

IS This Job For You?

Thank you for your interest in working with Prudent Security. Before taking the time to complete the application and interview process, we request you read the following information so you will have a clear understanding of what your duties would include if you were hired , as well as what Prudent Security requires of all Team Members.

Everyone we hire must:

- Be able to obtain a Local or State Guard Card. This includes having a clean criminal background (No FELONY CONVICTIONS), being able to show valid identification, and be able to pay the State Security License fee that is required by the state. The state will run background checks and make the decision as to what is an acceptable criminal background check and what is not. Some clients/venues may require specific pre-employment background checks and/or annual background check for Team Members to work their event(s). **Prudent security does not make the decisions regarding issuing Security Licenses.**
- Be 18 years of age or older, have a High School Diploma or GED.
- Comply with our grooming and appearance standards.

If hired, please understand that Prudent Security is hiring at this time for part-time positions only. We cannot guarantee anyone a set amount of hours and hours can vary from week to week. We require our Team Members to obtain a Guard License (regulated by Local or State Government) which ensures premium positions and priority scheduling. Please also understand that pay rates vary per location/Event.

As an Team Member you would become part of an elite network of service groups that make up the Prudent Security Team. As members of this Team, we share the goal of providing our guests with a constant level of friendly, impressive services that enhance their entertainment experience. We want to impress our guests with our friendliness, attentiveness, responsiveness, actions and performances that exceeds guests' expectations. This includes:

- **Initiating a sincere, friendly and personal greeting** to our guests as they arrive at your facility entrance, aisle, concourse area or other location.
- **Appearing upbeat, alert and attentive to your job;** not appearing distracted or disinterested. Making full eye contact with your guests so they know you are focusing your full attention on them.
- **Providing** our guests with helpful directions and /or suggestions that will enhance their entertainment experience.
- **Offering a sincere “thank you for coming” or “we appreciate you coming tonight”** as you complete your encounter with each guest.
- **Every guest interaction should be accompanied by a smile, whether you speak or not.**
- Always use a natural speaking voice, with natural inflection and a friendly tone.
- As guests depart, smile, make eye contact and provide appropriate goodbye phrases. Examples: “Good night, thank you for coming” or “Good night, Drive safely.”

Prudent Security Thrives on our Team Members to be customer service oriented to ensure our clients/guests are impressed with our professionalism so that they return back to the venue. Satisfied customers are the reason for our existence. It is up to each and every Team Member to ensure our Clients/ guests are pleased with the service they receive. Some of your tasks as a Prudent Security Team Member are less than glamorous and exciting than others, but **as part of this team you will realize they all need to be done, such as:**

- Working shifts on holidays, nights and weekends that will extend later in the evening than other types of jobs.
- All Team Members must communicate in writing and orally in English.
- Dealing with disorderly and intoxicated guests.
- Walking up and down stairs and standing for long periods of time sometimes in excess of eight hours.
- Team Members must be able to lift a minimum of 25 pounds.
- Wearing the assigned uniform properly and in its entirety.
- Working outside in a variety of weather conditions depending on the assignment.

Our Team Members are sincere, positive, and really care about their work and want to do it as seriously and professionally as possible. This job will provide you valuable work experience and will give you the opportunity to work events and make new friends.

Please Sign, print and Date as acknowledgement if you have read and understand "Is this job for you?"

Signature

Print Full Name

Today's Date



Grooming and Appearance Standards

The Purpose of this Operational Policy is to clarify the proper grooming and dress code standards for all Prudent Security Personnel. Complete agreement to the following guidelines is a pre-requisite for employment.

The appearance of each Team Member adds to the overall presentation and impression at each venue. You will be required to adhere to Prudent Security's Grooming and Appearance standards and may be requested to make changes in your personal grooming and appearance (hairstyle, Makeup, Nails and facial hair) in order to conform with these standards and to maintain a crisp, professional, and polished appearance.

Uniforms: uniforms must be clean, neat and ironed at all times. It is your responsibility to make sure that your uniform, and your overall appearance, is in compliance with this policy. Should you have any questions or need clarification, please contact your scheduling Manager.

