

## Welcome to BAAM

Just a few things you will need to know

1. We use the office cell phone to clock in and out just text the date, location you are working, and your clock in and out times to 434-841-2298
2. Our office number is 434-846-2345 ask for Sonja if you have any questions or concerns feel free to call me.
3. Our office hours are 7:30am to 3:30pm if you need to speak to me I can always be reached on the office cell phone number listed above.
4. We get paid bi-weekly (every other Friday)
5. If you need time off we need at least a 48-hour notice unless it is an emergency.

Thank you,  
Sonja Thompson  
Office Manager

# Application for Employment

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

### Personal Information

DATE \_\_\_\_\_

|                        |                     |                     |          |
|------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME FIRST) |                     | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY                | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY                | STATE               | ZIP CODE |
| PHONE NO.              | SECONDARY PHONE NO. | REFERRED BY         |          |

### Employment Desired

|   |  |                |
|---|--|----------------|
| POSITION  | DATE YOU CAN START   | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO                | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE  | WHEN           |

### Education History

|   | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL                               |                           |                |                  |                  |
| COLLEGE                                   |                           |                |                  |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                           |                |                  |                  |

### General Information

|  |      |
|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK |      |
| SPECIAL TRAINING                       |      |
| SPECIAL SKILLS                         |      |
| U.S. MILITARY OR NAVAL SERVICE         | RANK |

### Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|----------------------------|--------|----------|--------------------|
| FROM                   |                            |        |          |                    |
| TO                     |                            |        |          |                    |
| FROM                   |                            |        |          |                    |
| TO                     |                            |        |          |                    |
| FROM                   |                            |        |          |                    |
| TO                     |                            |        |          |                    |
| FROM                   |                            |        |          |                    |
| TO                     |                            |        |          |                    |



**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
|      |         |          |             |
|      |         |          |             |
|      |         |          |             |

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Do Not Write Below This Line*

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

**Remarks**

|             |           |           |             |              |
|-------------|-----------|-----------|-------------|--------------|
|             |           |           |             |              |
|             |           |           |             |              |
|             |           |           |             |              |
|             |           |           |             |              |
| NEATNESS    |           | CHARACTER |             |              |
| PERSONALITY |           | ABILITY   |             |              |
| HIRED       | FOR DEPT. | POSITION  | WILL REPORT | SALARY WAGES |

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_

## FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

### PERSONAL EXEMPTION WORKSHEET

**You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.**

- Line 1. You may claim an exemption for yourself if no one else claims you as a dependent on their income tax return.
- Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.
- Line 3. If you will be 65 or older at the end of this year, you may claim an additional exemption. The additional exemption for a spouse may be claimed only if you were entitled to an exemption on line 2.
- Line 4. If you are considered legally blind for federal income tax purposes, you may claim an additional exemption. The additional exemption for a spouse may be claimed only if you were entitled to an exemption on line 2.
- Line 5. Enter the number of dependents you are allowed to claim on your income tax return.  
**NOTE:** A spouse is not a dependent.

## FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

- Line 1. If you are subject to withholding, enter the number of exemptions from line 6 of the Personal Exemption Worksheet.
- Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.
- Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.
- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
  - (b) You expect your Virginia adjusted gross income to be less than \$5,000 (single), \$8,000 (married, filing a joint or combined return) or \$4,000 (married, filing a separate return).
  - (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
  - (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.



# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

### PERSONAL EXEMPTION WORKSHEET

1. If no one else can claim you as a dependent, and you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his/her own certificate, write "1" .....
3. Exemptions for age .....
  - (a) If you will be 65 or older on December 31, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on December 31, write "1" .....
4. Exemptions for blindness. ....
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
5. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) .....
6. Total exemptions (add lines 1 through 5) .....

-----Detach here and give the certificate to your employer. Keep the top portion for your records.-----

## FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

|                             |  |       |          |
|-----------------------------|--|-------|----------|
| Your social security number |  | Name  |          |
| Street address              |  |       |          |
| City                        |  | State | ZIP code |

### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on line 6 of the Personal Exemption Worksheet. ....
2. Enter the amount of **additional** withholding requested (see instructions) .....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here). .... ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1880, Richmond, Virginia 23282-1880, telephone (804) 367-8038.



