

HIRE DATE: _____

EV: _____

NH: _____

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION ON ANY BASIS, INCLUDING BUT NOT LIMITED TO: RACE, SEX RELIGION, NATIONAL ORIGIN, OR PHYSICAL HANDICAP.

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

HOUSE NO.

STREET

CITY

STATE

ZIP

PHONE NO. _____ SOCIAL SECURITY NO. _____

HAVE YOU WORKED UNDER ANOTHER NAME? _____

VEHICLE MAKE/MODEL: _____ LICENSE PLATE NO. _____

EMPLOYMENT DESIRED: _____ REFERRED BY: _____

DATE TO START: _____ PAY DESIRED: _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT THE EMPLOYER? _____

EVER APPLIED TO CFSI BEFORE? YES NO IF SO, WHEN DID YOU APPLY? DATE: _____

<u>EDUCATION TYPE</u>	<u>NAME/LOCATION OF SCHOOL</u>	<u>YEARS ATTENDED</u>	<u>GRADUATED</u>	<u>SUBJECTS</u>

U.S. MILITARY SERVICE _____ RANK _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE (5) YEARS? YES NO

IF SO, WHEN? WHAT CHARGE? _____

EMPLOYMENT HISTORY

FORMER EMPLOYERS: LIST BELOW FIVE EMPLOYERS STARTING WITH THE LATEST ONE FIRST

DATES	NAME & ADDRESS OF EMPLOYER	PAY RATE	POSITION	REASON FOR LEAVING
FROM _____				
TO				
FROM _____				
TO				
FROM _____				
TO				
FROM _____				
TO				
FROM _____				
TO				

GIVE BELOW NAMES OF TWO REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN MINIMUM OF ONE YEAR.

NAME	ADDRESS	PHONE NO.	YEARS KNOWN

I hereby authorize and request any and all of my former employers and other persons, firm or corporation to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer or person, firm or corporation, from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted to who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE: _____ SIGNATURE OF APPLICANT: _____

REMARKS



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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		Additional Information		QR Code - Sections 2 & 3 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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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
--	---------------------------	---

OPTIONAL FOR BANKS OR DEBIT CARDS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT INTO YOUR BANK OF CHOICE

DO NOT FILL OUT IF YOU WANT TO BE ISSUED A WISELY CASH CARD

Employee Name: _____
Social Security Number: _____
Street Address: _____ City _____ State _____ Zip _____

I hereby authorize C.F.S.I. Employment Services to initiate credit entries to my account at the depository institution listed below:
(IF YOU HAVE MORE THAN TWO BANKS PLEASE ASK FOR ADDITIONAL FORMS)

Name of bank:	Phone Number:	City, State, Zip:
---------------	---------------	-------------------

Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
------------------------	---------------	---------------------

Name of bank:	Phone Number:	City, State, Zip:
---------------	---------------	-------------------

Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
------------------------	---------------	---------------------

This authority will remain in full force and effect until written notification from me of its termination or change. If an error of under deposit or over deposit is distributed into my account, I authorize Citizens Bank and Trust to make correcting adjustment.

Name: (please print) _____ Date _____

Signature: _____ Email Address _____

To insure the above information is correct, PLEASE, provide a voided check or a confirmation card from your bank that has the routing and account number listed for verification.

OPTIONAL WISELY CASH CARD ENROLLMENT FORM
THIS FORM IS FOR THE WISELY CASH CARD ONLY.

IF YOU HAVE A BANK YOU WOULD LIKE TO USE FOR DIRECT DEPOSIT, PLEASE, COMPLETE THE BANK FORM.

ROUTING NUMBER: 073972181

ACCOUNT NUMBER: _____
(WISELY CASH CARD WILL BE ISSUED ALONG WITH AN ACCOUNT NUMBER)

(PLEASE PRINT LEGIBLY)

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

(PAY STUB WILL BE EMAILED)

***** WE NEED A VALID MAILING ADDRESS, ESPECIALLY IF YOUR PAY CARD WILL BE MAILED TO YOU. INCLUDE APARTMENT NUMBERS, LOT NUMBERS, UNIT NUMBERS, ETC. *****

IF YOUR MAILING ADDRESS IS A PO BOX PLEASE LIST YOUR PHYSICAL ADDRESS:

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

***** TWO FORMS OF IDENTIFICATION MUST BE PROVIDED IN ORDER TO ISSUE PAYCARD. *****

This authority will remain in full force and effect until written notification from me of its termination or change. If an error of under deposit or over deposit is distributed into my account, I authorize Citizens Bank and Trust to make correcting adjustment.

