



Home Care Services
phone: 470 - 807 - 9131
fax: 855- 812-1458
email: Inbox@Alphahcs.org

Employment Documents

Name: _____

- _____ Application for Employment – Complete, Sign and Date
- _____ Job Description - Read, Sign and Date
- _____ Training and Relevant Experience - Complete, Sign and Date
- _____ General Code of Conduct Guidelines – Read, Sign and Date
- _____ Copy of Driver's License
- _____ Copy of Social Security Card
- _____ Non-Criminal Justice Privacy Rights and Consent
- _____ Copy of Georgia Certified Nurse Card (CNA Only)
- _____ Copy of Nurse Card (RN Only)
- _____ Copy of CPR Certification Card
- _____ Copy of Basic First Aid Card
- _____ TB Test Results
- _____ Statement of Misconduct
- _____ Void Check for Direct Deposit
- _____ Proof of Vehicle Insurance Coverage
- _____ W-4
- _____ I-9

APPLICATION FOR EMPLOYMENT

Alpha Home Care Services

Phone: 470 - 807 -9131

Email: Inbox@Alphahcs.org

PERSONAL INFORMATION

FULL NAME	SOCIAL SECURITY NO.		DATE OF BIRTH
ADDRESS	CITY	STATE/ZIP	DATE OF HIRE:
HOME PHONE	CELL PHONE		ARE YOU 18 YEARS OR OLDER?

DESIRED EMPLOYMENT

POSITION APPLYING FOR	DATE YOU ARE AVAILABLE	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME WORK <input type="checkbox"/> PART TIME WORK <input type="checkbox"/> TEMPORARY WORK		
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	# YRS	NAME OF DEGREE / DIPLOMA
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
VOCATIONAL/ OTHER			

FORMER EMPLOYMENT

NAME OF EMPLOYER:			
ADDRESS:	CITY:	STATE	ZIP
YOUR JOB TITLE			
START DATE:	LEAVE DATE:	STARTING WAGE:	FINAL WAGE:
SUPERVISOR NAME & TITLE		TELEPHONE NO.	
REASON FOR LEAVING			

FORMER EMPLOYMENT

NAME OF EMPLOYER:			
ADDRESS:	CITY	STATE	ZIP
YOUR JOB TITLE			
START DATE:	LEAVE DATE:	STARTING WAGE:	FINAL WAGE:
SUPERVISOR NAME & TITLE		TELEPHONE NO.	
REASON FOR LEAVING			

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Conviction will not necessary disqualify an applicant for employment) IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S)
HAVE YOU EVER BEEN SHOWN BY ANY CREDIBLE EVIDENCE TO HAVE ABUSED, NEGLECTED SEXUALLY ASSAULTED, EXPLOITED, OR DEPRIVED ANY PERSON OR HAVE SUBJECTED ANY PERSON TO SERIOUS INJURY AS A RESULT OF INTENTIONAL OR GROSSLY NEGLIGENT, MISCONDUCT AS EVIDENT BY AN ORAL/WRITTEN STATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO INTENTIONAL OR GROSSLY NEGLIGENT, MISCONDUCT AS EVIDENT BY AN ORAL/WRITTEN STATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

APPLICATION FOR EMPLOYMENT

Alpha Home Care ServicesPhone: 470 - 807 -9131
Email: Inbox@Alphahcs.org**ADDITIONAL INFORMATION**

SPECIAL LICENSES OR CERTIFICATIONS:

PP

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY:

Do you have Hospital/Homecare/Nursing Home experience? ☐ YES ☐ NO

If yes, where and how long?

Do you have any physical disabilities that preclude you from performing any work? ☐ YES ☐ NO

If yes, describe?

TIME AVAILABLE

SUN: MON: TUE: WED: THU: FRI: SAT:

IN CASE OF EMERGENCY NOTIFY

NAME	RELATIONSHIP	PHONE
ADDRESS	CITY	STATE
		ZIP

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS - Read and **INITIAL** each paragraph, and then sign below:

____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the person or organization referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the company to request and receive such information.

____ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the company it will be on an "at-will" basis. This means that either I or the company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the company is an aspect of employment that cannot be modified or charged, except by a written agreement signed by the chief executive officer of the company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company.

