



Application for Employment- Substitutes Only

Mosaica Education, Inc. 42 Broadway Suite 1039 New York, NY 10004 Voice 212.232.0305 FAX 212.232.0062

www.mosaicaeducation.com

Mosaica Education is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time may result in immediate employment termination.

Personal Information

First Name _____		Middle _____	Last _____	
Street Address _____		City _____	State _____	Zip Code _____
Social Security Number _____	Email Address _____	Home Phone Number _____	Daytime Phone _____	Cell phone Number _____

Have you ever been convicted of a crime? Yes No
If "yes", please explain on reverse side of this page or on an attachment.

Position Preferences

For what position are you applying? SUBSTITUTE TEACHER

Available Start Date: / /

Education and Professional Training- Please submit resume with application

College or Graduate School: _____ Degree Earned: _____ Year: _____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the school and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

All hiring and employment is at will. I further understand that my employment is at-will, and neither I nor MEI has entered into a contract regarding the duration of my employment. I am free to terminate my employment with MEI at any time, with or without reason. Likewise, MEI has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of MEI. No employee of MEI can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from the Chief Executive Officer. I further understand this application is not an employment contract, nor can it be used to create one. I acknowledge that the school administration has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the school, and that failure to provide this evidence will result in the termination of my employment.

I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the school. I agree to release and hold harmless the school from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the school may be terminated.

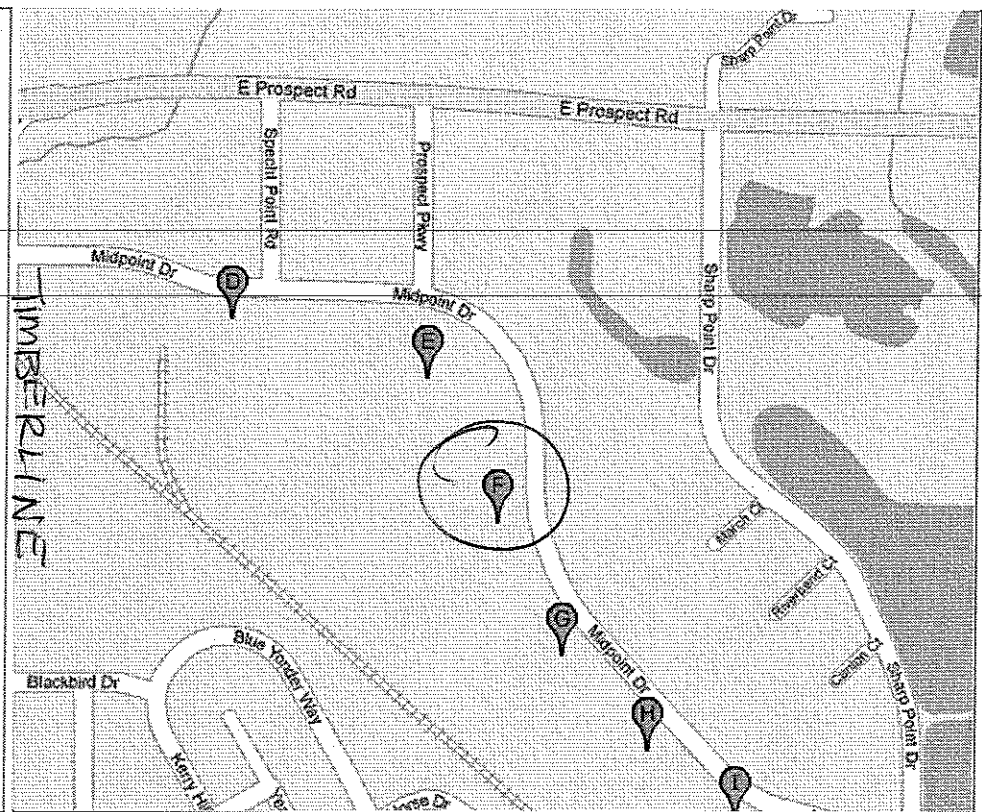
Signature of Applicant: _____ Date: / /

Please take \$20 cash & the following sheet with you to be fingerprinted (required)

