

Employment Application

Date: __/__/__

Contact Information				
First & Last Name:				
Mailing Address:				
City, State & Zip Code:				
Telephone #:				
E-Mail Address:				
Are you 18 years or older?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you authorized to work in the USA?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a High School Graduate?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School Name:				
College/University Degree?				
		<input type="checkbox"/> AA/AS	<input type="checkbox"/> BA/BS	<input type="checkbox"/> MA/MS
		<input type="checkbox"/> PhD		
For what distance do you have dependable transportation?				
		<input type="checkbox"/> 5 -10 miles	<input type="checkbox"/> 20 miles	<input type="checkbox"/> 50+miles
		<input type="checkbox"/> Bus Route		
Skill Type:				
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Office	<input type="checkbox"/> Management
		<input type="checkbox"/> Accounting		
Shift Preference:				
		<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
		<input type="checkbox"/> Day	<input type="checkbox"/> Night	
Availability:				
		<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.
		<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
		<input type="checkbox"/> Sun.	<input type="checkbox"/> OT	
Job Type:				
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Temp-to-Perm	<input type="checkbox"/> Direct Hire (only)
Work History – please list your last job first				
Start Date:	End Date:	Company Name:	City/State:	Phone #:
Compensation:	Position:	Supervisor:		
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties:		Reason for leaving:		
Start Date:	End Date:	Company Name:	City/State:	Phone #:
Compensation:	Position:	Supervisor:		
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties:		Reason for leaving:		

I verify all statements made by me on this application are true and complete to the best of my knowledge. I understand any false statements or omissions made on this application can result in my termination. I understand this is an at-will application and completing the application does not constitute an offer of employment or an employment agreement between me and Expert Staffing West. Expert Staffing West is an equal opportunity/affirmative action employer. We comply with all Federal, State and Local Laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law. I authorize Expert Staffing West to collect and verify information regarding my qualifications and post-employment.

Signature: _____

Date: _____

General Safety Rules

Expert Staffing West's General Safety Rules are patterned after Federal OSHA requirements. Read and familiarize yourself with these rules and other safety rules that apply to your job.

1. Report an injury to your employer/supervisor immediately.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of alcoholic beverages is not permitted on the job, any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. Appropriate clothing and footwear must be worn on the job at all times. Where there exists the hazard of falling objects, an approved hard hat must be worn.
7. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
8. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, maintained in good condition, and worn when required.
9. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
10. Never remove or by-pass safety devices.
11. Do not approach operating machinery from the blind side; let the operator see you.
12. Learn where fire extinguishers and first aid kits are located.
13. Maintain a general condition of good housekeeping in all work areas at all times.
14. Obey traffic regulations when operating vehicles on public highways.
15. When operating or riding in Company vehicles or using your personal vehicle for business purposes, the vehicle's seat belt shall be worn.
16. Be alert to hazards that could affect you and your fellow employees.
17. Obey all safety signs and tags.
18. Always perform your assigned task in a safe and proper manner: do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is leading cause of employee injury.

Policies and Procedures

Please initial after each bullet once you've read and agree to it.

1. I understand Expert Staffing West takes its responsibility as my employer very seriously and they have gone to great lengths to provide a safe work environment. If I am injured on the job, Expert Staffing West will deal promptly with legitimate claims. Expert Staffing West has workers' compensation insurance that will pay medical expenses and wages. I understand Expert Staffing West has extensive experience investigating claims and will fight fraudulent claim to the fullest extent of the law.
Initials: _____
2. If I sustain an injury on the job, I understand and agree that it's my responsibility to inform both the client and Expert Staffing West of any injury immediately. I understand and agree that there are no reasonable 'excuses' for failing to report an injury and that under no circumstances will 'I was afraid of losing my job' be considered an acceptable or reasonable excuse for failing to report an injury immediately."
Initials: _____
3. Expert Staffing West has a strict SUBSTANCE ABUSE POLICY and I have signed consent form to submit to drug testing. I understand my failure to comply with said policy will be grounds for my immediate termination.
Initials: _____
4. I have read, understand, and agree to comply with Expert Staffing West's safety rules and regulations.
Initials: _____
5. I am telephone accessible and have reliable transportation.
Initials: _____
6. I understand, once placed, I am an employee of Expert Staffing West and only Expert Staffing West or I can terminate my employment. When an assignment ends, I must report to Expert Staffing West for my next job assignment. Failure to report, or to accept my next job assignment will indicate I have voluntarily quit and will not be eligible for unemployment benefits.
Initials: _____
7. I understand I am expected to complete any job assignment I accept. I understand if I do not complete the assignment or fail to promptly notify Expert Staffing West of my inability to complete any assignment, or if I do not report to my assignment then Expert Staffing West may assume I have voluntarily quit and I will not be eligible for unemployment benefits.
Initials: _____
8. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late for work, I will contact Expert Staffing West as soon as possible.
Initials: _____
9. I understand E.S.W's requirements for receiving information documenting hours worked, the method of providing this information, and the time frame for me to report this information. I understand Expert Staffing West will not recognize nor pay for any hours worked by an employee without proper documentation of those hours.
Initials: _____
10. I understand and agree that after I report an injury, I am entitled to receive a claim form, called a DWC-1, within one day. **Initials:** _____