____ **SEARCH OF PUBLIC RECORDS:** Should a search of public records - including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment be conducted by internal personnel employed by the company, I am entitled to copies of any such public records obtained by the company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the above paragraph.

I hereby certify that all statements made on this application are accurate and true, complete, and correct to the best of my knowledge and believe and realize that inclusion of false information or omission of material could result in my DISMISAL of employment or REMOVAL of my application from further consideration. I also hereby certify that I am not suffering from a communicable disease or mental disorder which would hinder my job performance, nor have I been charged with or convicted of a crime involving abuse, neglect, exploitation, or deprivation of a child or adult. I hereby authorize all my employers and police/sheriff department unless otherwise stated to release any and all information in regard to my employment as requested.

APPLICANT SIGNATURE _____

DATE _____

Alpha Home Care Services

JOB DESCRIPTION

Personal Care Assistant (PCA) / Certified Nurse Assistant (CNA)

POSITION SUMMARY:

Provides personal care services in the client's home in accordance with Agency standards and applicable laws and regulations. Ensures clients receive the highest possible quality of care.

POSITION QUALIFICATIONS:

- Require a GA-registered CNA, completion of NLN exam on-line and assessment of competency for services to be performed, or completion of competency for services to be performed, or completion of a provided 40-hour training curriculum and assessment of competency.
- Automobile with required proof of insurance coverage and a Georgia Driver's license in good standing.
- Minimum 21 years of age
- Possess and maintains current CPR certification
- Must pass a criminal background check / Include signed and dated statement of no misconduct
- Require negative TB skin tests
- The ability to follow a written Plan of Care and instructions and to observe and document care given
- Caring attitude and genuine interest in people

JOB LIMITATIONS:

The CNA Home Care Aide will not function in any manner viewed as the practice of nursing according to the Practice Act. Specifically, the home care aide will not administer medications, take physician's orders or perform procedures requiring the training, knowledge and skill of a nurse, specifically sterile techniques.

SPECIALIZED SKILLS

- Good oral and written communications
- Good organization skills

Other aspects and demands of the job:

- Assisting clients in transferring/ambulation
- Push-Pull clients in wheelchair
- Turning/positioning bed bound clients

Alpha Home Care Services

JOB DESCRIPTION

Personal Care Assistant (PCA) / Certified Nurse Assistant (CNA) (Page 2 of 2)

RESPONSIBILITIES AND DUTIES:

Responsibilities include, but are not limited to the following:

- Answering client calls and attending to client's request promptly
- Giving personal care including baths, back rubs, oral hygiene, shampoos and changing bed linen
- Serving nutritious meals
- Assisting in feeding the client, if necessary
- Assisting in ambulation and exercise as instructed by supervising RN
- Assisting client in the self-administration of medication
- Doing client's laundry, as appropriate
- Uses equipment and supplies effectively and efficiently
- Complies home care agency policies and procedures
- Promotes education for clients and client families
- Participates in personal professional growth and development.
- Completes all required documentation in accordance with the standards of the Agency, and regulatory requirements

Acknowledgement:

***I have reviewed my job description and agree to perform all duties mentioned to the best of my ability; I understand that my job duties may change as the needs of the agency change. I further agree to notify my immediate Supervisor if I am unable to complete any of my job duties in a timely manner.**

Employee Signature

Date

Alpha Home Care Services APPLICATION FOR EMPLOYMENT

GENERAL CODE OF CONDUCT GUIDELINES FOR EMPLOYEES PLEASE READ AND CHECK OFF

- ☐ Report to work 10 minutes before the beginning of your shift
- ☐ Employee is responsible for his/her own transportation to and from work
- ☐ All services are to be provided in accordance with policy and procedures of Alpha Home Care Services
- ☐ All information about the client is to be kept confidential , any negative comments about the client should be voiced to only the management of Alpha Home Care Services.
- ☐ Good personal hygiene is required
- ☐ Two absences within a 30 days period that was not approved by Alpha Home Care Services will require a written excuse or Doctor's excuse depending upon the type of call in.
- ☐ An employee is required to maintain a phone at all times.
- ☐ An employee is required to work 1 day out of every 30 days to retain active status
- ☐ It is the employee's responsibility to report all work related injuries to Alpha Home Care Services promptly within (24 hours). Failures to report may waiver the responsibility of Alpha Home Care Services, making the employee responsible for needed care and cost.
- ☐ A no call no show for a previously confirmed shift will result in 2 months suspension.
- ☐ Failure to provide all required documentation for your file (CPR, First Aid, TB Skin Test and Background Check) can and will result in suspension until such documents are obtained by Alpha Hom Care Services.
- ☐ Excessive use of cell phone or bluetooth or client's phone while providing care for the client can and will result in suspension or dismissal.
- ☐ Leaving work early without permission or notifying Alpha Home Care Services will result in suspension.

