



St. Bernard Parish Government

8201 West Judge Perez Drive
Phone (504) 278-4200

Chalmette, Louisiana 70043
Fax (504) 278-4330

David E. Peralta
Parish President

REQUEST FOR VIEWING AND/OR RECEIVING PUBLIC RECORDS

Date: 7/10/14

Name: Maeghen Clark Phone #: _____

Address: _____
Street City/State Zip

Records requested: Hiring ~~and employment~~ employment of
Nicholas Schumaker in Maintenance
for St. Bernard Parish government offices

Date, time and location scheduled for viewing records: _____

I will pick up documents: I would prefer to pay for the mailing of these documents: _____
(Additional charge applies)

I agree to pay up to this amount \$ _____ for the information requested.

FOR OFFICE USE ONLY:

Received by: Maegen Campo

Date/Time received: 7-10-14 @ 11:10 AM

Cost: _____

Note: Anyone requesting records are required to pay \$.25 per page after the first four (4) pages and an additional \$1.00 per page to fax for every page requested and must be paid prior to receiving documents by fax or mail.

CHECK OR MONEY ORDER ONLY WILL BE ACCEPTED

ST. BERNARD PARISH GOVERNMENT
CONFIDENTIAL EMPLOYEE HISTORY

Employee Full Name: Nicholas Schumaker

Social Security Number: [REDACTED]

Date of Birth: 11-13-85

Driver's License Number/State of Issuance: [REDACTED]

Race (Circle One): White, Black, Hispanic, Asian / Pacific Islander, American Indian or Alaska Native

Gender (Circle One): Male or Female

Smoker: Yes or No

Address: [REDACTED]
[REDACTED]

Home Phone: _____

Cell Phone: [REDACTED]

Email: _____

Status (Circle One): Married Single Divorced Separated

Emergency Contacts:

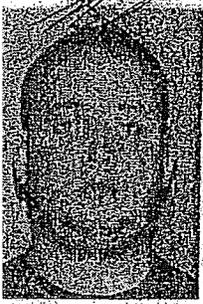
Name	Relationship	Telephone
1. <u>Ashley Schumaker</u>	<u>wife</u>	<u>[REDACTED]</u>
2. <u>Francis Schumaker</u>	<u>Dad</u>	<u>[REDACTED]</u>
3. _____		

IDENTIFICATION CARD

EXPIRATION DATE

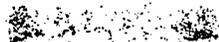
01-27-2016

DATE OF BIRTH: 1-13-1985
SEX: M HGT: 5-09 WGT: 210



THIS IS NOT
A DRIVER'S
LICENSE

ISSUE DATE:
01-27-2012
OFFICE: 027 PARISH: 52
AUDIT: 0199 DONOR



LOUISIANA
CHAUFFEUR'S LICENSE

LICENSE ID NO CLASS EXPIRATION DATE

[REDACTED] D 11-13-2015

ENDORSEMENTS

RESTRICTIONS

SCHUMAKER NICHOLAS JOEL

[REDACTED]

DATE OF BIRTH	SS NUMBER	PARISH	DONOR		
11-13-1985		52			
SEX	HGT	WGT	ISSUE DATE	OFFICE	AUDIT
M	5-09	210	01-28-2013	027	1559



EMPLOYMENT CONTRACT FOR REIMBURSEMENT OF PRE-EMPLOYMENT
DRUG TESTS AND PHYSICAL EXAMS

WHERE AS, St. Bernard Parish Government (hereinafter "SBPG") desires a drug free and safe workplace in order to ensure it provides the best services possible to its citizens;

WHERE AS, due to budgetary constraints it is necessary to protect the public fund in every legal and moral way possible;

HERE BY, SBPG requires all employees, who voluntarily resign prior to their 90th day of employment, to reimburse SBPG for all drug testing and pre-employment medical screening cost.

I Nicholas Schumaker, authorize St. Bernard Parish Government the right to deduct all pre-employment medical screening costs from my paycheck, if I resign prior to the 90th day of my employment. I give SBPG all rights under La. R.S. 23:897 to execute such reimbursement practices.

