

PGCPS Employee Staff Requirements			
Current Resume			
Driver's License or U.S. Passport			
Contractor Information Form			
PGCPS Employee Verification Form			
W-9 Form - Click Here <u>https://www.irs.gov/pub/irs-pdf/fw9.pdf</u>			
Confidentiality Agreement Form			
Direct Deposit Form			



## **Contractor's Information Form**

Employee/Co	ontractor Information		
Full Name:			
	Last Name	First Name	Middle Initial
Condon	CON		
Gender:	SSN:		DOB:
Address:			
	Street address		Apartment/Unit Number
	City/Town	State	Zip Code
Home Phone: _		Cell Phone:	
Email Address:			
Emergency C	contact Information		
Full Name:			
	Last Name	First Name	Middle Initial
Home Phone: _		Cell Phone:	
Email Address:			
Relationshin <sup>.</sup>			



## **PGCPS Employee Verification** Form

I verify that I,\_\_\_\_\_am a current Prince George's County
Name of Employee

Public Schools (PGCPS) employee currently working at

Name of School

As a result, I have met all federal, state, and Child Protection Registry clearance requirements necessary to work with students.

Principal's Name:

Principal's Email Address:

Principal's Telephone #: \_\_\_\_\_

Employee's Signature

Principal's Signature

Date

Date



### CONFIDENTIALITY AGREEMENT

#### **Confidentiality Agreement**

It is required that complete confidentiality is maintained concerning youth and children committed to care through DC's Child and Family Services Agency. Client identity, client needs, client referrals, and any other matters related to clients must be kept confidential. I agree to maintain the confidentiality of YOUTH NOW!.

#### Liability Release

Contractors must agree to release and discharge YOUTH NOW!, its directors, officers, employees, and agents from any and all manner of causes of action, suites, claims, and demands, in law or in equity, that the volunteer or heirs, executors, administrators, or assigns may have arising from any cause whatsoever in connection with the contractor's participation with YOUTH NOW!.

#### Photo and Name Release

Tutors/Mentors may have their photographs taken during agency functions, events and while performing their tutoring/mentoring activities. These photographs are used to document activities internally throughout the agency. A Tutor/Mentor photograph, likeness and/or name may be placed in an agency publication, on the website, on a display or bulletin board, or in a PR piece promoting agency programs.

I do not wish to have my photo used by YOUTH NOW!

Name (Print)

Signature

Date

# **Direct Deposit Form**

Employee Direct Deposit Authorization
Instructions
<u>Employee:</u> Fill out and return to your employer. <u>Employer:</u> Save for your files only.
This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do <b>not</b> send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.
Account 1
Account 1 type: O Checking O Savings
Bank routing number (ABA number):
Account number:
Percentage or dollar amount to be deposited to this account:
Account 2 (remainder to be deposited to this account)
Account 2 type: O Checking O Savings
Bank routing number (ABA number):
Account number:
attach a voided check for each account here
Authorization (enter your company name in the blank space below)
This authorizes (the "Compar

to send credit entries (and appropriate debit and adjustment entries), electronically or by any other
commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in
the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I
agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization
will be in effect until the Company receives a written termination notice from myself and has a reasonable
opportunity to act on it.

Authorized signature:	Employee ID #:
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Print name:	Date:

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