



## Reference and Emergency Contact

*Please list a professional reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment State with most recent one

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

## Military Service



Branch: From: \_\_\_\_\_

To: \_\_\_\_\_

How will your experience in the military relate to this job?

\_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services**

**USCIS  
Form 1-9**  
OMB Bo. 1615-0047  
Expires 10/31/2022

▶ **SART HERE:** Read instructions carefully before completing this form. The Instructions must be available, either in paper or electronically, during completion of this form, Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discrimination against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> <i>(Employees must complete and sign Section 1 of Form 1-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names <i>(if any)</i>
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town	State      ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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 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 boxes):

1. A citizen of the United States	
2. A noncitizen national of the United States <i>(see instructions)</i>	
3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number):</i>	
4. An alien authorized to work    until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. <i>(see instructions)</i>	
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____</p> <p>2. Form I-94 Admission Number: _____</p> <p>3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	<p>QR Code – Section 1 Do Not Write in This Space</p>

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
<b>Preparer and/or Translator Certification (check one):</b>	
<p>I did not use a preparer or translator.                      A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i></p>	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>
Address <i>(Street Number and Name)</i>	City or Town      State      ZIP Code

⊘ **Employer Completes Next Page** ⊘

## LIST OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employee may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
1. U.S. Passport or U.S. Passport Card	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. A Social Security Account Number card, unless the card includes one of the following restrictions: a) NOT VALID FOR EMPLOYMENT b) VALID FOR WORK ONLY WITHINS AUTHORIZATION c) VALID FOR WORK ONLY WITHDHS AUTHORIZATION  2. Certification of report of birth issued by the Department of State (Forms DS-1350,FS-545FS-240)  3. Certification of report of birth issued by the Department of State (Forms DS-1350,FS-545FS-240)  4. Native American tribal document  5. U.S. Citizen ID Card (Form I-197)  6. Identification Card for Use of Resident Citizen in the United States(Form I-179)  7. Employment authorization document issued by the Department of Homeland Security
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary 1-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		
2. Employment Authorization Document that contains a photograph (Form I-766)		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form 1-94A that has the following: 1) The same name as the passport; and 2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



## Employee's Withholding Certificate

# 2021

- 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.

<b>Step 1:</b> Enter Personal Information	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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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)		

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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 options accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

<b>Step 3:</b> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above and enter the total here . . . . .	3	\$
<b>Step 4 (optional):</b> Other Adjustments	a) <b>Other income (not from jobs).</b> 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 . . . . .	4a	\$
	b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4b	\$
	c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period	4c	\$

<b>Step 5:</b> 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	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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