



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer- All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, nation origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-Mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ____ Yes ____ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work)

____ Yes ____ No

Do you have a criminal record? ____ Yes ____ No

If yes, please explain: _____

Have you ever been terminated from employment or asked to resign by an employer?

____ Yes ____ No

If yes, please provide company names and details _____

Can you work any shift? ____ Yes ____ No

Can you work overtime, including weekends? ____ Yes ____ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ____ Yes ____ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly/Salary desired _____

Position desired _____ Full time/Part time desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? (Please Circle) Walk In Advertisement Referral
Other _____

Have you ever worked for this company before? ____ Yes ____ No

If yes, explain _____

Do you know anyone who works for our company? ____ Yes ____ No If yes, who?

43 Community Place
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(410) 571-4500

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EDUCATION

Name and location of school	No. of years attended	Degree received	Subjects Studied/ Major
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High School:

College or University:

Trade, Business or

Correspondence School:

EMPLOYMENT HISTORY

Please Include your most recent employment history, including periods of unemployment. You may write on the back if needed. *Incomplete information could disqualify you from further consideration.*

Start Date: _____ End Date: _____ Employer Name: _____

Contact #: _____ Job Title: _____

Address: _____

Immediate supervisor and title: _____

Summarize the nature of work performed and job responsibilities:

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EMPLOYEE INFORMATION SHEET

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____
(HOME) (CELLULAR)

EMAIL: _____

PERSONAL DATA

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____/____/____

GENDER: ____ Male ____ Female

MARITAL STATUS: ____ Single ____ Married ____ Divorced ____ Separated
____ Domestic Partner ____ Widowed

RECOVERING: ☐ Yes ☐ No

Length of Continuous Recovery (If in Recovery) _____

BIOGRAPHICAL DATA

ETHNICITY: ____ African-American/Black ____ Alaskan Native/Native American ____
Asian/ Pacific Islander ____ Hispanic ____ White ____ 2 or More Races ____ Other
(Explain) _____

EDUCATION

DEGREE: _____

MAJOR: _____
(HS, GED, AA, BA, BAS, MA, MHS, ETC.)

SCHOOL: _____ GRADUATED: ____ YES ____ NO
YEAR: _____

License/Certifications: ____ No ____ Yes : License Type & Number: _____
Expiration Date: _____

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EMERGENCY CONTACT

Name: _____ Phone Number: _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____

MEDICAL INFORMATION

Primary Care Physician Name &
Address: _____

Telephone Number: _____

Do you have any medical conditions that we should be made aware of in cases of emergency?

☐ Yes ☐ No (If yes, please explain)

Do you have any Disabilities that require Accommodations? ☐ Yes ☐ No (If yes please explain)

Relevant Medications or Assisted Devices:

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Name: _____ Phone Number: _____

Personal Contact Info:

Home Address: _____

City, State & Zip: _____

Emergency Contact Info:

Name: _____ Relationship: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Work Phone: _____

Medical Contact Info:

Doctor Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Employee Signature: _____ Date: _____

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PROFESSIONAL REFERENCE **FORM**

PLEASE FILL OUT AND LIST TWO (2) PROFESSIONAL
REFERENCES

EMPLOYEE NAME: _____

❖ **FIRST PROFESSIONAL REFERENCE:**

- NAME _____
- CONTACT INFORMATION _____
- YEARS KNOWN _____

❖ **SECOND PROFESSIONAL REFERENCE:**

- NAME _____
- CONTACT INFORMATION _____
- YEARS KNOWN _____



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Staff Substance Abuse Contract

Robert A. Pascal Youth & Family Services, Inc. Recognizes that no workplace is immune from the potential of being affected by substance abuse. As an organization dedicated to eradicating substance abuse, substance abuse by RPYFS employees would seriously undermine its effectiveness. Additionally, RPYFS adopts this Zero Tolerance Drug Force Workplace Policy and intends that its efforts to establish and maintain a drug free workplace shall:

- ❖ Be of such high standard that they serve as a model to other employees
- ❖ Protect the safety, health, and over-all wellbeing of all its employees
- ❖ Insure its effectiveness
- ❖ Comply with provisions of certain contracts or grants
- ❖ Deter illicit drug and alcohol abuse off the job
- ❖ Identify employees who have substance abuse problems and assist them in obtaining help on a strictly confidential basis

RPYF'S commitment to a Zero Tolerance Policy is supported by the belief that no employee at any time is under the influence of any illegal drug or alcoholic product during work hours. The Zero Tolerance Policy applies to all employees, full time or part time. It applies to those employees hired for a specific period of time, employment agencies, and independent contractors through which RPYF'S employs.