Prudent Security will issue a uniform shirt to you upon Staffing. The uniform is the property of Prudent Security and is not to be abused or worn except under the scope of employment. It is the employee's responsibility to return issued uniforms upon request or termination of employment. Where permitted by applicable laws, Prudent Security may withhold from the employee's check or final paycheck the cost of any items that are not returned when required.

Pants: Must be black. No ankle length (no Capri's or shorts) All pants must be professional fit (meaning nothing clingy/ tight fitting or too baggy). Additionally, all pants must be made with the same fabric or fabric similar to that of "Dockers, BDU and Slacks" brands to ensure consistency with all employee uniforms. In other words, the pants should be able to be starched if necessary and this would eliminate pants that are leggings, stretchy materials, or linen. These are NOT uniform and not permitted.

Haircoloring: Prudent Security will not permit unnatural dyeing, bleaching, or tinting of hair. Complimentary highlighting is acceptable. The following colors are not acceptable in hair: Pink, Blue, Bright Red, Green, Purple, Yellow, Orange, Teal, Magenta, etc.

Tattoos: Visible tattoos are unacceptable and must be covered at all times. Tattoos located on the Neck, Face or Hands must be covered with high quality makeup. **A Visible tattoo is one that is not covered by the uniform.**

Shoes: Employees in uniform, unless otherwise instructed, are required to wear plain closed heel and closed toe All black shoes with All black shoelaces, slip resistant soles recommended. Plain all black socks are also required. When wearing the "Coat and Tie" or "Sweater and Tie" Uniform, Guards/ Event Staff are required to wear a professional looking work shoe (i.e. something that can be shined/ polished) Please make sure all shoes worn while working are slip resistant, closed toe/closed heel, flat (meaning no high heels), and are either professional looking work shoes, or appropriate walking shoes. Sandals, steel toed, crocs, Uggs, or other non-professional looking work shoes are strictly prohibited. Note: Should you elect to wear a solid black tennis shoe, it is to be professional in appearance and consideration should be paid to ensure that the shoes does not "dress down" or take away from the professional look of the "Coat and Tie" or "Sweater and Tie" uniform. Shoes that do not look professional with either uniform will not be permitted.

Hats, Fanny Packs & Backpacks: Only approved Prudent Security issued hats may be worn with your uniform. Fanny packs/ Backpacks are not allowed unless provided as part of your uniform for positions such as a parking attendant to secure money and tickets.

Medical or Cosmetic exceptions: exceptions will be made for wigs, hair containment, and shoes if for medical or cosmetic purposes.

Cell phones/ Pagers/ Personal Electronic Devices: These are not permitted to be used while on duty. Cell phones and pagers must be left off while on post. The Camera function is strictly prohibited.

Hair: A Neat, Natural haircut and a clean shave are essential: the hair is to be neatly combed and arranged in an attractive, easy to maintain style. If hair is teased, it should be kept to a minimum and should be for body and shape only. Those women who prefer long hair should take special care to keep it neat and well styled. Hair below shoulder length must be combed away from the face so that it will not fall forward or cover the face while performing normal job duties.

Jewelry: Prudent Security Strongly discourages wearing jewelry at events. However, wedding bands and wristwatches are permitted. Only one ring per hand, which may be worn on any finger, is allowed. Female team members may elect to wear a single, matching set of stud style earrings. Hoops or other styles are not permitted. **NO EAR OR NOSE PLUGS, TONGUE RINGS, FACIAL PIERCINGS, NECKLACES, BRACELETS, ANKLETS OR DENTAL JEWELRY OF ANY KIND ARE PERMITTED. Band-aids used to cover piercings or tattoos are not acceptable.**

Prudent Security understands that style and professionalism is subjective; Therefore, Prudent Security reserves the right to council all team members on what is and what is not acceptable in regards to grooming and appearance. Those team members who are not in compliance with our grooming and appearance standards may face disciplinary action up to and including termination.

Please sign, print and date if you have read, understand, and are willing to adhere to the above standards throughout your employment with Prudent Security.

Signature

Print Full Name

Todays Date

This Agreement is made as of the ____ day of _____, 20____ (“Effective Date”) by and between (name) _____, and Prudent Security Inc., having offices at 664 E Regent Street, Inglewood CA 90301 (“Prudent Security”).

