

Northern Cheyenne Head Start

P.O. Box 128

Lame Deer, MT. 59043

PH: 406-477-6346

Fax: 406-477-6906

Name: \_\_\_\_\_

## EMPLOYEE APPLICATION CHECKLIST

### To be turned in by potential employee:

- NCT application – filled out completely
- W-4 (current year)
- Notarized Release of Information
- Form I-9
- 2 forms of Identification (one needs to be a picture I.D. and the other has to have be an approved acceptable I.D.)
- TB Skin Test Results within the past year and Hepatitis B vaccination series
- Physical
- Copy of G.E.D., High School Diploma, or College Transcript.
- Background check Release
- Drug and Alcohol Policy to be signed by applicant.

### Bus Drivers need additional documents:

- CDL-Commercial Driver's License (copy)
- MVR-Motor Vehicle Report (current)
- DOT – Physical
- First Aide/CPR Cards

### To be completed by Administration:

- Substitute Teacher Aide/Food Handlers Training/Bus Monitor Training and/or Cook's Orientation.
- Type: \_\_\_\_\_ Date: \_\_\_\_\_
- Type: \_\_\_\_\_ Date: \_\_\_\_\_
- Staff Guidelines – Signed by employee
- Center Guidelines – Sign by employee
- Code of Ethics – Signed by employee
- Notice of Appointment
- Employee Action Notice

All Paper work turned back in TO: \_\_\_\_\_ Date: \_\_\_\_\_

### Application:

Complete \_\_\_\_\_

Not Complete: \_\_\_\_\_ Missing the following document:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICATION  
FOR  
EMPLOYMENT  
NORTHERN CHEYENNE TRIBE**

HUMAN RESOURCE DEPARTMENT  
600 CHEYENNE AVENUE  
P.O. BOX 128  
LAME DEER, MONTANA 59043  
TELEPHONE NUMBER: (406) 477-4826 OR 477-4827  
FAX NUMBER: (406) 477-8498

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**PERSONAL INFORMATION**

Name: Last	First	Middle Initial	Date of Application/Time Received:
Mailing Address: City	State	Zip	Social Security Number
Telephone Number(s): Home: ( ) Work: ( )	Driver's License: (Operator/CDL/Chauffeur) Number: State: Expiration Date:	Are You A Veteran? Yes No If Yes, Branch? From: To:	
What Languages Do You Speak Fluently? Read? Write?		Tribal Affiliation:	Census No:

Have You Ever Been Convicted Of A FELONY Or HIGH MISDEMEANOR Within The Past Ten (10) Years? (For Most Jobs, A Conviction Of A Felony Will Not Automatically Be Grounds For Disqualification). OR Have You Been Convicted Of Any moving Traffic Violations Within The Last Five (5) Years? (You May Be Subject To A Background Check) If so, When, Where, and Disposition Of Case.

**EMPLOYMENT DESIRED**

1 <sup>st</sup> Choice – Position Title & Location	2 <sup>nd</sup> Choice – Position Title & Location
Have You Worked For Us Before? Yes No If Yes, When?	Presently
Any Relatives Working With NCT? Yes No If Yes, Name:	Dept:

**EDUCATIONAL BACKGROUND**

Type of School	Name & Address	Dates of Attendance (From & To)		Graduated		Course or Major
		Month/Year	Month/Year	Yes	No	
High School				Yes	No	
Undergraduate						
Graduate				Yes	No	
Business or Trade				Yes	No	
Other				Yes	No	

Any Other Experience, Skills, or Qualifications Related To The Job You Are Seeking:

**WORK EXPERIENCE (LIST PRESENT OR MOST RECENT EMPLOYER FIRST)**

1.) Name & Address Of Employer  Telephone:	Dates of Employment (Month/Year) From: _____ To: _____  Total Years:	Salary Rate Per Hour Start: _____ End: _____  Other:
Name & Title Of Your Supervisor		Your Position

Description of Job Responsibilities: \_\_\_\_\_

No. Supervised: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

2.) Name & Address Of Employer  Telephone:	Dates of Employment (Month/Year) From: _____ To: _____  Total Years:	Salary Rate Per Hour Start: _____ End: _____  Other:
Name & Title Of Your Supervisor		Your Position

Description of Job Responsibilities: \_\_\_\_\_

No. Supervised: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

3.) Name & Address Of Employer  Telephone:	Dates of Employment (Month/Year) From: _____ To: _____  Total Years:	Salary Rate Per Hour Start: _____ End: _____  Other:
Name & Title Of Your Supervisor		Your Position

Description of Job Responsibilities: \_\_\_\_\_

No. Supervised: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**REFERENCES (DO NOT LIST RELATIVES)**

Name & Occupation	Address	Telephone Number

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I Hereby Certify That The Facts Sets Forth In The Above Employment Application Are True And Complete To The Best Of My Knowledge. I Understand That If Employed, Falsified Statements On This Application Shall be Considered Sufficient Cause For Dismissal. You Are Hereby Authorized To Make Any Investigation Of My Personal History.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**NORTHERN CHEYENNE HEAD START PROGRAM**  
**P.O. Box 128**  
**LAME DEER, MT. 59043**  
**406-477-6346 TELEPHONE 406-477-6906 FAX**

**Northern Cheyenne Head Start Code of Ethics**

All members of the Northern Cheyenne Head Start Program are expected to observe the following code of ethics:

**RESPECT**

All volunteers, students and staff must treat each other with respect, courtesy and appreciation at all times.

