I authorize Independent School District 2172 and the financial institution named below to initiate credits or deductions to my account either by electronic funds transfers or paper draft. This authorization will remain in effect until revoked by me in writing.

Check the type of account:

- Checking (Please attach a blank VOIDED check)
 Savings (Please attach a VOIDED deposit slip)

Account Number _____ Routing Number _____

Financial Institution Name _____ Phone (____) _____

Financial Institution Address _____

Signature of Account Owner _____ Date _____

YOUR NAME 1234 YOUR STREET YOUR TOWN, USA	SAMPLE	1444
	_____ 19 _____	310 121
PAY TO THE ORDER OF _____	VOID	\$ _____
		_____ DOLLARS
YOUR CREDIT UNION OR BANK		
MEMO _____		
.031000095: *4500**9733* 1444		

IMPORTANT*** PLEASE INFORM PAYROLL AT LEAST 2 WEEKS PRIOR TO CLOSING A DIRECT DEPOSIT BANK ACCOUNT.