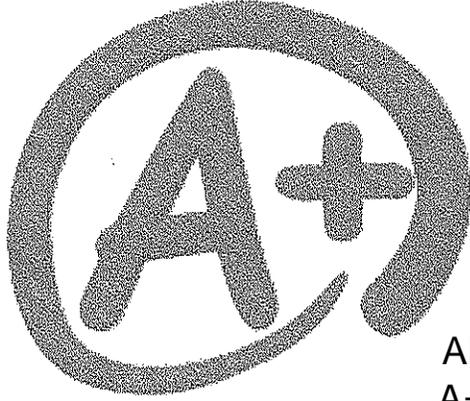
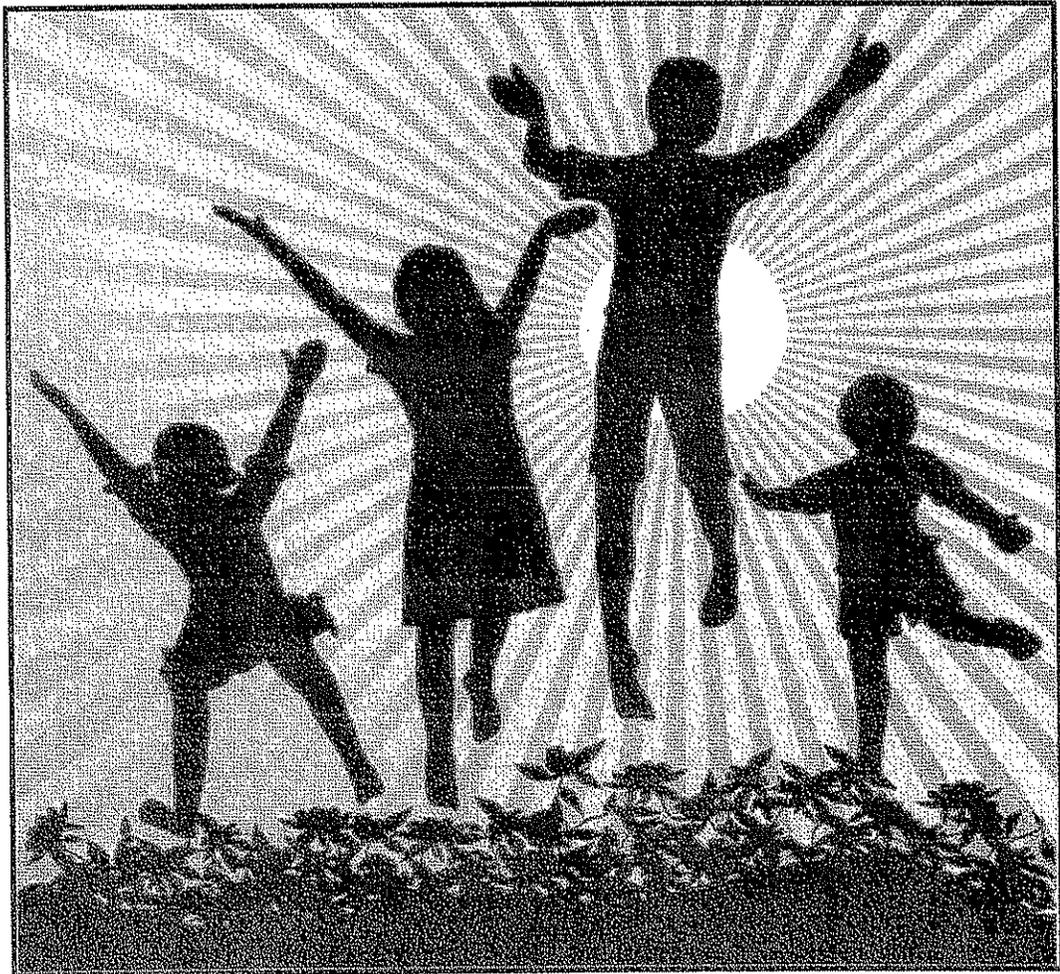


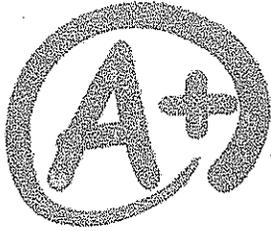
Alabama Ambassadors



ALABAMA CHILDRENS ASSOCIATION
A+ Academy
All Kids Childcare
Jesus Christian Daycare and School

TEAM MEMBER PACKET





Alabama Ambassadors

We are excited that you have decided to join a company that appreciates your talents, skills, and love for children. We anticipate us having a great relationship that is founded upon sound principals of professionalism.

Together Everyone Achieves More.