WHEREAS, for the purpose of furthering a potential research relationship between them, (name) _____ and Prudent Security (collectively referred to as the “Parties,” and each individually referred to as a “Party”) have determined to establish terms governing the use and protection of certain Confidential Information (as defined below) that one Party (“Disclosing Party”) may disclose to the other Party (“Recipient”), which information in the case of (name) _____ relates generally to business relations, accounts, contact personnel etc. and in the case of Prudent Security relates generally to any and all personal or sensitive information pertaining to its workers its workers or pertaining to its clients professional or personal information. .

NOW THEREFORE, intending to be legally bound, the Parties agree as follows:

1. Confidential Information.

a) “Confidential Information” means all information both tangible and intangible of a Disclosing Party which relates, respectively, to the above identified subject matter, including, but not limited to, trade secrets, business and technical information and data, disclosed orally, visually, in writing, electronic media or by any other means, and that is marked in accordance with this Section 1.

b) With respect to any tangible information that a Disclosing Party would like to be treated as Confidential Information under this Agreement, the Disclosing Party shall mark such information as “Confidential” prior to disclosing it to the Recipient.

c) With respect to any oral or visual communication or other intangible information which a Disclosing Party would like to be treated as Confidential Information under this Agreement, the Disclosing Party shall notify Recipient of such fact at the time of disclosure and within fifteen (15) days thereafter, Disclosing Party shall send Recipient a written memorandum outlining the information deemed to be Confidential Information. Such memorandum shall be marked “Confidential.”

2. Non-Disclosure.

A Recipient of Confidential Information under this Agreement shall use the Confidential Information only for the purpose of evaluating a research relationship between the Parties and shall protect such Confidential Information from disclosure to others, using the same degree of care used to protect its own confidentiality or proprietary information of like importance. If necessary to effectuate the furthering of a potential research relationship, Recipient may disclose Confidential Information received under this Agreement to employees and/or consultants with a need to know, provided that any consultants are bound to protect such Confidential Information from unauthorized use and disclosure under the terms of a written agreement. Confidential Information shall not otherwise be disclosed to any third party without the prior written consent of the Disclosing Party. Neither Party shall use the Confidential Information of the other, in whole or in part, except as permitted under this Agreement.

3. Exclusions.

a) “Confidential Information” shall not include information that:

- i. was publicly known at the time of the Disclosing Party’s communication thereof;

- ii. becomes publicly known through no fault of Recipient subsequent to the time of Disclosing Party's communication thereof to Recipient;
- iii. was in Recipient's possession free of any obligation of confidence at the time of Disclosing Party's communication thereof to Recipient;
- iv. is developed by Recipient independently of this Agreement without use or reference to the Disclosing Party's Confidential Information;
- v. is rightfully obtained by Recipient from a third party, provided the Recipient has no reason to believe that such third party was under an obligation of confidentiality to the Disclosing Party.

b) In the event Confidential Information of the other party is lawfully required to be disclosed by any governmental agency or otherwise required to be disclosed by law, it may be so disclosed without violation of this Agreement, but only to the extent required; provided however that before making such disclosure, Recipient shall give Disclosing Party reasonable prior written notice of such required disclosure so that Disclosing Party has an opportunity to interpose an objection and/or take action to ensure confidential handling of such information.

4. Return of Information.

All Confidential Information disclosed under this Agreement (including without limitation information in computer software or held in electronic storage media) shall be and remain in the property of Disclosing Party. All such information in tangible form shall be returned to Disclosing Party promptly upon written request by Disclosing Party or the termination or expiration of this Agreement, whichever occurs first, and shall not thereafter be retained in any form by Recipient. In lieu of return, such information may be destroyed by the Recipient provided any such destruction shall be certified in writing to the Disclosing Party by one of Recipient's duly authorized officers. No intellectual property rights, including but not limited to, licenses or rights under any patent, copyright, trademark or trade secret, are granted or are to be implied by this Agreement. Neither Party is obligated under this Agreement to purchase from or provide to the other Party any service or product or enter into any agreement.