EMPLOYEE SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

WORK LOCATION: _____ START DATE: _____ COMPLETED BY: _____

TEXT NOTIFICATIONS

CFSI HAS THE ABILITY TO SEND TEXT NOTIFICATIONS TO YOUR TEXT ENABLED DEVICE. OUR PRIVACY POLICY PROTECTS YOUR INFORMATION AND WILL NOT BE GIVEN TO ANYONE WITHOUT YOUR PERMISSION.

I, _____, GIVE CFSI EMPLOYMENT SERVICES PERMISSION TO SEND ME TEXT NOTIFICATIONS TO THE FOLLOWING TEXT CAPABLE NUMBER:

TEXTING NUMBER _____

I UNDERSTAND CFSI EMPLOYMENT SERVICES MAY TEXT ME CONCERNING EMPLOYMENT OPPORTUNITIES, ANY REASON THAT MAY CONCERN MY APPLICATION, OR TO PROVIDE INFORMATION AT CFSI'S DISCRETION.

I UNDERSTAND I MAY RESPOND TO CFSI THROUGH TEXT.

I UNDERSTAND STANDARD TEXT MESSAGING RATES MAY APPLY.

*****NOTE: CALLING IN AVAILABLE IS STILL REQUIRED BY SPEAKING PERSONALLY TO A C.F.S.I. REPRESENTATIVE. CALL 479-782-7563 TO BE MARKED AS AVAILABLE.*****

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT GIVE MY PERMISSION TO RECEIVE TEXT NOTIFICATIONS, AND I HAVE RECEIVED A COPY OF THIS POLICY.

SIGNATURE _____

WITNESS _____ DATE _____

SAFETY RULES AND SAFETY POLICY STATEMENT

SAFETY POLICY STATEMENT

It is the policy of C.F.S.I. Employment Services to work continually toward improving our Safety Policy, as well as our safety procedures. It is the company's intent to provide a safe working environment in all areas, for all employees. Accident and injuries are prevented by controlling the work environment and the actions of employees. Therefore, safety will take precedence over expediency or shortcuts. Every attempt will be made to reduce the possibility of accident occurrence. Protection of employees, the public, and company property and operation is paramount. Management considers no phase of the operation more important than the health and safety of the employee. The management of this company will not knowingly send/lease employees to facilities with known, uncontrolled hazardous working conditions. Employee safety is to be the first consideration in the operation of the business. Safe practices on the part of the workers must be part of all operations. Employees must understand their personal responsibility for the prevention of injuries on and off the job. Accident prevention and efficient production go hand-in-hand. All injuries can and should be prevented! Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout the company.



Job Placement Coordinator

PLEASE, READ EACH SAFETY RULE CAREFULLY

Patterned after the Federal OSHA requirements, C.F.S.I. has developed these safety rules for all employees. Read and become familiar with these rules and other rules that apply to our employees. All employees must fully understand and comply with these rules.

1. Report all injuries, no matter how small, to your employer/supervisor and C.F.S.I. immediately. (C.F.S.I. has a 24 hour answering service and can be reached at all times
2. Report any observed unsafe conditions to your employer/supervisor.
3. Horseplay, profanity, and inappropriate behavior that could be taken offensively is prohibited at all times.
4. Drinking alcoholic beverages or using illegal substances is NOT permitted or tolerated on the jobsites.
5. If you do not have first aid training, do not move or treat an injured person unless there is an immediate peril such as profuse bleeding or stoppage of breath.
6. Appropriate clothing and footwear must be worn at all times.
7. An approved hard hat must be worn at all times, where there exists the hazard of falling objects.
8. You must not perform any task unless you are trained to do so and are aware of the hazards associated with the task.
9. You may be assigned personal protective safety equipment. This equipment must be available for use on the job and worn when required.
10. Learn safe work practices. When in doubt about performing a task, always ask your supervisor.
11. Obey all safety signs and tags. Never remove or bypass safety devices.
12. Do not approach operating machinery from the blind side. Always make sure the operator sees you.
13. Learn the location of the fire extinguishers and first aid kits.
14. Maintain a general condition of good housekeeping in your work area and surrounding area at all times.
15. Obey all regulations when operating vehicles on public highways this includes wearing seatbelts.
16. Always perform your task in a safe and proper manner. DO NOT take short cuts. Taking shortcuts and ignoring established safety rules are the leading cause of employee injuries.