I, _____ (PRINT NAME) have read and understand above policies and procedures set by Alpha Home Care Services and by signing I agree to uphold these policies and procedures.

EMPLOYEE SIGNATURE

DATE

Alpha Home Care Service

Statement of Misconduct

Have you ever been shown by any credible evidence to have abused, neglected, sexually assaulted, exploited, or deprived any person or have subjected any person to serious injury as a result of intentional or grossly negligent, misconduct as evident by an oral/written statement?

☐ Yes ☐ No

Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Employee Name: _____

Employee Signature: _____ Date: _____

Alpha Home Care Services

PLEASE INDICATE TRAINING OR RELEVANT EXPERIENCE THAT YOU HAVE

- ☐ Certified Nurse Assistant
☐ Completed Certified Nurse Assistance Training but no work experience
☐ CPR, First Aid course taken and have current cards
☐ Non Paid Experience caring for a person with disabilities

PROCEDURE PERFORMED FOR CLIENT	I HAVE RECEIVED TRAINING	I HAVE WORK EXPERIENCE	I NEED TRAINING
Ambulation/Transfer			
Positioning in Bed/Chair			
Grooming/Shaving/Haircare/Dental Care			
Dental Care			
Toileting/Diapering			
Skin Care/Bed Bath			
Moving Bed/Chair Transfers			
Dressing			
Caring for Quadriplegic			
Caring for Hemiplegic			
Feeding disabled			
Vital Signs			
Home Infection Control			
Home Maintenance			
Home Safety			
Home Sanitation			
Proper Nutrition			
Foot Care			
Care of the Elderly			
Care of the Convalescing			
Meal Preparation/Meal Serving			
Transport/Escort Services			
Housekeeping/House Cleaning			
Medical Emergencies in the Home			
Transfer Client using a Hoyer Lift			
Catherization/Condom Cath Care			
Feeding Tube			
Medication Assistance			
Suctioning			
Person on Ventilator			
Use of Adaptive Equip/Wheelchair Communitive Device			
Operation of a Wheelchair lift Equipped Vehicle			
Wound Care			
Working with Mentally Challenged			
Assist Therapeutic Exercises			

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Caregiver Signature	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> DATE
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Supervisor Signature	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> DATE

Alpha Home Care Services

1770 Indian Trail Rd Suite 360 Norcross, GA 30093

Phone: 470 - 807 - 9131 Fax: 855- 812-1458

Email: inbox@alphahcs.org

ORIENTATION COMPLETION & ACKNOWLEDGEMENT

I have participated in the new hire orientation and training program

I have not made any material false statement concerning qualification requirements either to the department or to the provider.

I have acknowledged and understood the following areas as explained by Alpha Home Care Services.

ORIENTATION CHECKLIST

INITIAL	TRAINING PROGRAM
	Complete policies, procedures and expectations regarding scope of services & types of clients
	PCA and/or Companion Sitter assigned duties and responsibilities
	Documentation of services provided to client and service plan
	Reporting of TB exposure and hepatitis to Omega Home Care Services personnel
	Reporting client's problems and progress to Omega Home Care Services personnel
	Appropriate dress code and appearance
	Safety regulations
	Retention and confidentiality of client records
	Handling and resolution of complaints
	Procedures for handling medical emergencies
	Knowledge of client's right and responsibilities
	Annual training consisting of 8 hours
	Payroll and timesheets/progress note
	Service Plan

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single – enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working – enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working – enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate – enter 1 if you claim yourself
- E. Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The spouse maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2023

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.)		

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, other details, 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) Reserved for future use.