Larimer County Facilities

Map City: List of Facilities

- A. Courthouse Offices Building
- B. Justice Center
- C. Blue Spruce Campus
- D. Community Corrections
- E. Detention Center
- F. Sheriff Administration**
- G. 2555 Midpoint
- H. 2601 Midpoint
- I. Road & Bridge Admin
- J. Weed District & Forestry
- K. Landfill



This map uses Google Maps to display the location of Larimer County facilities. If you're not familiar with Google Maps, use the following to manipulate the map:

- Click the appropriate arrow to move the map in that direction. You can also click inside the map and drag the map around.
- Zoom In
- Zoom Out
- Display Map View
- Display Satellite View
- Display Hybrid Map/Satellite View

Fort Collins

Downtown	
Courthouse Offices 200 W. Oak St.	Assessor (2nd floor), Clerk & Recorder (1, 5), Commissioners (2), Engineering (3), Facilities & Information Technology (4), Planning & Building (3), Treasurer (2), Veterans Service (5), Workforce Center (5)
Justice Center 201 La Porte Ave.	District Attorney (2nd Floor), Probation (1), Combined Courts Clerk (1), Judicial Administration (2), CASA (3), Courts (3-5)
Midpoint	
2255 Midpoint Dr.	Community Corrections
2405 Midpoint Dr.	Sheriff - Detention Center, Alternative Sentencing
2501 Midpoint Dr.	Sheriff - Administration
2555 Midpoint Dr.	Human Resources (Suite A), Finance (B), Purchasing (B), Risk Management (B), Human Services - Children Youth

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

COCBID000
COLO B OF I
DENVER, CO

DATE OF BIRTH DOB
Month _____ Day _____ Year _____

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OF A
CONCJ0308 372

LEAVE BLANK

TR Paul Academy of Arts & Knowledge
4512 McMurry
Fort Collins, CO 80525

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

22-32-109.9

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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

Form I-9, Employment Eligibility Verification

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 the documents have 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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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 and 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)

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 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 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. 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: <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 _____
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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 (\$10,000 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. 	H _____

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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>	OMB No. 1545-2159 <h1 style="margin: 0;">2011</h1>
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 2011, and I certify that I meet both of the following conditions for exemption. <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. 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 (This 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)

MOSAICA EDUCATION, INC.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employee Instructions:

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited
3. Return form to your supervisor

Employee Required Information

I hereby authorize Mosaica Education, Inc., to initiate deposit entries and, if necessary, adjustments in the form of debit reversals or corrections for any deposits made in error to my checking and/or savings account as indicated below. This authority is to remain in full force and effect until Mosaica Education, Inc., has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. I understand that activation takes two payroll-processing periods.

Signature: _____ Employee Name: _____ (please print)

Social Security No: ____/____/____ Preferred Language: English Spanish

Direct Deposit Information (choose one or a combination of different accounts.)

Checking Account (1)

Bank Name: _____
Account Number: _____
ABA/Transit Routing No.: _____
Amount directed to this account: \$ _____
or full net amount to account (check here):

Checking Account (2)

Bank Name: _____
Account Number: _____
ABA/Transit Routing No.: _____
Amount directed to this account: \$ _____
or full net amount to account (check here):

You **MUST** enclose a Voided Check or Bank Letter for each of the checking accounts you chose.

Savings Account (1)

Bank Name: _____
Account Number: _____
ABA/Transit Routing No.: _____
Amount directed to this account: \$ _____
or full net amount to account (check here):

Savings Account (2)

Bank Name: _____
Account Number: _____
ABA/Transit Routing No.: _____
Amount directed to this account: \$ _____
or full net amount to account (check here):

You **MUST** enclose a Bank Letter for each of the savings accounts you choose;
The Bank Letter **must** have your **ACCOUNT NUMBER** and the **ABA/Transit Routing Number** on it.

The above direct deposit request is to: Add: Change:

Delete Direct Deposit

This is to authorize Mosaica Education, Inc., to delete my Direct Deposit upon receipt of this authorization

****SPECIFY ABOVE, WHICH ACCOUNT(S) YOU WOULD LIKE DELETED****

Signature: _____

Date: _____

School/Department: _____