I certify I have read, understand, and will abide by the General Safety Rules and the Policies and Procedures listed above and I understand any failure to comply may be grounds for termination and may disqualify me from insurance benefits.

Signature: _____

Date: _____

Substance Abuse Policy

Expert Staffing West is committed to ensuring a drug-free environment for our clients and employees. To support this goal and because of the serious drug abuse problem in today's workplace, Expert Staffing West has established the following policy for existing and future employees of Expert Staffing West:

Expert Staffing West explicitly prohibits:

- The use, possession, solicitation for, or sale of, narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol off the Company or customer premises that adversely affects the employee's work performance, his or her own safety, the safety of others, or the employer's reputation.

Expert Staffing West may drug test using the Substance Abuse & Mental Health Services Administration (www.samhsa.gov) standards for three reasons:

1. **Pre-Employment:** As may be required by our client.
2. **Randomly:** A random selection of some employees for testing will be done unannounced.
3. **For Cause:** When it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace, fights or other behavioral symptoms of drug abuse – negative performance patterns, excessive absenteeism or tardiness) then for Cause testing will be used.

Employees of Expert Staffing West who refuse to submit drug testing, test positive, or admit to substance abuse will be subject to termination.

Employees of Expert Staffing West who test positive or admit to substance abuse will be referred to local public agencies which provide rehabilitation and counseling services.

The results of all drug testing will only be used by Expert Staffing West to make employment related decisions and all results are treated confidentially.

Drug Screen Authorization And Consent

I hereby authorize and give full permission to have Expert Staffing West and/or their medical Company physician administer an oral swab drug screen and/or send specimen of my urine and/or blood to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment, due to not submitting to the tests or as a result of the report of the tests. This includes, but not limited to, possible clerical or laboratory personnel.

This policy and authorization has been explained to me in a language I understand and I have been told if I have any questions they will be answered about the test. I understand this is a legal and binding document, which is binding because Expert Staffing West is sending me to and paying for examinations.

I understand Expert Staffing West will require drug screen test whenever an on-the-job accident injury is reported in accordance with Expert Staffing West Policy and this Authorization and refusal to submit to drug testing will be grounds for termination.

*I certify I have read, understand, and will abide by the **Substance Abuse Policy** and the **Drug Screen Authorization and Consent** above and I understand any failure to comply may be grounds for termination and may disqualify me from insurance benefits.*

Signature: _____

Date: _____

Americans with Disabilities Act Policy Statement

Expert Staffing West is committed to complying with all applicable provisions of the Americans with Disabilities Act ("ADA"). It is Expert Staffing West's policy not to discriminate against any qualified employee or applicant with regard to any terms or condition of employment because of such individual's disability or perceived disability so long as the employee can perform the essential functions of the job. Consistent with this policy of nondiscrimination, Expert Staffing West will provide reasonable accommodations to a qualified individual with a disability, as defined by the ADA, who has made Expert Staffing West aware of his or her disability, provided that such accommodation does not constitute an undue hardship on Expert Staffing West.

Employees with a disability who believe they need a reasonable accommodation to perform the essential functions of their job should contact their immediate supervisor.

Non-Discrimination and Anti-Harassment Policy

Expert Staffing West is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Expert Staffing West expects that all relationships among persons in the workplace will be business-like and free of bias, prejudice and harassment.

What is Harassment?

A. Sexual harassment has been defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- I. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- II. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- III. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Sexual harassment may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the workplace of sexually suggestive objects or pictures (including through e-mail); and other physical, verbal or visual conduct of a sexual nature.

B. Harassment on the basis of any other protected characteristic is also prohibited. Under the policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, national origin, age, disability, or any other characteristic protected by law and that:

- I. has the purpose or effect of creating an intimidating, hostile or offensive work environment;
- II. has the purpose or effect of unreasonably interfering with an individual's work performance; or
- III. Otherwise adversely affects an individual's employment opportunities. Harassing conduct includes, but is not limited to; epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail) based on a protected characteristics.