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,

- Is blind, or

- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|   |   |   |       |
|---|---|---|-------|
| A | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | A | _____ |
| B | Enter "1" if: <ul style="list-style-type: none"><li>• You're single and have only one job; or</li><li>• You're married, have only one job, and your spouse doesn't work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .   | B | _____ |
| C | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .   | C | _____ |
| D | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .  | D | _____ |
| E | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .   | E | _____ |
| F | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .   | F | _____ |
| G | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li><li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li></ul> | G | _____ |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶   | H | _____ |

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b>  |  | OMB No. 1545-0074<br><b>2017</b>        |  |
| 1 Your first name and middle initial   |  | Last name  |  | 2 Your social security number           |  |
| Home address (number and street or rural route)  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |   |  |
| City or town, state, and ZIP code  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>  |  |   |  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5  |  | 6 \$                                    |  |
| 6 Additional amount, if any, you want withheld from each paycheck  |  | 6  |  |   |  |
| 7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li><li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |  | 7  |  |   |  |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.  |  |  |  |   |  |
| Employee's signature<br>(This form is not valid unless you sign it.) ▶   |  |  |  |   |  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional)   |  | 10 Employer identification number (EIN) |  |



**Deductions and Adjustments Worksheet****Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .  | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .   | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .  | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .   | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .  | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .   | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .   | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .  | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .   | <b>10</b> | _____    |

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

|          |   |          |       |
|----------|---|----------|-------|
| <b>1</b> | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .   | <b>1</b> | _____ |
| <b>2</b> | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . | <b>2</b> | _____ |
| <b>3</b> | If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> | _____ |

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

|          |   |          |          |
|----------|---|----------|----------|
| <b>4</b> | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> | _____    |
| <b>5</b> | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> | _____    |
| <b>6</b> | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> | _____    |
| <b>7</b> | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ _____ |
| <b>8</b> | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ _____ |
| <b>9</b> | Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ _____ |

**Table 1**

| Married Filing Jointly                      |                       | All Others                                  |                       |
|---|-----------------------|---|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above |
| \$0 - \$7,000                               | 0                     | \$0 - \$8,000                               | 0                     |
| 7,001 - 14,000                              | 1                     | 8,001 - 16,000                              | 1                     |
| 14,001 - 22,000                             | 2                     | 16,001 - 26,000                             | 2                     |
| 22,001 - 27,000                             | 3                     | 26,001 - 34,000                             | 3                     |
| 27,001 - 35,000                             | 4                     | 34,001 - 44,000                             | 4                     |
| 35,001 - 44,000                             | 5                     | 44,001 - 70,000                             | 5                     |
| 44,001 - 55,000                             | 6                     | 70,001 - 85,000                             | 6                     |
| 55,001 - 65,000                             | 7                     | 85,001 - 110,000                            | 7                     |
| 65,001 - 75,000                             | 8                     | 110,001 - 125,000                           | 8                     |
| 75,001 - 80,000                             | 9                     | 125,001 - 140,000                           | 9                     |
| 80,001 - 95,000                             | 10                    | 140,001 and over                            | 10                    |
| 95,001 - 115,000                            | 11                    |   |                       |
| 115,001 - 130,000                           | 12                    |   |                       |
| 130,001 - 140,000                           | 13                    |   |                       |
| 140,001 - 150,000                           | 14                    |   |                       |
| 150,001 and over                            | 15                    |   |                       |

**Table 2**

| Married Filing Jointly                       |                       | All Others                                   |                       |
|--|-----------------------|--|-----------------------|
| If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$75,000                               | \$610                 | \$0 - \$38,000                               | \$610                 |
| 75,001 - 135,000                             | 1,010                 | 38,001 - 85,000                              | 1,010                 |
| 135,001 - 205,000                            | 1,130                 | 85,001 - 185,000                             | 1,130                 |
| 205,001 - 360,000                            | 1,340                 | 185,001 - 400,000                            | 1,340                 |
| 360,001 - 405,000                            | 1,420                 | 400,001 and over                             | 1,600                 |
| 405,001 and over                             | 1,600                 |  |                       |

**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 who claims no withholding allowances; 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 possessions 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.





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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 08/31/2019

**▶ START 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 discriminate 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.

**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            | Other Last Names Used (if any) |                             |
| Address (Street Number and Name) |  |                             | Apt. Number | City or Town              |                                | State                       |
| Date of Birth (mm/dd/yyyy)       |  | U.S. Social Security Number |             | Employee's E-mail 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 (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

OR

3. Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write In This Space

Signature of Employee

Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator.

☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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 Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code



Employer Completes Next Page







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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

|  |                                      |                                      |   |   |
|--|--------------------------------------|--------------------------------------|---|---|
| Employee Info from Section 1                           | Last Name (Family Name)              | First Name (Given Name)              | M.I.  | Citizenship/Immigration Status                          |
| <b>List A</b><br>Identity and Employment Authorization |                                      | <b>OR</b>                            | <b>List B</b><br>Identity   | <b>AND</b><br><b>List C</b><br>Employment Authorization |
| Document Title   | Document Title                       | Document Title                       |   |   |
| Issuing Authority                                      | Issuing Authority                    | Issuing Authority                    |   |   |
| Document Number  | Document Number                      | Document Number                      |   |   |
| Expiration Date (if any)(mm/dd/yyyy)                   | Expiration Date (if any)(mm/dd/yyyy) | Expiration Date (if any)(mm/dd/yyyy) |   |   |
| Document Title   | <b>Additional Information</b>        |                                      | <b>QR Code - Sections 2 &amp; 3</b><br>Do Not Write In This Space |   |
| Issuing Authority                                      |                                      |                                      |   |   |
| Document Number  |                                      |                                      |   |   |
| Expiration Date (if any)(mm/dd/yyyy)                   |                                      |                                      |   |   |
| Document Title   |                                      |                                      |   |   |
| Issuing Authority                                      |                                      |                                      |   |   |
| Document Number  |                                      |                                      |   |   |
| Expiration Date (if any)(mm/dd/yyyy)                   |                                      |                                      |   |   |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |  |   |  |          |
|--|--|---|--|----------|
| Signature of Employer or Authorized Representative                   |  | Today's Date(mm/dd/yyyy)                            | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   |  | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town  | State  | ZIP Code |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>   | <b>LIST B</b><br><b>Documents that Establish Identity</b>  | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>  |
|---|--|--|
| <b>OR</b><br><ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | <b>AND</b><br><ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:               <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

|                |                         |
|----------------|-------------------------|
| Employee Name: | Effective Date:         |
| Address:       | City / State / Zip:     |
| Birth Date:    | Social Security Number: |
| Phone:         | Email:                  |

### CHOOSE YOUR METHOD OF DIRECT DEPOSIT:



☐ I request my payroll deduction / direct deposit be placed in the following account(s):

| BANK / CREDIT UNION | BANK ABA# | ACCOUNT# | DEDUCTION AMOUNT / NET PAY  | TYPE OF ACCOUNT   |
|---------------------|-----------|----------|---|---|
| #                   | #         | #        | <input type="checkbox"/> \$ _____<br>or <input type="checkbox"/> 100% | <input type="checkbox"/> Savings<br><input type="checkbox"/> Checking |
| #                   | #         | #        | <input type="checkbox"/> \$ _____<br>or <input type="checkbox"/> 100% | <input type="checkbox"/> Savings<br><input type="checkbox"/> Checking |

**PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.**

### AND / OR:

☐ **WEX rapid! PayCard Issuance Authorization Form**

|  |   |   |
|--|---|---|
| <br><br> | Financial Institution Name: The WEX Bank                            | <b>DEDUCTION AMOUNT / NET PAY</b><br><br><input type="checkbox"/> \$ _____<br><br>or<br><br><input type="checkbox"/> 100% |
|  | Direct Deposit Account Number:                                      |   |
|  | <b>353 -</b> _____<br><small>(Card ID on front of envelope)</small> |   |
|  | To be assigned and entered by MY EMPLOYER                           |   |
|  | Routing Number: <b>124085244</b>                                    |   |

I authorize MY EMPLOYER to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize MY EMPLOYER to assign a WEX rapid! PayCard and initiate credit entries and any correcting entries to my assigned WEX rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify MY EMPLOYER in writing of my intent to cancel. Upon MY EMPLOYER's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize MY EMPLOYER to debit my account(s) not to exceed the original amount of the credit.

I understand that MY EMPLOYER reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

*Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

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

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

## EMERGENCY CONTACT INFORMATION

IN CASE OF AN EMERGENCY YOU WOULD LIKE US TO  
CONTACT PERSON LISTED BELOW

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_