Signature: 

Print Name: Nicholas Schumaker

Date: 6-17-14

AFFIRMATION AND ACKNOWLEDGEMENT

I acknowledge that as a Public Servant or Elected Official, I must take one hour of Ethics Training once every calendar year per R.S. 42:1170.

I acknowledge that I have been given information by the Human Resources Department on how to complete this training, and that it is my responsibility to complete the training as soon as possible.



Signature

Nicholas Schumaker

Printed Name

6-17-14

Date



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PERSONAL INFORMATION CONFIDENTIALITY ELECTION

Pursuant to Louisiana R.S. 44:11, I hereby direct that my home address, home phone numbers, including my cell phone numbers, along with the name and account number of the financial institution that my wages are directly deposited, either by an electronic direct deposit payroll system or other direct deposit payroll system, be kept confidential.

A handwritten signature in black ink, appearing to read "Nicholas Schumaker", written over a horizontal line.

Signature

Nicholas Schumaker

Printed Name

6-17-14

Date



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CONFLICT OF INTEREST

I certify that I am not now involved in any organization doing business, either directly or indirectly, with the Government of St. Bernard Parish or its successors. I further certify that I will not engage in any such activity while employed by the Government of St. Bernard Parish or its successors.



Signature

6-17-14

Date

Nicholas Schemenker

Please Print Name



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Pre-Employment Social Security Verification Consent Form

I understand that St. Bernard Parish Government, in its efforts to maintain a legal workforce, will verify through the United States Social Security Administration, my legal status, and eligibility to work in the United States.

I also understand that if the information that I submit does not match the Social Security Administration's records, that I will not be allowed to work for St. Bernard Parish Government.

The results of this verification will be maintained by the Personnel Department as a part of your confidential employee file. This information will not be released to any additional parties without your authorization.

Nicholas Schumaker
Applicant's Name (Print)

6 / 17 / 14
Date


Applicant's Signature



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ACKNOWLEDGEMENT AND AGREEMENT

I Nicholas, an employee of St. Bernard Parish Government (SBPG), hereby acknowledge that I personally received the below listed company property given to me by SBPG.

-
-
-

I acknowledge here in that these items are the property of SBPG and I am only entitled to use said property at the sole discretion of SBPG. I understand that I am responsible for all items in my possession and agree to keep them in good condition. I understand that upon termination, retirement, suspension, voluntary or involuntary leave; whether temporary or permanent, leave of absence and/or resignation, I am required to personally turn in all items that were given to me upon employment with SBPG to a representative of the Personnel / Human Resources Department.

If I am unable and/or refuse to return said items within three business days from the event that causes temporary or permanent separation of employment with SBPG or within three days of SBPG's request to a representative of the Personnel Department, I acknowledge and agree to the cost of the non-returned items being deducted from my final paycheck.

Nicholas Schemaker
Print Name

6-17-14
Date


Signature

Witness Date

Upon receipt, Supervisor or Department Head must return original document to Personnel Department within 5 days.



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St. Bernard Parish Government

Email Policy

Employee Consent Form

I, Nicholas Schumaker, understand and agree that by signing this form, I am acknowledging that I received a copy of the Parish of St. Bernard's Email Use Policy, and that I freely consent to, and will abide by its terms.

Nicholas Schumaker
PRINTED NAME

A handwritten signature in black ink, appearing to read "Nicholas Schumaker", written over a horizontal line.

SIGNATURE

6-17-14

DATE



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RECEIPT OF SUBSTANCE ABUSE POLICY

I have received and read the Substance Abuse Policy, Article V, Section 17-231 of Chapter 17- Personnel Policy of St. Bernard Parish Government.

I understand that as a requirement for employment with St. Bernard Parish Government (SBPG), I must submit to a drug test at a designated laboratory, which will provide the result of the test to the Personnel Department. I understand that if the test result is positive, I will be denied employment with SBPG.

I further understand that I will be subject to random drug screenings while employed with SBPG. A positive drug test or refusal to submit to testing will result in termination from SBPG.

By signing this document, I indicate that I have read, understand, and agree to the SBPG Substance Abuse Policy.