Reporting Harassment

Expert Staffing West strongly urges the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct that they believe in contrary to Expert Staffing West's policy or who believe they may have witnessed conduct that violates this policy should file their complaints or express concerns with their supervisor. If the complainant is uncomfortable going to their supervisor for any reason, then the complaint procedure does not preclude individuals who believe they are being subjected to harassing conduct from promptly advising the offender that his or her behavior is unwelcome a requesting that it be discontinued.

Retaliation Prohibited

Expert Staffing West prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action.

I certify I have read, understand, and will abide by Expert Staffing West's Americans with Disabilities Act Policy and Expert Staffing West's Non-Discrimination and Anti-Harassment Policy, both printed above, and I understand any failure to comply may be grounds for termination and may disqualify me from insurance benefits.

Signature: _____

Date: _____

Release of Criminal Records

I the undersigned do hereby authorize Expert Staffing West to examine any and all criminal records and arrests on file in the countries in the State of California or any other state. In doing so, I understand I am waiving my right of confidentiality concerning my criminal history.

Signature: _____ Date: _____

Last Name:		First Name:	
Social Security #:		Date of Birth:	
Drivers License #:		State:	
Current Street Address:		Apt/Unit:	
City:	State:	Zip Code:	
<i>Please list any other names used during the last seven years:</i>			
1)		2)	
3)		4)	
<i>Please provide City and County information for your residence covering the last seven years, Begin with your last address first:</i>			
City:	County:	Ca:	Zip Code
Date From: (mm/yy)	End Date: (mm/yy)		

ASSOCIATE'S WAIVER OF SECOND MEAL PERIOD

Pursuant to Section 512 of the California Labor Code and applicable California wage orders, an off-duty meal period of not less than thirty (30) minutes must be provided whenever an associate works more than five (5) hours. Associates who work shifts longer than ten (10) hours are provided a second off-duty meal period of no less than thirty (30) minutes. The second meal period may be waived when work will not extend past twelve (12) hours, the first meal period has not been waived and with the consent of the Associate and Employer. By affixing his or her signature below, the Associate expressly waives his or her right to the second meal period. If the hours of work extend past twelve (12) in a workday, the Associate will still be provided a meal period.

Associates will be fully compensated for all working time, and either the Associate or the Employer may revoke this waiver at any time by providing the other with written notice. This waiver shall be effective on the date set forth below and shall continue unless and until either the Associate or Employer exercises the right to revoke it.

Associate Signature: _____

Associate Name: _____

Date: _____

Safety and Security Acknowledgement and Request Off Through Expert Staffing West

Safety is our #1 Top Priority!

Please initial the following statements:

1. Should a workplace injury occur, I will adhere the following 4 steps...

- i. I will report the injury **immediately** at the time of the injury, to my supervisor.
- ii. I will document the injury and follow the steps to seek medical attention at the time of the injury (if medical attention is needed).
- iii. I will call Expert Staffing West to notify them of my situation no matter what time of day (before, during, or after hours).
- iv. I will then visit the medical facility provided by Expert Staffing West.

_____ (Initial)

2. I will not report any injuries after I have left my workplace. _____ (Initial)

3. I will not seek medical attention by a personal doctor unless I inform Expert Staffing West in writing prior to my medical visit and it is approved. _____ (Initial)

4. If a Medical Doctor opines that I cannot resume my regular duties but that I can perform modified work duties, I will report for modified work duty with Expert Staffing West where they will offer me modified work in compliance with the doctor's recommendations and restrictions until a doctor opines that I am able to resume full work duties.

_____ (Initial)

5. Messages regarding availability, checks, time off, etc....

- i. If during business hours, I will CALL Expert Staffing West and speak to a representative.
- ii. If outside business hours, I will TEXT Expert Staffing West and explain my situation. A representative will then get back to me once office hours resume.

_____ (Initial)

6. Should I need to take a sick day/personal day, I will contact Expert Staffing West directly at (805)253-3246 to notify them ahead of time. This includes if am running late for whatever reason.

_____ (Initial)

I acknowledge that I have been informed and trained on the above food and safety topics. I understand the policies and procedures put in place at the facility which I will be working. I accept the policies and procedures and will follow them in my daily work.

Employee Signature: _____

Date: _____

Employee Printed Name: _____

The following document in the onboarding packet is the Mutual Agreement Regarding Arbitration and Class Claims. Signing this agreement is voluntary, and not a condition of employment. Please review and if you choose to, please sign and date as indicated. This agreement supersedes and replaces all previous agreements relating to this subject matter of this agreement.

