

**Mayor Transportation School Bus attendant Hiring Process:**

Enclosed in this packet is many forms that must all be filled out COMPLETELY and returned to the office at 53 Columbia St West Orange NJ 07052 prior to any consideration for employment. ALL DOCUMENTS MUST BE COMPLETELY FILLED OUT AND RETURNED BEFORE the human resources department will even consider you for employment.

- 1) All applicants must submit a valid criminal history letter that is sealed by the state of New Jersey. (Originals letters must be given to office. NO EXCEPTIONS). If you do not have an approval letter and have not been fingerprinted yet then please fill out the form attached in this packet (top of page says MorphoTrak) and follow the written instructions to schedule an appointment to get printed by either going onto [www.bioapplicant.com](http://www.bioapplicant.com) or by calling 1 (877) 503-5981. Please make sure to bring the form attached and a valid government ID to the finger printing site on your scheduled date. Please save the receipt given by the finger printing site and return it to the office with the completed form attached in this packet along with completing the form titled "Authorization for emergent hiring pending completion of criminal history check."
- 2) Please remember to pick up a copy of the company's drug and alcohol policy and make sure to return the form attached in this packet with the rest of your documentation stating that you have received the company drug and alcohol policy.
- 3) PLEASE MAKE SURE TO FILL OUT ALL DOCUMENTATION COMPLETELY AND ENTIRELY!!! ALSO PLEASE ATTACH A PHOTO COPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT ID ALONG WITH A COPY OF YOUR SOCIAL SECURITY CARD.

Aide  
**SCHOOL BUS APPLICATION (Attendants)**

Applicant Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address at which applicant has resided during the past three (3) years: \_\_\_\_\_

Current Driver's License / Government issued id?  
Number \_\_\_\_\_  
State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Class of License \_\_\_\_\_ Endorsements \_\_\_\_\_  
Restrictions \_\_\_\_\_

Do you have any physical impairments that could interfere with the duties of school bus Aide?  
(See Physical Form) \_\_\_\_\_

~~Have you operated a bus or truck that exceeds 15 passengers or 1/2 ton capacity?~~  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give types and sizes \_\_\_\_\_  
Have you ever been a school bus attendant?

Have you had any type of vehicle accident in the last three (3) years? Employers where you were a school bus aide?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give date and explain \_\_\_\_\_  
leave 6/9 SPIC

Have you ever been terminated or suspended from previous employment because of a positive drug or alcohol test? Yes \_\_\_\_\_ No \_\_\_\_\_  
any crime

Have you been convicted of \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and explain: \_\_\_\_\_

Have you currently or have you ever had any special restrictions set forth by any court?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and explain: \_\_\_\_\_

Has your license ever been revoked, suspended or denied since the time you obtained your original license?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and explain: \_\_\_\_\_

Have you held a license in another state during the last three (3) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

# ATTENDANTS

## TRANSPORTATION DEPARTMENT Vendor Attendant Data

|                |  |                      |  |
|----------------|--|----------------------|--|
| SS #:          |  | License Number:      |  |
| Last Name:     |  | Lic. Expiration:     |  |
| First Name:    |  | Finger Print Date:   |  |
| Company:       |  | Physical Date:       |  |
| Position:      |  | Mantoux Test:        |  |
| Current Route: |  | Background Check:    |  |
|                |  | Drug Test Date:      |  |
|                |  | Training Class Date: |  |

**VENDORS:** Give to your attendants and have them fill in all information.  
Attach applicable documentation for each item.

# JOB DESCRIPTION

## SCHOOL BUS ATTENDANT

**JOB GOAL:** To assist in the supervision of students on the school bus.

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### REQUIREMENTS:

1. Ability to read, write, and speak English sufficiently to perform the duties of this position.
  2. Some basic knowledge of the problems relating to the care of children.
  3. Some basic knowledge of the problems encountered and techniques used in dealing with the physically disabled and/or mentally handicapped persons.
  4. Ability to achieve and maintain empathy and rapport with children.
  5. Good health and freedom from disabling physical and mental defects which would impair the proper performance of the required duties or which might endanger the health and safety of oneself or others.
- .....