I certify that I have seen the "Safety Orientation" video as required by C.F.S.I. and I have received a copy of the Safety Rules and Safety Policy.

Signature: _____ Date: _____

Witness: _____ Date: _____

CHECK PICK-UP PROCEDURE AND CASH ADVANCE INFORMATION

MUST PROVIDE VALID STATE ISSUED PHOTO ID TO PICK UP CHECKS!

If you come to pick up your check or cash advance from the C.F.S.I. office, you must present your valid state issued photo ID in order to receive your check. **Even if we know you, you are still required to present a valid ID each time to receive your check. NO EXCEPTIONS!** This is to make sure the right check is given to the right person.

If you do not have your ID, you can have another person pick up your check with a **SIGNED AND DATED** note from **YOU** stating they are allowed to pick up your check or cash advance. **They must provide the note and their valid ID.** The signature will be compared to your signature on your application.

CASH ADVANCES ARE AVAILABLE MONDAY THROUGH FRIDAY!

TO RECEIVE A CASH ADVANCE YOU MUST MEET THE FOLLOWING CRITERIA:

1. MUST HAVE WORKED A MINIMUM OF 10 HOURS.
2. YOU MUST GIVE A 24 HOUR NOTICE. **(IF YOU DO NOT GIVE THE 24 HOUR NOTICE, YOU WILL NOT RECEIVE THE ADVANCE. NO EXCEPTIONS.)**
3. YOU MUST WORK THE DAY BEFORE YOU RECEIVE YOUR ADVANCE.
4. YOU MUST WORK THE DAY YOU RECEIVE YOUR ADVANCE.
5. YOU MUST HAVE A PICTURE ID TO PICK UP YOUR ADVANCE. **CASH ADVANCES WILL NOT BE DELIVERED OR DIRECT DEPOSITED.**
6. IF YOU ARRANGE FOR SOMEONE TO PICK UP YOUR CASH ADVANCE, THEY NEED TO BRING A **NOTE WITH YOUR SIGNATURE AND THE DATE AS WELL AS THEIR PHOTO ID.** THE NOTE NEEDS TO STATE THE PERSON'S NAME AND THAT THEY ARE PICKING UP YOUR CASH ADVANCE. **(DO NOT WRITE "CHECK" OR THEY WILL NOT BE ABLE TO PICK UP YOUR CASH ADVANCE.)**

YOUR REQUEST FOR A CASH ADVANCE WILL NOT BE OFFICIAL UNLESS YOU TALK TO A C.F.S.I. REPRESENTATIVE OVER THE PHONE OR IN THE OFFICE. REQUESTS MUST BE MADE DURING BUSINESS HOURS. NO CASH ADVANCE REQUEST WILL BE TAKEN AFTER HOURS OR FROM A VOICEMAIL. **CASH ADVANCES WILL NOT BE READY UNTIL AFTER 2:00 P.M.** PLEASE CALL AFTER THIS TIME TO SEE IF THE CASH ADVANCE IS READY.

EMPLOYEES ARE ONLY ALLOWED ONE (1) CASH ADVANCE PER PAY PERIOD.

SOME COMPANIES DO NOT DISBURSE CASH ADVANCES. WE WILL LET YOU KNOW IF YOU WORK FOR ONE OF THESE COMPANIES. IT IS YOUR RESPONSIBILITY TO READ AND UNDERSTAND THIS NOTICE. IF YOU HAVE ANY QUESTIONS, FEEL FREE TO ASK.

SIGNED _____ DATE _____

BY SIGNING THIS STATEMENT, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR CASH ADVANCES AND PICKING UP CHECKS.

