

OVERTON COUNTY BOARD OF EDUCATION

PERSONNEL INFORMATION SHEET

NAME: _____ DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ SOCIAL SECURITY NUMBER _____

MARITAL STATUS: _____ SEX: _____ BIRTHDATE: _____

SPOUSE'S NAME: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

ADDRESS OF SPOUSE'S EMPLOYMENT: _____

NAME OF SCHOOL ASSIGNED TO THIS YEAR: _____ POSITION: _____

TOTAL YEARS WORKED FOR OVERTON COUNTY BOARD OF EDUCATION: _____

FIRST DATE EMPLOYED HERE: _____ SCHOOL _____ POSITION _____ GRADE _____

PART-TIME _____ FULL-TIME _____

FROM _____ TO _____

SECOND DATE EMPLOYED _____ SCHOOL _____ POSITION _____ GRADE _____

PART-TIME _____ FULL-TIME _____

LIST ANY OTHER DATES THAT YOU WERE EMPLOYED BY THE OVERTON COUNTY BOARD OF EDUCATION.

**SUPPORT PERSONNEL
APPLICATION FOR EMPLOYMENT
OVERTON COUNTY BOARD OF EDUCATION**

I am applying for employment as _____
Position

To begin on _____
Date or school year

1. I recognize that if I am employed, the Board of Education may assign or reassign me to a specific position, as the need requires.
2. I have not been convicted of a felony in any state of the United States.
3. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence or insubordination.
4. My resignation from previous employment was, or will be submitted in writing at least ten (10) days prior to the beginning date of employment, or, if within ten (10) days, the previous employer has waived its right to such notice.
5. I am a citizen of the United States, or have obtained the proper work credentials.
6. I do not have any contagious or communicable disease, which may endanger the health of school children.
7. I understand that misrepresentation of any of the above statements may subject me to a fine, loss of opportunity for employment, and loss of position if employed.

date

signed

typed or printed name

address

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <ul style="list-style-type: none"> • 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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	
{	<ul style="list-style-type: none"> • 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F			
G	<p>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	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.**

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em; margin: 0;">2014</h1>
<p>1 Your first name and middle initial _____ Last name _____</p>		<p>2 Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p>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.</p>
<p>City or town, state, and ZIP code _____</p>		<p>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"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>	<p>5 _____</p>	
<p>6 Additional amount, if any, you want withheld from each paycheck</p>	<p>6 \$ _____</p>	
<p>7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • 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. <p>If you meet both conditions, write "Exempt" here ► 7 _____</p>		
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ►</p>		<p>Date ► _____</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p>9 Office code (optional) _____ 10 Employer identification number (EIN) _____</p>



MEMBERSHIP FORM

TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, TN 37243-0201
(615) 741-4868

Type or print legibly in BLACK ink. The payroll/personnel officer must complete the shaded areas. Not to be used as a Change of Beneficiary Form.

New Member Transfer from Another TCRS Agency

Member Information

Social Security Number		Birth Date	
Last Name		First Name	Sex
Address			
City		Zip	
Home Telephone		Retirement Type	
Membership Date		Hirement Date	
Employment (check one) <input type="checkbox"/>		Agency _____ hours per day _____ days per week	
Status <input type="checkbox"/> Regular <input type="checkbox"/>		Telephone #	
If teacher, total months work			
Date first deduction will be m			

We will fill this out on the computer when you get hired - But you will need your

Beneficiary information

Date of Birth + Social #

Previous Employment—Fill

Name of retirement system(s)
Name(s) under which you were
Have you ever been refunded
Have you ever received benefits

any state or local retirement system.

Beneficiary Designation

Last Name	First Name	Relationship	Sex	Birth Date	Social Security No.

Name of Institution or Estate	Taxpayer I.D.	Address

Signature of Member	Date

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate, or trust. **ESTATES, MULTIPLE BENEFICIARIES, AND INSTITUTIONS ARE ELIGIBLE FOR LUMP-SUM DISTRIBUTIONS ONLY. IF YOU LIST TWO OR MORE PERSONS, YOU HAVE NAMED MULTIPLE BENEFICIARIES AND THEY MAY SHARE EQUALLY IN ANY LUMP-SUM PAYMENT. IF YOU HAVE NEVER MADE CONTRIBUTIONS TO TCRS, NO LUMP-SUM PAYMENT WILL BE MADE AND YOUR SPOUSE MAY BE THE ONLY PERSON ELIGIBLE FOR ANY TYPE DEATH BENEFIT.** Certain types of death benefits are payable only to a surviving spouse, provided such spouse is the only person named as beneficiary. If you name your spouse as beneficiary, he or she may be entitled to monthly benefits should you die in service. **(Secondary or contingent beneficiaries are not permitted.)** Contact the TCRS office if you have any questions. If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary.

