



Bethel Recreation Association
21818 38th Ave E; Spanaway, WA 98387
PO Box 4250 Spanaway, WA 98387
bethelrecinfo@bethelrec.org
(253) 800-4301

BETHEL RECREATION EMPLOYMENT CHECKLIST

(Employment packets and identification may be scanned, emailed, mailed, or dropped off in our office)

8:30am to 3:30pm

MINORS

(Also for 18yr olds currently in high school)

ONLINE (Bethel Rec Website) bethelrec.org	
<input type="checkbox"/>	MINOR Application
<input type="checkbox"/>	Sport Program Survey (link will be on Bethel Rec under "Employment" tab) Bethel Rec-Employment-Employment Application-Step 1
PAPER PACKET	
<input type="checkbox"/>	Minor Employee Paper Packet
<input type="checkbox"/>	W-4
<input type="checkbox"/>	I-9 Form
<input type="checkbox"/>	Parent/School Authorization
<input type="checkbox"/>	Employment Acknowledgement
IDENTIFICATION	
<input type="checkbox"/>	ID's: (2) Forms of Identification to Office (copy only)
<input type="checkbox"/>	ASB Card, Drivers License, State License, or Passport
<input type="checkbox"/>	Social Security Card, Birth Certificate, or Passport
REGISTER ACCOUNTS	
<input type="checkbox"/>	BVAS (Bethel Volunteer Application System) Under "My Profile," fill out. Scroll to "Select Interest" Select Current Bethel Student and Bethel Rec K-6
<input type="checkbox"/>	NFHS (National Federation of State High School Assoc)
NFHS TRAINING	
<input type="checkbox"/>	Certificate Links
<input type="checkbox"/>	Concussion in Sports Certificate
<input type="checkbox"/>	Sudden Cardiac Arrest Certificate
BETHEL VOLUNTEER APPLICATION SYSTEM UPLOADS	
<input type="checkbox"/>	BVAS Uploads (Go to "My Checklist." Select doc circles and upload docs)
<input type="checkbox"/>	Current ID
<input type="checkbox"/>	Parent Permission
<input type="checkbox"/>	Concussion Certificate
<input type="checkbox"/>	Sudden Cardiac Arrest Certificate

ADULTS

(18 and over NOT in high school)

ONLINE (Bethel Rec Website) bethelrec.org	
<input type="checkbox"/>	ADULT Application
<input type="checkbox"/>	Sport Program Survey (link will be on Bethel Rec under "Employment" tab) Bethel Rec-Employment-Employment Application-Step 1
PAPER PACKET	
<input type="checkbox"/>	Adult Employee Paper Packet
<input type="checkbox"/>	W-4
<input type="checkbox"/>	I-9 Form
<input type="checkbox"/>	Employment Acknowledgement
IDENTIFICATION	
<input type="checkbox"/>	ID's: (2) Forms of Identification to Office (copy only)
<input type="checkbox"/>	Drivers License, State License, or Passport
<input type="checkbox"/>	Social Security Card, Birth Certificate, or Passport
REGISTER ACCOUNTS	
<input type="checkbox"/>	BVAS (Bethel Volunteer Application System) Under "My Profile," fill out. Scroll to "Select Interest" Select Adult Volunteer (18 and Over) and Bethel Rec K-6 IF Bethel Employee, Select Current Bethel Employee (not Adult Volunteer)
<input type="checkbox"/>	NFHS (National Federation of State High School Assoc)
<input type="checkbox"/>	National Background (BIB)
NFHS TRAINING	
<input type="checkbox"/>	Certificate Links
<input type="checkbox"/>	Concussion in Sports Certificate
<input type="checkbox"/>	Sudden Cardiac Arrest
BETHEL VOLUNTEER APPLICATION SYSTEM UPLOADS	
<input type="checkbox"/>	BVAS Uploads (Go to "My Checklist." Select doc circles and upload docs)
<input type="checkbox"/>	Current ID
<input type="checkbox"/>	Concussion Certificate
<input type="checkbox"/>	Sudden Cardiac Arrest Certificate
FINGERPRINTS	
<input type="checkbox"/>	Fingerprints
<input type="checkbox"/>	Fingerprints

CONTACT INFORMATION

Jolie Moxley
Bethel Rec Director
(253) 800-4304
jmoxley@bethelsd.org



Pamula Cox
Bethel Rec Secretary
(253) 800-4301
pcox@bethelsd.org

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a) \$		
	(b) Multiply the number of other dependents by \$500	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here		3	\$
Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a)	\$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>		
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

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			
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.		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. An alien 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.