INJURY REPORTING PROCEDURE

CONTACT CFSI AND YOUR SUPERVISOR IMMEDIATELY

In the event of a work related accident/injury, no matter how slight the accident/injury may be, please contact C.F.S.I. **AND** your supervisor immediately. If you do not follow this procedure, there is a chance you may not be covered by our worker's compensation insurance.

NON-EMERGENCY MEDICAL ASSISTANCE: (During business hours)

1. Call C.F.S.I.
2. Employee needs to come by the C.F.S.I. office and complete an incident report.
3. Employee will be sent to designated facility.

NON-EMERGENCY MEDICAL ASSISTANCE: (After business hours)

1. Call C.F.S.I. –Even after business hours.
2. Employee will be sent to designated facility.
3. Employee needs to come into the C.F.S.I. office the next business day to complete incident report.

EMERGENCY MEDICAL ASSISTANCE: (During business hours)

1. Call C.F.S.I. as soon as the injured employee is in transit to the nearest medical facility.
2. Management or supervisor needs to contact C.F.S.I. immediately.
3. C.F.S.I. will schedule the completion of all appropriate paperwork at the earliest convenience.

EMERGENCY MEDICAL ASSISTANCE: (After business hours)

1. Call C.F.S.I. as soon as the injured employee is in transit to the nearest medical facility.
2. Management or supervisor needs to contact C.F.S.I. immediately.
3. C.F.S.I. will schedule the completion of all appropriate paperwork at the earliest convenience.

REACH C.F.S.I. 24 HOURS A DAY, 7 DAYS A WEEK AT THE FOLLOWING PHONE NUMBERS:

479-782-7563 Office 479-462-4754 Office Cell 479-650-3501 Cindy 800-613-2374 Toll Free

If you have any questions and/or suggestions, please, give us a call.
Thank you for your cooperation,

Cindy Fortson/Management

The clinic used by C.F.S.I. is: Med Express

The Hospitals used by C.F.S.I. are: Baptist Health (Sparks), Fort Smith, AR
Oklahoma Medical Center, Poteau, OK

SIGNED: _____ DATE: _____

BY SIGNING THIS STATEMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR REPORTING A WORK RELATED INJURY. IF I DO NOT FOLLOW THE PROCEDURES LISTED ABOVE, MY WORKERS COMP CLAIM MAY BE DENIED.

CONSENT FORM AND C.F.S.I. RULES

I, _____, hereby give consent to any and all previous employers of mine to provide information regarding my employment prior to C.F.S.I. Employment Services. This consent is given in accordance to ACT 1474 of the 1991 General Assembly of the State of Arkansas.

The following may be disclosed:

- Date and duration of employment
- Current pay rate and wage history
- Job description and duties
- Last written performance evaluation prepared before the date of the request
- Attendance information
- Results of drug or alcohol tests administered within one year before the request
- Threats, harassing acts, or threatening behavior related to the workplace or directed at another employee
- Whether the employee was voluntary or involuntary separated from employment and the reason for separation
- Whether the employee is eligible for rehire

RULES FOR C.F.S.I. EMPLOYMENT SERVICES

1. You must arrive to work at your scheduled time.
2. You must work until the end of your scheduled shift.
3. You must be at your scheduled area, ready to perform your job duties at the start of your scheduled shift.
4. If you are going to be absent or late, call C.F.S.I. at least 1 hour before your scheduled shift start time. We have a 24/7 message service, however, it is your responsibility to call back during business hours to make sure the message was received.
5. Showing up late, not showing up at all, or leaving early may be grounds for termination.

Failure to comply with these rules may cause you to be disqualified for unemployment benefits or any other benefits you may otherwise have been eligible for.

IF YOU ARE TERMINATED...IF YOUR ASSIGNMENT IS COMPLETED...IF YOU QUIT...

Please make sure you contact our office the **same day** you are terminated, your assignment is completed, or you quit, (this includes long term temp jobs, if you have gone permanent, or if we do the payroll only) it is your responsibility to let us know why you are no longer at your assignment. It is your responsibility to ask for another assignment and it is your responsibility to ask to be put on the available list. If you fail to contact our office and ask for another assignment, you may be disqualified for unemployment benefits or any other benefits you may have otherwise been eligible. We have a 24 hour phone line in which you may leave a message. When you call, make sure you get the name of the person with whom you spoke. If you are assigned to a position and you walk off the job, you will be paid the current minimum wage.

