

# Lower Kuskokwim School District

PO Box 305  
Bethel, Alaska 99559  
907.543.4886p 907.543.4900f

## LKSD EMERGENCY CONTACT FORM

In case of an emergency, whom would you like the LKSD to contact? Do not list your spouse unless they are not at the same site as you. They would be automatically notified. Both parts 1 and 2 must be filled out. If we are unable to contact the first person, we would then attempt to contact the second person. You are not required to list a family member but *Please Note: If a police department calls for an emergency contact for you, they normally ask for a family member's name, phone number and address.*

### EMPLOYEE INFORMATION:

DATE: \_\_\_\_\_

PLEASE PRINT YOUR NAME	PO BOX	PHYSICAL ADDRESS
HOME & CELL #'S	SUMMER CONTACT #	
E-MAIL ADDRESS (OTHER THAN LKSD)	SITE	

### 1) SPOUSE'S NAME (if applicable):

PHYSICAL ADDRESS (if different than employee's)	
HOME PHONE	WORK PHONE

### 2)

NAME	RELATIONSHIP		
MAILING ADDRESS	CITY, STATE, ZIP	PHYSICAL ADDRESS	CITY, STATE, ZIP
HOME/CELL #'s	WORK PHONE		

### 3)

NAME	RELATIONSHIP		
MAILING ADDRESS	CITY, STATE, ZIP	PHYSICAL ADDRESS	CITY, STATE, ZIP
HOME/CELL #'s	WORK PHONE		



LOWER KUSKOKWIM SCHOOL DISTRICT  
PO Box 305 Bethel, Alaska 99559

**EQUAL OPPORTUNITY INFORMATION**

The Lower Kuskokwim School District is an equal opportunity employer. State law requires that employers keep records on the race and sex of employees to facilitate the enforcement of equal opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law it will be available only to the school district's Personnel Office and to federal and state employment officials. Your voluntary participation is requested.

Name:   
(Printed)

Birth Date

**Ethnic Group (Check One)**

Alaskan Native	<input type="checkbox"/>
American Indian	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>

African American	<input type="checkbox"/>
White	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>

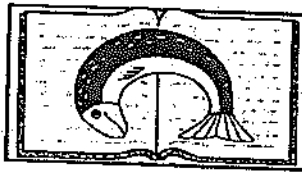
Asian	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	<input type="checkbox"/>
Two or more races	<input type="checkbox"/>

Sex: Female

Male

Classified   
Certified

Employee's Signature \_\_\_\_\_



# Lower Kuskokwim School District

TO: All Lower Kuskokwim School District Employees

FROM: Kimberly Hankins, Superintendent

SUBJECT: Compliance with the Federal Drug Free Workplace Act of 1988 and the Drug-Free School and Communities Act of 1989, PL0101-226 (34CFR86.2) and District Policies concerning Alcohol and Drug Free Workplace.

In compliance with federal laws and regulations, as well as with District policies prohibiting the unlawful possession, use, or distribution of illicit drugs, alcohol, inhalants, or other controlled substances by students and employees of the district, please be advised of the following:

1. All employees are prohibited from the unlawful manufacture, distribution, dispensing, possession, use or from being under the influence of any alcoholic beverage, drug, inhalant, or controlled substance in the workplace. A school district workplace is defined as any place where school district work is performed, including a school building or other school premises; any school-owned or school approved vehicle used to transport students to and from school or school activities; any off-school sites when accommodating a school-sponsored or school-approved activity or function, such as a field trip or athletic event, where students are under district jurisdiction; or during any period of time when an employee is supervising students on behalf of the district or otherwise engaged in district business.
2. Should a school district employee be convicted of violating any criminal drug statute, the employee must notify his/her supervisor of the conviction no later than five (5) days after such conviction.
3. Within thirty days of notification of an employee's conviction of violating any criminal drug statute, the school district will take appropriate personnel action, up to and including termination (when required by law) or may require the employee to participate satisfactory in an approved drug abuse assistance or rehabilitation program. Any personnel action taken shall be in accordance with relevant state and federal laws, employment contracts, collective bargaining agreement, and district policies and practices.
4. Please take note that the following establishments offer drug and alcohol counseling and/or rehabilitation programs:

Regional Substance Abuse Services (PATC)	543-6700
Jett Morgan Treatment Services LLC (Anchorage)	258-7575
Wisdom Traditions Counseling Services (Anchorage)	277-1522

Employees with questions concerning insurance coverage of rehabilitation programs are encouraged to talk to their supervisor or to the employee benefits department (907) 543-4829. All documents are available for review in the Site Administrator's office.

5. **AR 4118, 4218, 4318: VIOLATION OF VILLAGE ORDINANCES**

All Lower Kuskokwim School District Staff, whether they are certified or classified, are expected to obey the rules, regulations and ordinances of the village in which they reside. Of particular importance are the ordinances resulting from decisions made by the village concerning the importation and/or possession of alcohol, commonly referred to as the local option laws. Failure to adhere to the local option laws will result in disciplinary action, which may include suspension and/or termination.

As an employee of the Lower Kuskokwim School District, I acknowledge I have read and understand the above policies and regulations, and will adhere to the local option law.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):			
			<input type="checkbox"/> 1. A citizen of the United States			
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2 Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information:</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
--	--	--	---------------------------

Employer's Business or Organization Name <b>Lower Kuskokwim School District</b>	Employer's Business or Organization Address, City or Town, State, ZIP Code <b>1004 Ron Edwards Way, Bethel, AK 99559</b>
--	---

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle Initial ( <i>if any</i> ) from Section 1.
--	--	--

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code