5. Duration of Confidentiality.

The Recipient shall maintain in confidence and shall not disclose to any person not a party hereto, unless permitted to do so under Section 2, or use or exploit in any way, without the Disclosing Party's written agreement, any Confidential Information for a period of five (5) years from the date of disclosure of such information, unless such information ceases to be Confidential Information prior to the end of such five-year period through no fault of Recipient, or Recipient and Disclosing Party enter into a written agreement authorizing same.

6. No Warranty.

Disclosing Party makes no representation or warranty to Recipient as to the accuracy or completeness of any Confidential Information provided by it and shall not have any liability or responsibility for errors or omissions in any Confidential Information disclosed under this Agreement. Disclosing Party shall not have any liability to Recipient relating to or resulting from the use of Confidential Information by Recipient or any decisions made by Recipient relating to or resulting from the use of any Confidential Information.

7. No Relationship.

This Agreement is intended to provide only for the handling and protection of Confidential Information. It shall not be construed as a teaming, joint venture, partnership or other similar arrangement.

8. Injunctive Relief.

The Parties acknowledge that the Confidential Information is a unique and valuable asset of Disclosing Party, and that disclosure in breach of this Agreement may result in irreparable injury to Disclosing Party for which monetary damages alone would not be an adequate remedy. Therefore, the Parties agree that in the event of a breach or threatened breach of confidentiality and/or of this agreement, the Disclosing Party shall be entitled to seek an injunction prohibiting any such breach or to specific performance or other equitable relief as a remedy available to Disclosing Party. Any such relief shall be in addition to and not in lieu of any appropriate relief in the way of monetary damages.

9. No Assignment.

Neither Party shall assign any of its rights or obligations hereunder, without the prior written consent of the other Party. Any attempted assignment in violation of this section will be void and of no effect.

10. Entire Agreement.

This Agreement (a) is the complete agreement of the Parties concerning the subject matter hereof and supersedes any prior agreements, understanding or discussions with respect to the subject matter hereof; and (b) may not be amended or in any manner modified except by a non-electronic written instrument signed by authorized representatives of both Parties.

11. Choice of Law and Venue.

This Agreement and any actions under it shall be governed and construed in accordance with the laws of the State of California without regard to its conflicts of laws provisions. Any disputes arising under or relating to this Agreement shall be heard in the Court of Los Angeles County, California or the United States District Court for Southern California. Each party hereby consents to the jurisdiction of said courts and waives any objection which they may have at any time to the jurisdiction of such courts, the laying of venue in such courts or the convenience of the forum.

12. Export Control.

Each Party agrees that it will not directly or indirectly transmit, by way of transshipment, export, diversion or otherwise, any Confidential Information of the other Party except in accordance with any and all applicable United States export control laws and regulations. As an institution of higher learning, Prudent Security generally performs fundamental research that is exempt from export control licensing under applicable export control laws. As a result, Prudent Security typically does not wish to take receipt of export-controlled information, except as may be specifically agreed to by Prudent Security and for which Prudent Security has made specific arrangements. (name) _____ agrees that it will not provide or make accessible to Prudent Security any export-controlled Confidential Information without first informing the Prudent Security's Office of Sponsored Programs of the export-controlled nature of the Confidential Information and obtaining from Prudent Security its written consent to accept such information as well as any specific instructions regarding the mechanism pursuant to which such information should be passed.

13. Severability.

If any provision of this Agreement is found unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision shall be deemed modified to the limited extent required to permit its enforcement in a manner most closely representing the intention of the Parties as expressed herein.

14. No Third Party Beneficiaries.

Nothing in this Agreement, express or implied, is intended to or shall confer upon any person or entity other than Prudent Security and (name) _____ any right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.

15. Term of Agreement.

The term of this Agreement will be five (5) years from the Effective Date, unless it is terminated earlier by either party providing the other party with at least thirty (30) days prior written notice, or unless it is extended as mutually agreed upon by the parties.

IN WITNESS WHEREOF, each of the Parties hereto has caused this Agreement to be executed by its duly authorized representative as of the date first written above.

Prudent Security Solutions.