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)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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.					First Day of Employment (mm/dd/yyyy):
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			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



BETHEL RECREATION ASSOCIATION

EMPLOYMENT POLICY

Updated January, 2024

(This is a condensed version. The full employee handbook will be provided upon request)

~ OUR MISSION IS ~

Provide opportunity, facilities, and leadership for the youth of Bethel School District and those that reside in its boundaries ♡ To play in safe, organized leagues during the Bethel School District year ♡ To promote safety, good sportsmanship and fair play.

101: Nature of Employment

All employees of Bethel Recreation are employed on an at-will basis. Any employee who wishes to do so may terminate his or her employment at any time, with or without notice, and with or without cause. Similarly, Bethel Recreation may terminate the employment of any employee at any time, also with or without notice and with or without cause. No one other than the Board of Directors has the authority to change the at-will relationship, and the Board can only agree to such a change in writing, signed by the President, and directed to you personally.

103: Employment of Minors

Bethel Recreation strictly adheres to the Dept of Labor & Industries child labor laws in regards to the employment of minors. The minimum age of employment is 14 years of age. Bethel Recreation requires the minor obtain a Parent/School Authorization Form, proof of minors age prior to employment. Teens working as sports team referees and umpires are covered under our workers compensation, wage and hourly regulations.

COMPENSATION POLICIES

401: Timekeeping

All employees must accurately record the hours/games they work on a daily basis on a Bethel Recreation timesheet. The timesheet must be signed and turned in to the Supervisor.

402: Paydays

All employees are paid monthly on the 8th of each month. Each paycheck will include earnings for all work performed through the end of the previous payroll period. Mandatory withholding as required by law will be taken from gross wages.

If a regularly scheduled payday falls on a day off such as a weekend or holiday, employees will receive pay on the next day of work before the regularly scheduled payday.

404 Payroll

All employees are responsible for any stop pay fees incurred with re-issuing lost, misplaced or stolen checks. A new check will not be re-issued until the employee has paid stop pay fees to Bethel Recreation.

504: Use of Mobile Communication Devices

Cellular telephones and similar electronic communication devices are a distraction while working. Telephone calls during regular work hours may interfere with employee efficiency and safety while performing your job. And they can also be a distraction to other employees around you.

505: Attendance and Punctuality

Employees who will be tardy or absent from work must notify the Director/Supervisor by 9 a.m. on that day.

EMPLOYEE CONDUCT & DISCIPLINARY ACTION

601: Alcohol and Drug-Free Workplace

It is the policy of Bethel Recreation not to employ persons who use or traffic in illegal drugs, marijuana or who abuse prescription drugs or alcohol. It is a violation of Bethel Recreation's position on drugs and alcohol for an employee to:

Operate any vehicle in the course of employment while under the influence of drugs, marijuana or alcohol.

1. Be in possession of illegal drugs or marijuana while on the premises or on duty.
2. Sell or distribute illegal drugs or marijuana on or off the job.
3. Work while under the influence of drugs, marijuana or alcohol or with illegal drugs in one's system.

Employees are expected and required to report for work on time and in appropriate mental and physical condition for work. Bethel Recreation reserves the right to test employees for drug or alcohol impairment on a random basis or based on a reasonable suspicion that an employee is impaired. Violations of this policy will result in appropriate discipline, up to and including discharge.

604: Job-Related Injuries

Employees who sustain work-related injuries or illnesses must inform the Director immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported within 24 hours of its occurrence to management. This will enable an eligible employee to qualify for coverage as quickly as possible.

605: Performance on the Job

You are expected to do the very best job you can on every assignment you are given. This means getting it done on time and getting it done right. It also means taking care of all the details surrounding the assignment so that others don't have to pick up the loose ends. It also means using good judgment and asking questions you may have. You are also expected to work cooperatively with your supervisors and co-workers.

606: Dress Code

Bethel recreation encourages employees to dress comfortable, with consideration given to maintaining a professional appearance. Appropriate attire should be worn at all times in keeping with commonly recognized standards.

607: Personal Conduct Policy

All employees are expected to follow the rules and regulations of Bethel Recreation. Although Bethel Recreation has established an "at will" relationship with its employees, in certain instances Bethel Recreation may apply, in its sole discretion, some sort of progressive discipline. The following list, which is neither complete nor exhaustive, contains examples of some but not all of the conduct which is prohibited. Such conduct is prohibited regardless of whether it occurs on the premises or in conjunction with work assignments at Bethel Recreation. The following actions may result in discipline, up to and including discharge. This list in no way constitutes a limitation of the right or ability of Bethel Recreation to terminate employees for any reason at any time, with or without notice.