STATE OF TENNESSEE—COUNTY OF _____
_____ personally appeared before me on this the _____ day _____, 20____,
who makes oath that (he) (she) executed the foregoing instrument.

My Commission Expires: _____

Notary Signature and Seal

After completing form, make two copies. Original—TCRS; Copy—Agency; Copy—Employee

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

(I-9)

Employment Eligibility Verification

Drivers License

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	Drivers license	AND	U.S. Social Security Card
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____	_____	_____	_____	_____

or see next page for other acceptable forms of ID *

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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Must have copies of 1 from

LISTS OF ACCEPTABLE DOCUMENTS

List B + 1 from list C

LIST A

LIST B

LIST C

Documents that Establish Both Identity and Employment Eligibility

Documents that Establish Identity

Documents that Establish Employment Eligibility

OR

AND

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)
3. Certificate of Naturalization (Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
6. Unexpired Temporary Resident Card (Form I-688)
7. Unexpired Employment Authorization Card (Form I-688A)
8. Unexpired Reentry Permit (Form I-327)
9. Unexpired Refugee Travel Document (Form I-571)
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)

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
- 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

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. ID Card for use of Resident Citizen in the United States (Form I-179)
7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Tennessee Teacher License Number _____ Date _____

_____ Last Name First Name MI

Date available for Employment _____

Social Security Number _____

Present Address _____ Permanent Address _____
Street Street

_____ City, State Zip _____ City, State Zip

_____ phone _____ phone

EDUCATIONAL BACKGROUND (in order beginning with high school)					
School	Location	Degree/Diploma	Date	Major	Minor

WORK EXPERIENCE (List in order beginning with most recent)			
Type of Work	Name/ Address	Dates	Last Annual
	Of employer	from to	Salary

MILITARY SERVICE		
BRANCH	DATES	TOTAL YEARS

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References

Name	Address	Position

Accommodations

Is there any accommodation you may need to perform the essential functions of the position for which you are applying? (optional) _____yes _____no

If so, please explain: _____

The school system does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, or handicap in the operation of its educational programs and activities including employment practices.

Teacher/Support Personnel Code of Ethics/Conduct

Adopted from Tennessee Code Annotated, § 49-5-1001 et seq.

(1) An educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal educational opportunity for all. An educator accepts the responsibility to adhere to the highest ethical standards; and

(2) An educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents and of the members of the community provides the incentive to attain and maintain the highest possible degree of ethical conduct.

Educator's obligations to students.

(a) An educator shall strive to help each student realize the student's potential as a worthy and effective member of society. An educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

(b) In fulfillment of this obligation to the student, an educator shall:

(1) Not unreasonably restrain the student from independent action in the pursuit of learning;

(2) Not unreasonably deny the student access to varying points of view;

(3) Not deliberately suppress or distort subject matter relevant to the student's progress;

(4) Make reasonable effort to protect the student from conditions harmful to learning or to health and safety;

(5) Not intentionally expose the student to embarrassment or disparagement;

(6) Not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background or sexual orientation unfairly:

(A) Exclude any student from participation in any program;

(B) Deny benefits to any student; or

(C) Grant any advantage to any student;

(7) Not use professional relationships with students for private advantage; and

(8) Not disclose information about students obtained in the course of professional service, unless disclosure serves a compelling professional purpose or is required by law.

Educator's obligations to the education profession.

(a) The education profession is vested by the public with a trust and responsibility requiring the highest ideals of professional service. In the belief that the quality of the services of the education profession directly influences the nation and its citizens, the educator shall exert every effort to raise professional standards, to promote a climate that encourages the exercise of professional judgment, to achieve conditions which attract persons worthy of the trust to careers in education, and to assist in preventing the practice of the profession by unqualified persons.

(b) In fulfillment of this obligation to the profession, an educator shall not:

(1) Deliberately make a false statement or fail to disclose a material fact related to competency and qualifications in an application for a professional position;

(2) Misrepresent the educator's professional qualifications;

(3) Assist entry into the profession of a person known to be unqualified in respect to character, education, or other relevant attribute;

(4) Knowingly make a false statement concerning the qualifications of a candidate for a professional position;

(5) Assist a non-educator in the unauthorized practice of teaching;

(6) Disclose information about colleagues obtained in the course of professional service unless the disclosure serves a compelling professional purpose or is required by law;

(7) Knowingly make false or malicious statements about a colleague; and

(8) Accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or actions.

Signature of Educator/Support Personnel

Date