We are delighted you have joined us! Your contribution is important to ensure our sustained success and growth. We hope that your career here will be a gratifying one. You will maximum support from the whole team and we look forward to having the best relations with you. We have an open door policy and welcome all ideas, concerns, and input from our employees. Once again, we are excited to have you and we hope that you are excited about making life long impressions on the children you teach.

Thank you,

Joseph J. Moreno
Executive Director

In order to process your information correctly, we are going to need a few things from you. Please bring a copy of two of the following in which one is a photo ID card.

- State ID (Drivers License or State ID Card) Mandatory
- Social Security Card
- Birth Certificate
- US Passport

VERY IMPORTANT
VERY IMPORTANT
VERY IMPORTANT

Please complete and return the following documents to our office:

Proof of diploma or degree.

1. Medical report from doctor
TB SKIN TEST (Two Step)
Signature from physician on DHR form
 2. Three references pg. 88-89
Can not be a relative
 3. DHR Criminal History Check Application
2 pages.
 4. Child Abuse Neglect Central Registry Clearance Form
- *Resume (Optional)
 - * A+ Academy DHR Application
 - * I-9 Worksheet
 - * W-4 IRS Withholdings Sheet
 - * Criminal History Check Notice

ALL OF THESE REQUIREMENTS MUST BE MET AND SUBMITTED TO THE DIRECTOR

1

C. Medical report for persons giving care to children

DHR-CDC - 737
Revised 1/01

MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN

Name:	Date of birth:
Address:	Position in child care facility:

To the examining medical doctor, physician's assistant, or certified nurse practitioner:

This examination is needed to determine my physical ability to care for children, to perform services in a child care facility, or to have contact with the children. I hereby authorize you to furnish a report of my examination to:

Name of child care facility or Department of Human Resources

_____/_____
Signature / Date

TESTS (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): _____
(Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: _____

HISTORY of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ; No .

PHYSICAL LIMITATIONS that may affect his/her ability to care for children or perform services in a child care facility: Yes ; No .

If "YES", please explain: _____

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility or to have contact with the children.

If not, please explain: _____

_____/_____
Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date

2b

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date

F. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)
as a _____. He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person: Comments: _____
Dependable? Yes No
Honest? Yes No
Even-tempered? Yes No

4. To your knowledge, does this person: Comments: _____
Use drugs? Yes No
Drink excessively? Yes No
Use abusive language? Yes No

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes No If no, please explain.

F. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)

as a _____, He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person: Comments: _____
Dependable? Yes No _____
Honest? Yes No _____
Even-tempered? Yes No _____

4. To your knowledge, does this person: Comments: _____
Use drugs? Yes No _____
Drink excessively? Yes No _____
Use abusive language? Yes No _____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes No If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature Date Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature Date

C. Mandatory Criminal History Check Notice

Agency Name: _____			
Address: _____			
City: _____	State: <u>Alabama</u>	Zip: _____	

Alabama law requires that a criminal history background information check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care home, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, complete, and accurate information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care to children, the elderly, or disabled individuals. Unless a criminal history background information check report and suitability determination have previously been obtained, you must complete a written request and consent for a criminal history background information check with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information shall be referred to the district attorney or law enforcement for investigation and possible prosecution. An individual who intentionally falsifies any information on the statement is guilty of a Class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

- Convictions for any of the following crimes shall make an individual unsuitable for employment, volunteer work, approval, or licensure:
1. Murder, manslaughter, or criminally negligent homicide.
 2. A sex crime.
A sex crime includes the following:
 - a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-69 of the Code of Alabama 1975.
 - b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.
 - c) Kidnapping of a minor, except by a parent, in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.
 - d) Promoting prostitution in the first or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.
 - e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.
 - f) Sexual misconduct, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.
 - i) Sodomy in the first or second degree, as proscribed by Section 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.
 - j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal obscene material to a child by computer as proscribed by Sections 13A-6-110 and 13A-6-111 of the Code of Alabama 1975.
 - k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.
 - l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.
 - m) A crime listed in the Community Notification Act, Chapter 20 of Title 15 of the Code of Alabama 1975.
 3. A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.
 4. A crime committed against a child.
 5. A crime involving the sale or distribution of a controlled substance.
 6. Robbery.
 7. Conviction for a violation or attempted violation of an offense committed outside the State of Alabama is a sex crime or any other crime the offense would be a crime in Alabama.

CRIMINAL HISTORY STATEMENT

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history information background check? Yes () No (). If yes, send form to DHR.
Have you ever been convicted of a crime? Yes () No (). If yes, state on the lines below the date, crime, location, punishment imposed, and whether the victim was a child or an elderly or disabled individual.