1. Reckless conduct that endangers the safety of other employees.
2. Violating any safety instructions or rules established by Bethel Recreation.
3. Negligent or willful defacing, misuse, or destruction of company equipment or facilities.
4. Theft of any property belonging to Bethel Recreation or any employee of Bethel Recreation.
5. Excessive tardiness, failure to report to your supervisor, or absence from work without permission or notification is prohibited.
6. Violation of anti-harassment or non-discrimination policies.
7. Use or possession of illegal drugs or controlled substances or weapons in the course of employment.
8. Dishonesty or falsification of time records, accident reports, or any other company records.
9. Supplying false or misleading information at any time during your employment.
10. Engaging in unethical, immoral, illegal conduct.
11. Refusal or failure to perform assigned work, to follow a supervisor's instructions, or any act of insubordination.
12. Engaging in any act of discourteous conduct, using abusive language, rudeness, or similar act of insubordination.
13. Uttering, publishing, or distributing false, vicious, or malicious statements concerning any of its employees.
14. Excessive personal telephone calls.
15. Violation of any policies or procedures contained in this Employee Handbook.

Violation of any of these policies could lead to immediate dismissal. In some cases, however, Bethel Recreation, in its sole discretion, may decide that corrective action should be utilized before termination in order to assist an employee who exhibits inappropriate conduct or behavior, inadequate performance, or who fails in any way to meet the company's standards. Employees should not expect that they have a right to a certain number of disciplinary measures prior to termination or to any progression of discipline.

608: Employment Termination

We hope to retain good employees. However, employment at Bethel Recreation is for no specified period of time, regardless of length of service. Just as you are free to leave for any reason, we reserve the same right to end our relationship with you at any time, with or without notice, for any reason not prohibited by law. Bethel Recreation asks that each employee give at least two week's notice before voluntarily terminating employment.

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about Bethel Recreation Association, and I understand that I should consult the Director regarding any questions not answered in the handbook. I have entered into my employment relationship with Bethel Recreation voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I, or Bethel Recreation can terminate the relationship at will, with or without cause, at any time.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, and that Bethel Recreation's policy of employment-at-will may only be changed through a writing signed by the President of the Board of Directors. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Board of Directors has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is not a contract of employment. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Employee Name (Print)

Employee Signature

Date

Fingerprint Options and Instructions Sheet

➤ **OPTION 1 - Educational Service District:**

Visit <http://www.k12.wa.us/maps/ESDmap.aspx> for locations and fees.

Your live-scan digital fingerprints will be sent electronically to the WSP and FBI for a Criminal Background Check.

You will NOT return the card or fees to Bethel but MUST show proof of being printed in the form of ESD receipt.

➤ **OPTION 2 - WSP:**

Print fee - \$16.00

Printing services are by appointment only. Schedule by calling.

Located at: 106 11th Ave SW, Olympia, WA 98501

Call: (360) 534-2000 opt.2

NEXT, AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.

➤ **OPTION 3 - Bellevue Fingerprinting Services:**

Print Fee- \$40.00 for initial card (\$17.00 for additional cards, no fee for reprints.)

Located at: 1201 Pacific Ave 6th Floor, Tacoma, WA 98402

Call: 425-603-1033

Visit their Website: www.bellevuefingerprintingservice.com to schedule an appointment

AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.

➤ **OPTION 4 - South Sound 911:**

Print fee- \$10.00 for the first card, \$3.00 for each additional card after.

Located at: 3580 Pacific Ave Tacoma, WA 98418
53-798-7441

Call: 253-287-4900

Visit their website: www.southsound911.org to schedule an appointment. Phone message states they are not fingerprinting but you ARE able to be printed there.

****Do NOT bring a fingerprint card with you.****

AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.

- **OPTION 5 - All Services Rendered LLC- Sharieff Kendrick - (appointments only available on Fridays):**

Print fee- \$15.00 for BETHEL Employees ONLY otherwise \$35.00 for all others.

Located at: 7823 203rd St Ct E Spanaway, WA 98387 Call: (206) 334-7635
Call to schedule a fingerprinting appointment

AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.

- **OPTION 6- Alliance 2020 Fingerprinting:**

Print fee- \$40.00 for 1 card and \$6 for each additional card after.

Located at: Tacoma Service Center 2601 70th Ave W
Ste N University Place, WA 98466 Call: 425-902-3367

Schedule Fingerprinting appointments online by visiting:
<https://www.alliance2020.com/services/fingerprinting>

AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.

- **OPTION 7 - Local Police Department:**

You will need to pick up a fingerprinting card from the Bethel School District office if you choose this location for fingerprinting.

Purchase fingerprinting service from your local police department (please contact them directly to verify printing fees and availability).

THE ONLY POLICE DEPARTMENT PRINTING AS OF 2/24/2022 is Eatonville Police Department (\$10 for Eatonville residents \$15 for all others).

AFTER being printed, return the completed fingerprint card to the Bethel School District office with a check, cashier's check, or money order in the amount of \$50.00, made payable to OSPI. We will mail your fingerprint card and fee to OSPI for processing.