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: **Team Member**

Title: _____

Prudent Security Worker Attendance Policy

PLEASE READ ALL AND THEN SIGN BELOW

All signers of this document hereby declare that they agree with and understand the following attendance and pay stipulations as being required for employment at Prudent Security:

- 1) No Call, No Show - Any no call, no show will result in immediate termination without evidence to a legitimate event which caused said attendance issue. Further the employee who no call, no shows **will be docked \$150 from their check** as part of a re-staffing fee, as well as being docked for any equipment not turned in within 48 hours.
 - a. Employees who abandon shifts without permission are subject to all above stipulations as well as the additional detail of being docked for hours worked at the post before being abandoned on that shift.

- 2) Tardies - A tardy is any time an employee arrives at the site more than 15 minutes past the designated start time. As above in section 1 upon provision of proof of valid issue leading to the tardy, then exceptions might be made.
 - a. Prudent Security will permit 3 tardies in any given 18 month period. The first will result in a verbal warning. The second is a reduction of hourly wage by \$0.50/hour worked. **The third will result in termination.**

- 3) Call Off Policy - Any call off for a shift must come **48 hours before the shift is to begin** in order to allow Prudent Security to fill the position. Failure to notify us in the appropriate time will result in a No Show being added to employee's file and the \$150 re-staffing fee will be charged.

Signature: _____ Date: _____

CODE OF CONDUCT

- All guards are to arrive at assigned posts in full uniform (Polo/Uniform Shirts tucked in, black or uniform pants clean and neat, all black shoes and belt)
- All guards are to clock in on Humanity at the beginning of their shift, utilize the “Take a break” feature for required lunch breaks and clock out at the end of their shifts. **YOU WILL NOT BE PAID FOR UNVERIFIED HOURS**
- All guards are to arrive at your post at least 10 minutes prior to scheduled start time. If you are relieving another Prudent Security guard, make sure you do a face-to-face debriefing of the activities of the previous shift
- All guards are to conduct themselves in a professional manner at all times while wearing the Prudent Security uniform. This includes travel time to and from your posts.
- All guards are to refrain from using foul or derogatory language while on post and dealing with the public or another security guard.
- All guards are to promptly remove their uniforms after getting off shift. Do not engage in any activities unbecoming of the Prudent Security company while in uniform. Recreational activities should be engaged in outside of your uniform and away from your post.
- All guards are to refrain from drinking alcoholic beverages and smoking illicit substances on or near your work site, this includes in your vehicle on post property.

I, _____ have read, understood and agree to abide by the terms above. I understand that failure to comply with any of the above directives will result in the immediate removal from my site and impact any future work.

Employee Signature

Date

Prudent Security

Worker Attendance Policy

PLEASE READ ALL AND THEN SIGN BELOW

All signers of this document hereby declare that they agree with and understand the following attendance and pay stipulations as being required for employment at Prudent Security:

1) **No Call, No Show** - Any no call, no show will result in **immediate termination** without evidence to a legitimate event which caused said attendance issue. Further the employee who no call, no shows will be **docked \$150 from their check** as part of a restaffing fee, as well as being docked for any equipment not turned in within 48 hours.

a. Employees who abandon shifts without permission are subject to all above stipulations as well as the additional detail of being docked for hours worked at the post before being abandoned on that shift.

2) **Tardies** - A tardy is any time an employee arrives at the site more than 15 minutes past the designated start time. As above in section 1 upon provision of proof of valid issue leading to the tardy, then exceptions might be made.

a. Prudent Security will permit 3 tardies in any given 18 month period. The first will result in a verbal warning (documented in employee file). The second is a reduction of hourly wage by \$0.50/hour worked. **The third will result in termination.**

3) **Call Off Policy** - Any call off for a shift must come **48 hours before the shift is to begin** in order to allow Prudent Security to fill the position. Failure to notify us in the appropriate time will result in a No Show being added to employee's file and the \$150 restaffing fee will be charged.

Clock-in and Clock- Out Agreement

Prudent Security utilizes an electronic clock-in system.

This requires Team Members to download an app to their cell phones to receive all communications for your schedule.

Initials I understand that the App gives me access to bid on schedules,

Initials I understand that clock-in and clock-out times and scheduled breaks are on the App

Initials I understand that Downloading the App is **mandatory**.