This policy applies to the use of illegal drugs, abusing, illegally obtaining or illegally using prescription drugs; abusing over the counter medicines, abusing alcohol and use of all drugs; including alcohol shall be referred to in this policy as "substance abuse."

Prohibited Conduct and Consequences for Violations

Illegal Drugs

The sale, manufacturing, distribution or dispensing of illegal drugs by any employee at any time (whether on or off duty) is against RPYF'S policy. A determination that this subsection has been violated is cause for immediate termination.

The use, possession, purchases or obtaining illegal drugs by any employee at any time (whether on or off duty) is against RPYF'S policy. A determination that this subsection has been violated is cause for immediate termination.



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The illegal sale, manufacturing, distribution or dispensing of prescription drugs by any employee at any time (whether on or off duty) is against RAPFY'S policy. Upon determination that this policy has been violated is cause for immediate termination.

- a. Whether an employee is legally prescribed drugs, it is her/his responsibility to ask the prescriber whether the drug, if taken as prescribed, is likely to affect the employee's work performance in such a way that it would jeopardize safety, or substantially reduce the employee's effectiveness.
- b. Any employee who must use a legally prescribed drug or a legal, non-prescription medication that causes or might cause adverse side effects (drowsiness, impaired reflexes, or any other mood-altering side effects) during the work day must, before reporting to work, notify her/his immediate supervisor. All such medications should be secured in such a way as to ensure that no RAPFY'S client has access.
- c. Employees are required to inform their supervisor of the type of medication and expected duration of use. If the drug use could cause harmful side-effects to the clients of RAPFY'S or use of medication could affect the performance of the employee; the supervisor may grant the employee sick leave depending on length of use.

Over the Counter Drugs

The misuse of over the counter drugs is against RAPFY'S policy. Misuse is use that is contrary to the products labeling and is taken to alter the employee's mood. Violation of this policy for an employee to be at work or to be in a situation in which she/he is representing RAPFY'S in any way while she/he is under the influence of any over the counter drug that has been misused. A determination that this policy has been violated is cause for immediate termination.

Alcohol

The illegal sale, manufacture, distribution or dispensing of alcohol by any employee at any time (whether on or off duty) is against RAPFY'S policy. A determination that this policy has been violated is grounds for immediate termination.

Driving under the influence of alcohol-or-other mood-altering drugs by any employee at any time (whether on or off duty) is against RAPFY'S



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policy. A determination that this policy has been violated is cause for immediate termination.

Definition of Substance Abuse

Substance abuse is defined as recurrent substance use resulting in a failure to fulfill major role obligations at work (i.e., repeated absences or poor work performance related to substance use); recurrent substance use in situations in which it is physically hazardous (i.e., driving a motor vehicle or operating a machine when impaired by substance abuse); recurrent substance abuse despite having persistent or recurrent work performance, social, or interpersonal problems caused by or exacerbated by the effects of the substance.

A conviction during employment with RAPFYS for any of the activities prohibited in this policy or the representation of credible evidence to the Executive Director and/ or Clinical Director regarding any of the activities prohibited in this policy shall be considered reasonable grounds for believing that the policy has been violated. An employee shall be given an opportunity to present relevant information to the Executive Director and/ or Clinical Director. After the employee has presented such information or evidence the executive Director and/ or Clinical Director shall determine whether this policy has been violated.