MUTUAL AGREEMENT REGARDING ARBITRATION AND CLASS CLAIMS

Expert Staffing West and all related entities, including entities where employees are sent to work, are hereafter referred to as "the Company."

In the event there is any dispute between Employee and the Company relating to or arising out of the employment or the termination of Employee, which Employee and the Company are unable to resolve informally through direct discussion, regardless of the kind or type of dispute, Employee and the Company agree to submit all such claims or disputes to be resolved by final and binding arbitration, instead of going to court, in accordance with the procedural rules of the Federal Arbitration Act. In all states other than California, the arbitrator will have the discretion to permit all reasonable discovery. In California, discovery will be governed by section 1283.05 of the California Code of Civil Procedure.

Employee has agreed to this on his or her own accord and understands that said disputes may include but are not limited to claims for or under: breach of contract, fraud, misrepresentation, defamation, personal injury, wages, salary, compensation, reimbursement, penalties, wrongful termination, constructive termination, sick pay, paid leave, the Federal Labor Standards Act and comparable state or local laws, the Civil Rights Act of 1964, as amended, 42 U.S.C. section 1981, the Americans with Disabilities Act, and/or other federal or comparable state or local laws that prohibit discrimination, harassment or retaliation based on religion, sex, age, color, race, national origin, nationality, physical, mental or emotional impairment, disability, medical condition, marital status, or other basis, and comparable state or local laws, the Family and Medical Leave Act and comparable state or local laws, the Employee Retirement Income Security Act (ERISA), and state laws regarding unfair competition or unfair business practices. Claims for unemployment compensation, claims under the National Labor Relations Act, claims under PAGA, claims for workers' compensation benefits, and any claim that is non-arbitrable under applicable state or federal law are not arbitrable under this Agreement.

Except as prohibited under applicable law, Employee and the Company expressly intend and agree that: (1) class action, collective action, and representative action procedures shall not be asserted, nor will they apply, in any arbitration proceeding pursuant to this Agreement; (2) neither Employee nor the Company will assert any class action, collective action, or representative action claims against each other in arbitration, in any court, or otherwise; and (3) Employee and the Company shall only submit their own respective, individual claims in arbitration and will not seek to represent the interests of any other person. This class/collective/representative action waiver does not apply to claims brought under the National Labor Relations Act (NLRA). Employee may challenge the enforceability of this class/collective action waiver under the NLRA or in any other forum, and the Company agrees that it will not retaliate against Employee or any employee who challenges the enforceability of this waiver; however, the Company reserves all rights to seek to fully enforce the waiver and compel arbitration on an individual basis. Consolidation of claims absent consent of all the parties to the dispute is also prohibited. Any claims must be filed within the statute of limitations applicable to filing such claim in court or in an administrative proceeding. All remedies available through a court or administrative action are available through arbitration.

Employee and the Company will mutually agree upon a neutral arbitrator. If an agreement cannot be reached, the arbitrator will be appointed according to the procedure set forth in the Federal Arbitration Act. In California, the Company will pay for the arbitrator's compensation and any other administrative fees unique to arbitration. The arbitrator must issue a decision in writing, setting forth in summary form the reasons for the arbitrator's determination and the legal basis for that determination. The arbitration shall take place at a mutually convenient location in the state where Employee worked, unless Employee and the Company mutually agree on an alternative location. Either party to this agreement may be represented by counsel at any arbitration proceeding and either party retains the right to seek injunctive relief in aid of arbitration. This Agreement is governed by the Federal Arbitration Act, 9 U.S.C. § 1 et seq.

If a party violates this Agreement by commencing an action asserting a claim covered by this Agreement in a court of law, then the court (and not an arbitrator) shall have the authority to resolve any disputes about the interpretation, formation, existence, enforceability, validity, and scope of the Agreement, including the Waiver of Class and Collective Claims. However, if a party complies with this Agreement and files for arbitration without filing a complaint in a court of law, then the Arbitrator shall have the authority to resolve any disputes about the interpretation of the Agreement for purposes of discovery or the merits of the underlying claim, but shall have no authority to resolve any disputes about the formation, existence, enforceability, or validity of the Agreement, including the waiver of class and collective claims. No decision of any arbitrator shall serve as precedent in other arbitrations except to preclude the same claim from being re-arbitrated between the same parties.

Should any term or provision, or portion of this Agreement, be declared void or unenforceable or deemed in contravention of law, it shall be severed and/or modified by the court, and the remainder of this Agreement shall be fully enforceable.

Employee Signature: _____

Employee Printed Name: _____

Date: _____



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 ZIP Code
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):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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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



Employee's Withholding Certificate

OMB No. 1545-0074

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

2020**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 online estimator, 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 2020 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 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)
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