Date _____ Signature _____ Print name _____
Social Security Number _____

3a

DHR CRIMINAL HISTORY CHECK APPLICATION

Part 1 of 2

NON-DHR FEE PAID

Mail Application (Parts 1 & 2), Payment, and Fingerprint Cards to:		Make Money Order or Cashier's Check payable to:	
SBCN 601 Madison Street Suite 400 Code ALDHR Alexandria, VA 22314 SBCN CUSTOMER SERVICE DESK: 703-797-2562 or 800-470-2778 (Mon.- Fri. 9 a.m. - 6 p.m. EST)		SBCN Circle Method of Payment: Money Order, Cashier's Check, or E-Check	
<i>Type or print legibly</i>			
Social Security Number:		Reference ID Number:	
First Name:	Middle:	Last:	
All Other Names Used:			Phone #:
Address:			
City:		State:	Zip Code:
Date of Birth:		Race:	Sex:
Applying For: (Check One)	Employment <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Child Placement Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> DHR <input type="checkbox"/> DHR Other <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Health Services <input type="checkbox"/> Home Day Care <input type="checkbox"/> Preventive Services <input type="checkbox"/> Residential Care Agency <input type="checkbox"/> Other	Home Study <input type="checkbox"/> DHR Adoption <input type="checkbox"/> ICPC <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	Household Members <input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other
	License/Approval <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Other	Therapeutic Programs <input type="checkbox"/> Foster Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	Volunteer Work <input type="checkbox"/> Board Member <input type="checkbox"/> DHR <input type="checkbox"/> Internship <input type="checkbox"/> Other
Affidavit For Release of Information			
<p>I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources, DPS/ABI and their officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.</p> <p>I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources, DPS/ABI to release any and all criminal history information.</p> <p>I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20_____.</p> <p style="text-align: right;">Signature: _____</p> <p>*NOTE* This document must be witnessed by two persons <u>or</u> notarized by a Notary Public.</p>			
Name of Witness #1 <i>Joseph J Moreno</i>	Name of Witness #2		
Address of Witness #1 <i>1920 25th Avenue</i>	Address of Witness #2		
City, State, Zip <i>Tuscaloosa AL 35401</i>	City, State, Zip		
<i>OR</i>			
Sworn to and subscribed before me on this _____ day of _____, 20_____.			
Signature of Notary Public			Signature
My commission expires _____, 20_____.			Date
			Fingerprint Technician: _____ Fingerprint Card Issued _____ Live Scan Transmission _____ _____

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DHR CRIMINAL HISTORY CHECK APPLICATION

Part 2 of 2

Name of Requesting Agency: _____
 (employer, adoption agency, foster home licensing agency, child or adult care center, volunteer coordinating agency, etc.)

Address: _____

Telephone No: _____ **DHR Licensing or Approving Office:** _____

MANDATORY CRIMINAL HISTORY CHECK NOTICE: Alabama law requires that a criminal history background check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care home, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, accurate and complete information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care for children, the elderly, or disabled individuals. Unless a criminal history background check and suitability determination have previously been obtained, you must complete a DHR Criminal History Check Application (Parts 1 & 2) with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information will be referred to the district attorney or law enforcement for investigation and possibly prosecution. An individual who intentionally falsifies any information on a statement is guilty of a class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

Convictions for any of the following crimes shall make an individual unsuitable for approval related to employment, adoption, foster home licensure, child or adult care licensure, or volunteer work:

1. Murder, manslaughter, or criminally negligent homicide.
2. A sex crime.
 A sex crime includes the following:
 - a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-6-69 of the Code of Alabama 1975.
 - b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.
 - c) Kidnapping of a minor, except by a parent, in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.
 - d) Promoting prostitution in the first degree or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.
 - e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.
 - f) Sexual misconduct, as proscribed by Section 13A-6-65 or the Code of Alabama 1975.
 - g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.
 - i) Sodomy in the first or second degree, as proscribed in Code 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.
 - j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal of obscene material to a child by computer as proscribed by Sections 13A-6-110 and 13A-6-111 of the Code of Alabama 1975.
 - k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.
 - l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.
 - m) A crime listed in the Community Notification Act, Chapter 20 of Title 15 of the Code of Alabama 1975.
3. A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.
4. A crime committed against a child.
5. A crime involving the sale or distribution of a controlled substance.
6. Robbery.
7. Conviction for a violation or attempted violation of an offense committed outside the State of Alabama for a sex crime or any other crime if the offense would be a crime in Alabama.

Criminal History Statement

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history check? Yes (___) No (___) If yes, send the form to DHR.

Have you ever been convicted of a crime? Yes (___) No (___) If yes, state on the lines below the date, crime, location, punishment imposed, and whether the victim was a child, elderly or a disabled individual.

Signature: _____ **Date:** _____

Print Name: _____ **SSN#** _____

APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date of Application _____

Position _____

Date Hired _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: () _____			Date of Birth: _____	
Driver's License Number: _____			Expiration Date of Driver's license: _____	

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/ Workshop/conference	Sponsor	Location	Date(s)	Number of hours

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identify and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$85,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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