I CERTIFY I HAVE READ AND RECEIVED A COPY OF THE ABOVE STATEMENTS, RULES AND CONSENT FORM AND ACKNOWLEDGE THAT I AM ON A TEMPORARY ASSIGNMENT THRU THIS COMPANY.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

C.F.S.I. EMPLOYMENT SERVICES
CENTURY LEASING
CENTURY TEMPORARY
522 South 22nd Street Fort Smith, AR 72901
(479) 782-7563 Fax: (479) 782-7469
800-613-2374
www.cfsijobs.com

Permission to Perform Background Check

(First Name)	(Middle Name)	(Last Name)	(Date of Birth)	(Social Security #)
Current Address		City	State	Zip
Previous Address		City	State	Zip

Email: _____

I give CFSI Employment Services and/or Century Leasing authorization to perform a check on my background, including but not limited to: Criminal Record, Past Employment History, and Personal References

As appropriate for employment in which I have applied and/or have been hired through CFSI Employment Services. This includes companies other than CFSI Employment Services, in which CFSI Employment Services has hired me for or any company interested in hiring me.

I understand that I do not have to agree to this background check, but that refusal can and will exclude me from consideration as an employee for CFSI Employment Services and the companies that CFSI Employment Services hire for. This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific hiring process, which includes CFSI Employment Services personal, and management of the company that CFSI Employment Services has hired me for.

I understand that this information will be kept for a period of two (2) years from the date of the background check. All information collected will be kept confidential.

I understand that a copy of the completed background check will be given to _____.

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

(Please provide a copy of your state issued I.D. when signing this form)

I would like a copy of the consumer report sent to my email address. YES NO

Employee's Withholding Certificate

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

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 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:

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ _____ ▶ _____
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)
-----------------------------	--------------------------	--------------------------------------



Employee's Withholding Exemption Certificate

Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

<p>Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p>Employer: Keep this certificate with your records.</p>	<h2 style="margin: 0;">How to Claim Your Withholding</h2> <p style="margin: 0;"><i>See instructions below</i></p> <ol style="list-style-type: none"> 1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED <ol style="list-style-type: none"> (a) You claim yourself. <i>(Enter one exemption)</i>..... (b) You claim yourself and your spouse. <i>(Enter two exemptions)</i>..... (c) Head of Household, and you claim yourself. <i>(Enter two exemptions)</i>..... 2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i>..... 3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c and 2)</i> If no exemptions or dependents are claimed, enter zero..... 4. Additional amount, if any you want deducted from each paycheck. <i>(Enter dollar amount)</i>..... 5. I qualify for the low income tax rates. <i>(See reverse for details)</i>..... Please check filing status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household 	<p>Number of Exemptions Claimed</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
---	--	---

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions for completing the Employee's Withholding Exemption Certificate

1. NUMBER OF EXEMPTIONS – (Husband and/or Wife) Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

2. DEPENDENTS – To qualify as your dependent (line 1 on the reverse side), a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principle residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; Your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; Your uncle, aunt, nephew or niece (but only if related by blood).

3. CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming an exemption is divorced or legally separated, or claims his or her own exemption on a separate certificate, or
 - (b) The support of a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year.
- OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, do not affect your withholding until next year, but require the filing of a new certificate by December 1, of the year in which they occur.
- 4.** Claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.
 - 5.** You qualify for the low income tax rates if your total income from all sources is as shown below:

(a) Single	\$7,800 to \$11,400
(b) Married filing jointly	\$15,500 to \$16,200
(c) Head of Household	\$12,100 to \$16,200

For additional information consult your employer or:

**Arkansas Individual Income Tax Section
Withholding Branch**

P. O. Box 8055
Little Rock, Arkansas 72203-8055

Oklahoma Tax Commission
Employee's State Withholding Allowance Certificate
This certificate is for income tax withholding purposes only. Type or print.
NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself <input type="checkbox"/> <input type="checkbox"/>	1	
2. Allowance For Your Spouse: Does your spouse work? Yes No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
---	-------------------

Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<u>Single</u>	<u>Married Filing Joint</u>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
\$6,350 - standard deduction	\$12,700 - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number of allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax. If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".