Employee Signature/Date

Employee Printed Name

Supervisor Signature/Date

Supervisor Printed Name

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Confidentiality Agreement – Robert A. Pascal Youth & Family Services

1. **The Parties.** This is an agreement between Robert A. Pascal Youth & Family Services and _____, "The Individual" concerning the confidentiality of information relating to the company and its clients. References in this agreement to "The Company" mean Robert A. Pascal Youth & Family Services and all subsidiaries, affiliated companies, associated companies and holding companies together with all and any successors in title and assignees of any of the above.
2. **Proposed Association of The Parties.** The Company wishes to employ or contract with, or to enter into discussions in anticipation of contracting with the individual. The compensation for his/her employment or contract will be not only for his/her services but also for the confidential manner in which his/her services will be performed.
3. **Recognition of A Compelling Need for Confidentiality.** The individual realizes that the company has a compelling need to maintain confidentiality, and further recognizes that its discussions with the Company for such employment or contract, will place The Individual in a position of special trust and confidence with access to confidential information concerning the Company and its operations.
4. **Consideration.** For the reasons explained above, The Individual, as a precondition to contract with the Company, and in partial consideration, agrees and covenants with the Company as follows.
5. **Agreement to Maintain Confidentiality.** The individual agrees that neither he/she nor anyone operating on his/her behalf will disclose or use, in any manner, any confidential or proprietary information or material concerning the Company, its clients, or its operations, unless:
 1. Required to do so in order to conduct the business of the Company in its ordinary course, and the disclosure or use is only within the Company, or
 2. Expressly authorized to do so by the Company in writing, or
 3. Expressly ordered to do so by a court of law.
6. **Agreement to Return Confidential Materials.** The Individual further agrees, upon the ending of its contract with the Company, to deliver promptly to the Company all documentary and other materials relating to the Company, and all copies and electronic or photographic records thereof, within his/her custody or control or within the custody or control of anyone operating on his/her behalf that he/she or anyone operating on his/her behalf produced or obtained in the course of his/her employment or contract, or in the course of discussions with the Company in anticipation of his/her employment or contract.
7. **Agreement to Notify About A Request.** The individual further agrees that if any person or entity requests, subpoenas, or otherwise attempts to obtain confidential or proprietary information or material relating to the Company within his/her custody or control, or within the custody or control of anyone operating on his/her behalf, he/she

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will notify the Company immediately and will cooperate fully in any legal action by the Company seeking protection against disclosure, on the understanding that the Company will bear the reasonable cost of attorney's fees and expenses incurred by him in connection with the action.

8. Agreement to Assign Interest. The individual further agrees to assign to the Company, and does hereby assign to the Company, all right, title, and interest in any royalty or remuneration, or anything else of value, that he/she or anyone operating on his/her behalf may acquire as a result of any disclosure or use of information or material in breach of this Agreement. This assignment does not limit any other remedy to which the company may be entitled.

9. Explanation of Terms. As used in this agreement:

The term "confidential or proprietary information or material" means all information or material that is not in the public domain and that is disclosed or otherwise made available by the Company to The Individual; or that comes to the attention of The Individual in the course of its contract with the Company, or in the course of discussions with the Company for such contract; or in the course of such discussions; and specifically includes, but is not limited to, information or material concerning:

1. The nature of discussions or other communications between he/she and the Company with regard to an employment or contract arrangement; and
2. The Company's organization; finances, financial structure, and financial condition; assets and liabilities; directors, officers, and employees; and stockholders, investors, financial backers, creditors, supporters, advisors, consultants, associates, contractors, agents, and representatives; and
3. The Company's operations, interests, and plans (including, among other matters, information material concerning business practices and procedures, competitive position; trade secrets, product concepts, designs, blueprints, plots, and drawings; research and test results; practical and theoretical knowledge and techniques; production capacity and equipment; product developmental plans; technical, manufacturing, marketing, distribution, and pricing approaches; materials sources and costs; land acquisition and development plans and costs, building acquisition and renovation plans and costs, and resale or other disposition plans and prices; financing plans, arrangements, and activities; and customers and clients); and
4. The Company's ability to provide protection, or its efforts to provide protection, against unlawful activities directed against the Company's assets or against its directors, officers, or employees.