This document constitutes my consent for drug testing by a SBPG designated laboratory, and it also constitutes consent for the release of the result of my drug test to the Personnel Department.

A handwritten signature in black ink, appearing to be "Nicholas Schumaker", written over a horizontal line.

Signature

Nicholas Schumaker

Printed Name

6-17-14

Date

**EMPLOYEE DRESS CODE POLICY RECEIPT OF ACKNOWLEDGEMENT, REVIEW
AND FULL UNDERSTANDING**

By signing below, I acknowledge that I have read and have been fully informed about the content, requirements, and expectations of the dress code policy for employees of St. Bernard Parish Government (SBPG). I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my current employment and my continuing employment with SBPG.

In the event that I have questions in the future regarding the dress code policy, I will consult with my immediate supervisor or with the Human Resources Director.

Employee Signature: 

Employee Printed Name: Nicholas Schumaker

Date: 6-17-14



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Transportation Fund

I certify that I have received a copy of the ordinance to prohibit the improper use of Public Transportation Funds. Ordinance # OPJ-9-88.

Nicholas Schumaker
Print Name


Signature

6-17-14
Date



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Safety Policy

I certify that I have received a copy of Chapter 17 St. Bernard Parish Code of Ordinances Safety Policy Article VI.

Nicholas Schumaker

Print Name



Signature

6-17-14

Date

St. Bernard Parish Government Cell Phone Policy

I acknowledge that I have read and have been fully informed about the content, requirements, and expectations of the SBPG cellular phone policy. I have received a copy of the SBPG cellular phone policy and agree to abide by the policy guidelines as a condition of my current employment and my continuing employment with SBPG.

Employee Signature: 

Employee Printed Name: Nicholas Schumaker

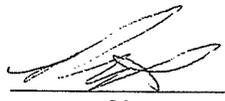
Date: 6-17-12

AFFIRMATION AND ACKNOWLEDGEMENT

I have received a copy of the SBPG Workplace Harassment policy, and acknowledge that I understand the nature and illegality of workplace harassment and that any participation by me in behaviors of a harassing nature will result in immediate disciplinary action up to and including suspension and/or termination of my employment with St. Bernard Parish Government.

I acknowledge that I understand that I am required to report any occurrence of workplace harassment and that retaliation or reprisals against someone for making a workplace harassment complaint is strictly prohibited and likewise shall result in disciplinary action up to and including suspension and/or termination.

Nicholas Schumaker
Printed Name

 6-18-14
Signature/Date

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.)

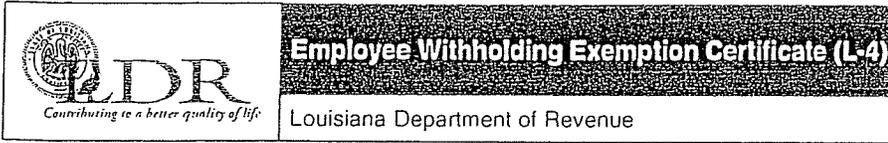
A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	1
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	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	3
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	0
F	Enter "1" if you have at least \$2,000 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	0
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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	0
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	5

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.

Form W-4 Department of the Treasury Internal Revenue Service	<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>	OMB No. 1545-0074 <h1 style="margin: 0;">2014</h1>
1 Your first name and middle initial Nicholas J		Last name Schumaker
Home address (number and street or rural route) [Redacted]		2 Your social security number [Redacted]
City or town, state, and ZIP code [Redacted]		3 <input type="checkbox"/> Single <input checked="" 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.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 4
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • 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 ▶ (3-17-14)
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)



Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "Single" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form L-4

Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial <i>Nicholas S</i>		Last name <i>Schumaker</i>	
2. Social Security Number <i>[Redacted]</i>		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	
4. Home address (number and street name and route) <i>[Redacted]</i>			
5. City <i>[Redacted]</i>		State <i>[Redacted]</i>	ZIP <i>[Redacted]</i>
6. Total number of exemptions claimed in Block A <i>4</i>		6.	
7. Total number of dependents claimed in Block B		7.	
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature *[Signature]* Date *6-17-14*

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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