(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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): 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. 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$ _____

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)



1811004012

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[]

4. DEPENDENT ALLOWANCES []

B. Married Filing Joint, both spouses working:

Enter 0 or 1[]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2[]

5. ADDITIONAL ALLOWANCES []

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1[]

6. ADDITIONAL WITHHOLDING \$ _____

E. Head of Household:

Enter 0 or 1[]

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**(Must be completed in order to enter an amount on step 5)****1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind Number of boxes checked _____ x 1300.....\$ _____**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600

Each Spouse \$3,000 \$ _____

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ _____

D. Allowable Deductions to Federal Adjusted Gross Income\$ _____

E. Add the Amounts on Lines 1, 2C, and 2D\$ _____

F. Estimate of Taxable Income not Subject to Withholding\$ _____

G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

9. EMPLOYER'S NAME AND ADDRESS:**EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____**Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.**



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

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

16

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 <div></div>		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. A noncitizen (other than Item Numbers 2. and 3. above) 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						
Document Number (if any)						
Expiration Date (if any)						
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
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.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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 		<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

**ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE
PRIVACY RIGHTS AND CONSENT TO BE INCLUDED
IN THE CAREGIVER PORTAL**

APPLICANT TYPE:

☐ Owner (Facility)

☒ Applicant for Employment/Direct Access Employee (Facility)

☐ Non-Employee (Facility Volunteer)

☐ Contractor/Direct Access (Facility)

PRINT FULL NAME _____
Last First Middle Date of Birth

Home Address _____

Street City State Zip

Email Address _____ Telephone No. _____

Alpha Home Care Services

Name of Facility

1770 Indian Trail Rd. NW Lilburn GA 30047
Street City State Zip

I hereby authorize the Georgia Department of Community Health (DCH), Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

Applicant Signature

Date _____

~~SECTION II – CAREGIVER PORTAL - TO BE COMPLETED ONLY BY AN APPLICANT OR EMPLOYEE BEING FINGERPRINTED AS PART OF FACILITY LICENSURE. DOES NOT INCLUDE OWNERS OR FAMILY EMPLOYERS.~~

APPLICANT TYPE ☐ Applicant for Employment/Direct Access Employee (Licensed Facility)
☐ Non-Employee (Volunteer at Licensed Facility)
☐ Contractor/Direct Access Employee (Licensed Facility)

The Georgia Caregiver Portal only contains the eligibility status of applicants and employees who have successfully passed the background screening process. The Caregiver Portal does not contain the names of applicants and employees who are ineligible. Family employers can access the Caregiver Portal to view a prospective applicant or current employee's eligibility to determine their suitability for employment to provide personal care services to that employer's elderly family member or wards. All services are performed at locations not licensed by DCH. Individuals should check one of the boxes below.

☐ I agree to the results of my background check determination being available to family employers in the Georgia Caregiver Portal.

☐ I am seeking employment only by licensed healthcare employers. I **do not want or agree** to the results of my background check determination being available to family employers.

Applicant Signature

Date _____

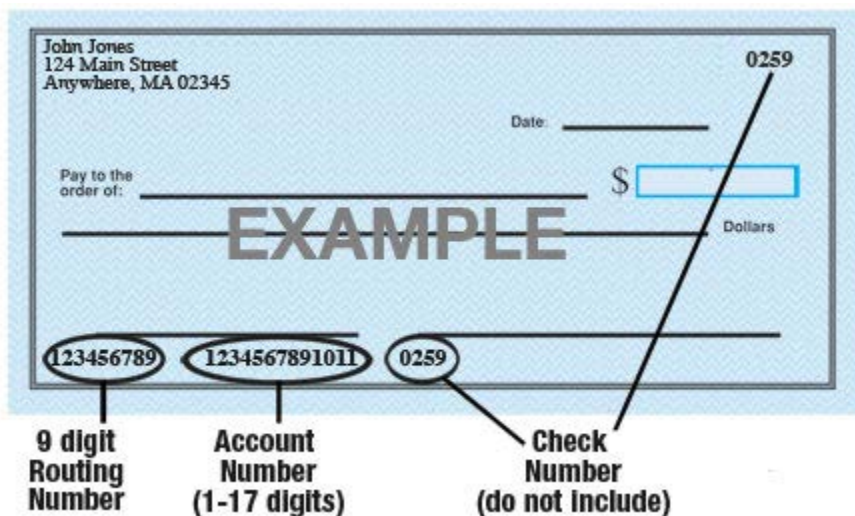
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ [Company Name] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____