**LOYALTY**

As part of the Northern Cheyenne Head Start Program, loyalty is extremely important. Members should refrain from voicing any negative personal opinions of administrative policies or regulations to an outside source. All matters should be brought instead to the attention of the Director. If in doubt regarding any issue, seek advice from Director.

**CONFIDENTIALITY:**

All members of the N.C. Head Start Program must sign the following Confidentiality Statement and hold in strict confidence, all information acquired through service with N.C Head Start, making no reference, inside or outside the organization, to the student's identity, academic standing or personal affairs.

**CONFIDENTIALITY STATEMENT**

I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention through my association with the N.C. Head Start Program, including information and material from and about students and matters regarding employees and volunteers. As an employee I understand I am expected to observe N.C. Head Start Program Policy & Procedures and Code of Ethics.

I will respect the privacy of the people with whom I associate and confer appropriately with those designated as my supervisors and/or administrators. I will use in a responsible manner, any information gained in the course of my association with the Northern Cheyenne Head Start Program. I understand that I will be subjected to disciplinary action in the event of breach of Confidentiality.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date



NORTHERN CHEYENNE TRIBE  
 Human Resources Department  
 600 S. Cheyenne Avenue  
 P.O. Box 128  
 Lame Deer, Montana 59043  
 (406) 477-6284 Fax: (406) 477-8498



Confidentiality Agreement

By signing this agreement, I agree and understand that:

- 1) My immediate supervisor has discussed with me the Tribal and Federal requirements for keeping information confidential.
- 2) I understand confidentiality means that I cannot discuss any matter pertaining to my job and the department I am assigned, with my family members including, children, spouse, aunts, uncles, cousins or with any person(s) unless they are allowed access to such information.
- 3) I further understand that if I do not comply with all of the above, I am subject to termination of my job or other discipline as allowed by Tribal, Federal, or State Law.

Employee Name: (please print) \_\_\_\_\_

Job Title & Department: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Date

# HUMAN RESOURCES

NORTHERN CHEYENNE TRIBE

600 CHEYENNE AVENUE

P.O. BOX 128

LAME DEER, MONTANA 59043

TELEPHONE NUMBER: 406.477.6776 OR 406.477.8810

FAX NUMBER: 406.477.8498

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## A DRUG AND ALCOHOL FREE WORKPLACE

This form has been produced in accordance with the Amended Northern Cheyenne Personnel Policies and Procedures Manual, adopted by Resolution Number DOI-102 (2000) by the Northern Cheyenne Tribal Council on August 21, 2000, Section Seven (7), Title IV, Subsection E: Drug Testing, which states: All new hires shall be required to sign a release permitting urinalysis testing.

I, \_\_\_\_\_, hereby state that I have read and understand this section of the Personnel Policies and Procedures Manual. Further, I hereby state the following:

I consent to drug testing by giving a urine sample. Should the sample test positive, I understand this may be cause for non-hire by the Northern Cheyenne Tribe.

I refuse to be tested and understand this may be cause for non-hire by the Northern Cheyenne Tribe.

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Northern Cheyenne Tribal Employee

Date

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Witnessed By:

Date



-WOHEHIV-  
The Morning Star

# Northern Cheyenne Tribe

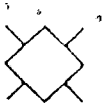
## Human Resources Department

600 Cheyenne Avenue

P.O. Box 128

Lame Deer, Montana 59043

(406) 477-6776 ~ Fax (406) 477-8498



-WOHEHIV-  
The Morning St

### Release of Information

I hereby authorized any enforcement agency any/or Bureau of Indian Affairs Agency to release any records they have to Human Resources Department, for the Northern Cheyenne Tribe. I hereby consent to and authorize a criminal record check and to confirm with any law enforcement agency the details of any police record, convictions, outstanding charges, investigations which may have been against me for any offense under Federal, State or Tribal Laws. I understand that the Northern Cheyenne Tribe will use any information obtained from this background check for gaining employment and/or official use requiring this background check.

I understand that the information may be release is disclosed to such third parties as necessary for official use and/or for gaining employment purposes.

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

Addresses of places lived in the last five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A photocopy of this information is valid as the original. If an adverse report is received, I will be given an opportunity to respond in twenty (20) days after the report is received.

Signature: \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Montana

\_\_\_\_\_  
Residence/County

(Seal)

\_\_\_\_\_  
My Commission Expires

LITTLE WOLF AND MORNING STAR - Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.



# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____		
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">}</td> <td> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	}	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
}	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>			
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____		
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____		
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____		
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____		

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 \$50,000 (\$20,000 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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2014</span>
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. <b>Note.</b> 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 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2014 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 *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2014 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 \$3,950 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 \$65,000 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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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 <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> (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 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		E-mail Address		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):

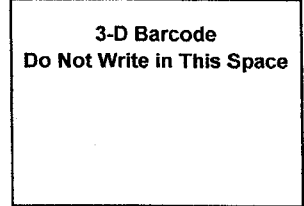
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**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.

Signature of Preparer or Translator:		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



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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