Initials I understand that All credit for shifts and pay will be based off of my clock-in and clock-out times listed on the App.

Initials I understand that Failure to utilize the system will resort in removal from sites and events.

Initials I understand that Compensation will not be given for shifts that I am not clocked into.

Please sign print and date if you have read and understand the clock-in and clock-out agreement.

Signature

Print Full Name

Today's Date

Prudent Security

Overtime Release Form

Please Read All Text and Sign Below

By signing this document I hereby declare that I understand and agree with the following:

1. I understand that certain post operate on special scheduling basis which may extend my shift over 8 hours without my employer, Prudent Security, billing for said overtime hours. As such I agree to forgo my overtime pay rate in instances where I am notified preemptively by Prudent Security of such special scheduling shifts.
2. I agree to not hold Prudent Security liable for unpaid overtime wages with any state or federal body when selected to work the shift with said special scheduling, and agreeing to take on said hours.
3. I understand this does not apply to posts which pay overtime and for which I will still qualify for my overtime rate.

Signature: _____

Date: _____

Prudent Security

Pay Schedule Form

Prudent pays out on the 15th and last day of the month. Signing this document indicates that you agree with the pay schedule. The schedule is as follows:

January 31st: January 1st – January 15th

February 15th: January 16th – January 31st

February 28th: February 1st – February 15th

March 15th: February 16th – Feb 28th

March 29th: March 1st – March 15th

April 15th: March 16th – March 31st

April 30th: April 1st – April 15th

May 15th: April 16th – April 30th

May 31st: May 1st – May 15th

June 14th: May 16th – May 31st

June 28th: June 1st – June 15th

July 15th: June 16th – June 30th

July 31st: July 1st – July 15th

August 15th: July 16th – July 31st

August 30th: August 1st – August 15th

September 13th: August 16th – August 31st

September 30th: September 1st – September 15th

October 15th: September 16th – September 30th

October 31st: October 1st – October 15th

November 15th: October 16th – October 31st

November 29th: November 1st – November 15th

December 13th: November 16th – November 30th

December 31st: December 1st – December 15th

January 15th: December 16th – December 31st

Print Name: _____

Employee Signature: _____

Date: _____

IMPORTANT!

NOTES ON PAY.

- 1. YOU WILL BE PAID VIA DIRECT DEPOSIT OR CHECK. THE CHECK CAN BE PICKED UP OR MAILED.**
- 2. NO OTHER FORMS OF PAYMENT WILL BE OFFERED. INCLUDING BUT NOT LIMITED TO: PAYPAL, MONEYGRAM, CASH, BITCOIN OR ANY OTHER FORM OF MONETARY TRANSACTION.**
- 3. IF YOU WANT DIRECT DEPOSIT YOU MUST PROVIDE NECESSARY BANK INFORMATION NO LESS THAT 7 DAYS BEFORE PAYDAY. FAILING TO MEET THIS DEADLINE WILL RESULT IN A PAPER CHECK.**

BELOW YOU WILL FILL OUT THE REQUESTED INFORMATION.

NAME: _____

MAILING ADDRESS: _____

CIRCLE ONE OPTION

PICK UP MY CHECK

HAVE CHECK MAILED

BY SIGNING BELOW YOU AGREE TO THE TERMS STATED ON THIS DOCUMENT AND AFFIR THE INFORMATION WRITTEN ON IT AS CORRECT. YOU. PRUDENT SECURITY IS NOT RESPONSIBLE FOR INCORRECT ADDRESSES OR FAILING TO PICK UP YOUR CHECK.

SIGN: _____

DATE: _____

Prudent Security Solutions

664 E Regent St
Los Angeles, Ca 90301

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone # _____ Email: _____

1. GENERAL INFORMATION:

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

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) No Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School

Name & Address of School	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for: _____

If required, will you work?

Rotating shifts YES NO
Overtime YES NO

Saturdays YES NO
Sundays YES NO

Position applying for, be specific

Salary Requirements

\$

per hour

per month

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

/ /

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? Yes No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, 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 ▶					
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.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



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

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

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



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>	
QR Code - Section 1 Do Not Write In This Space	

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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.