The term "anyone operating on his/her behalf" means any person or entity subject to his/her supervision (including any associate, employee, contractor, agent, or representative of The Individual) who is not an employee of the Company and to whom The Individual provides access to confidential or proprietary information relating to the Company.

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10. **Effect of Breach.** The individual realizes that a breach of this Agreement would cause substantial harm to the operations, business and goodwill of the Company.

11. **Remedies.** The individual acknowledges that he/she has been informed that if he/she breaches this Agreement, the Company, in addition to terminating The Individual's employment or contract and taking other actions available to it, may obtain preliminary and permanent court injunctions to stop the breach, and may also sue to recover from The Individual an amount equal to the damages caused by the breach, and the revenues he/she or anyone operating on his/her behalf derived from the breach, together with all costs and expenses, including attorney fees, incurred by the Company in taking such actions. If the Company formally initiates the legal action but its unsuccessful in obtaining legal relief for an alleged breach of this Agreement by The Individual, then The Individual shall be entitled to recover costs and expenses incurred in the defense of such action, including his/her reasonable attorney's fees.

12. **Effect of Waiver.** The parties agree that the waiver by either party of a breach of this Agreement does not constitute a waiver of any prior or subsequent breach.

13. **Entire Agreement.** This agreement relating to confidentiality contains the entire agreement between the parties concerning the subject matter hereof and supersedes all previous agreements, understandings, whether oral or in writing, between the Company and The Individual with respect hereto.

14. **Seal.** The parties acknowledge that this document has been duly executed by all parties under seal.

I have read this document, and I understand and agree to abide by its provisions.

Employee Signature/Date

Employee Printed Name

Supervisor Signature/Date

Supervisor Printed Name

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RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have received a copy of the Robert A. Pascal Youth & Family Services, Inc. Employee Handbook, and that it contains information about the employment policies and practices of the agency. I agree to read and comply with the policies contained in this handbook and any revisions made to it.

I understand that the policies outlined in this Employee Handbook are management guidelines only, which in a developing business will require changes from time to time. I understand that the agency retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and the agency. I understand that this Employee Handbook supersedes and replaces all prior Employee Handbooks and any inconsistent oral or written policy statements.

I understand that except for the policy of at-will employment, which can only be changed by the Executive Director of the agency in a signed written contract, the agency reserves the right to revise, delete, and add to the provisions of this Employee Handbook at any time without further notice. All such revisions, deletions or additions to the Employee Handbook will be in writing and will be approved by the Executive Director of the agency. I understand that no oral statements or representations can change the provisions of this Employee Handbook.

I understand that this Employee Handbook is not intended to create contractual obligations with respect to any matters it covers, and that the Employee Handbook does not create a contract guaranteeing that I will be employed for any specific time period.

Robert A. Pascal Youth & Family Services, Inc. is an at-will employer. This means that regardless of any provision in this Employee Handbook, the agency may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this Employee Handbook, or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the agency is authorized to enter into an agreement—expressed or implied—with me, or any employee for employment for a specified period of time unless such an agreement is in a written contract signed by the Executive Director of the agency.

I understand that this Employee Handbook refers to current benefit plans maintained by the agency and that I must refer to the actual plan documents and Summary Plan Descriptions as these documents are controlling.

I also understand that if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

If I have questions regarding the content or interpretation of this Employee Handbook, I will ask Human Resources or a member of Pascal Management.

Employee's Signature

Date

Employee's Name (Print)

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Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

2022

- ▶ 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.

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 widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2:**Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3:**Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here **3** \$

**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)

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 2022 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 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.

Married Filing Jointly or Qualifying Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Direct Deposit Form

Name: _____

Address: _____

City/State/Zip: _____

ATTACH VOIDED CHECK HERE IF APPLICABLE

Name of Bank: _____

Account #: _____

9 Digit Routing #: _____

Type of Account (Circle): Checking Savings

I hereby authorize Robert A. Pascal Youth & Family Services, Inc. to deposit my pay to the account listed above. This will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____

43 Community Place
Crownsville, MD 21032
(410) 571-4500

1226 Annapolis Road
Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067