### PERFORMANCE RESPONSIBILITIES:

1. Must accompany the bus driver on morning pick-ups and afternoon delivery of students.
2. Must insure conduct and safety of the students during the time on the bus.
3. Must take attendance of students transported during the AM & PM. The attendant must sign the attendance sheet before it is given to the owner/vendor.
4. Must report any unusual circumstances or conditions occurring during the transport.
5. Must be dependable and punctual.
6. Must be able to understand and take direction.
7. Must be neat and well groomed.
8. Must walk student to or from door when bus is not able to get into street and pick up at door.
9. Maintain discipline on bus at all times.
10. Reports disciplinary problems to proper authority.
11. Must get off vehicle at EVERY pick-up or drop-off to assist child and cross him/her if necessary.
12. Receives and signs for School Bus Violations Form when applicable.
13. Attendant to take AM & PM head count on each vehicle daily. Count to be recorded on forms supplied by the Transportation Department and turned in at the end of each month. The purpose of this form is to eliminate stranded pupils at the school.
14. Must submit to a one time Criminal Background Check at own expense.
15. Must have a Mantoux (TB) Test every two years at own expense.

**THESE POLICIES MUST BE FOLLOWED AT ALL TIMES TO MAKE YOUR JOB COMPLETE. IF YOU RECEIVE ANY VIOLATION FOR NOT FOLLOWING THESE PROCEDURES YOU WILL PAY FOR THE VIOLATION AND COULD RISK LOSING YOUR JOB. IF YOU FULLY UNDERSTAND ALL OF THE ABOVE PLEASE SIGN BELOW.**

 \_\_\_\_\_  
DATE

 \_\_\_\_\_  
SIGN & PRINT NAME BELOW

**FORM A**

**AUTHORIZATION AND ATTESTATION OF APPLICANT  
FOR EMERGENT SCHOOL EMPLOYMENT**

*This form shall only be used for those applicants who are being hired on emergent basis who are not currently employed by any board of education or educational facility under the supervision of the Department of Education or by any contractor providing service to such or facility.*

I, \_\_\_\_\_ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense, child molestation; an offense involving the manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder; any crime of possessing weapons; a third degree crime as set forth in Chapter 20 or Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring, enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

I have read and understand this statement. I am also aware that if I sign this statement and my criminal history record discloses a disqualifying crime or offense I could be subject to prosecution.

I do hereby authorize the New Jersey State Department of Education, its agents and representative, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police, Bureau of Identification, for the purpose of obtaining criminal history record information as required by N.J.S.A.18A: 6-7.1 et seq., N.J.S.A. 18A: 39-17 et seq. or N.J.S.A. 18A: 6-4.13 et seq.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

( ) \_\_\_\_\_  
Applicant Telephone Number

Note: To District/Contractor – Please attach this declaration to a completed Applicant Authorization and Certification Form for each applicant submitted for emergent hiring. Notarize the applicant's signature on this form only. It is no longer necessary to notarized Applicant Authorization and Certification Form

**Formerly Sagem Morpho Inc**

|  |  |  |   |   |             |
|--|--|--|---|---|-------------|
| (1) Originating Agency Number (ORI #)<br><b>NJ930100Z</b>      |  | (2) Category<br><b>"EDK"</b>   |   | (3) Statute Number<br><b>N.J.S.A. 18A:6-7.2</b> |             |
| (4) Reason for Fingerprinting<br><b>School bus aide</b>        |  |  | (5) Document Type<br><b>"RBI"</b>   | (6) Payment Information<br><b>\$26</b>          |             |
| (7) Contributor's Case # (Unique Identifier)<br><b>136591</b>  |  |  | (8) Miscellaneous   |   |             |
| (9) First Name   |  | (10) MI  | (11) Last Name  |   |             |
| (12) Daytime Phone Number<br>( ) -                             |  | (13) Social Security Number  | (14) Date of Birth  | (15) Height                                     | (16) Weight |
| (17) Maiden Name (if married female)                           |  | (18) Place of Birth (U.S. State -for US Citizen; Country for all others) |   | (19) Country of Citizenship                     |             |
| (20) Home Address  |  |  |   |   |             |
| Address  |  | City   |   | State   | Zip         |
| (21) Gender (Select one)<br>Male ( )<br>Female ( )<br>Both ( ) | (22) Hair Color (Indicate most predominant color, one only)  | (23) Eye Color   | (24) Race (Select One)<br>A Asian/ Pacific Islander ( includes Asian Indian)<br>B Black                      W White ( Includes Hispanic/ Spanish Origin)<br>U Unknown                      I American Indian / Alaska Native |   |             |
| (25) Occupation<br><b>School bus aid</b>                       | (26) Employer (Name)<br><b>Mayor Transportation</b><br>Employer Address<br><b>53 Columbia St</b><br>City <b>West Orange</b> State <b>NJ</b> Zip <b>07052</b> |  |   |   |             |

**APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

|                       |                            |                       |     |
|-----------------------|----------------------------|-----------------------|-----|
| Applicant ID No.      | Scheduled Site/ Date/ Time | PYMT Authorization    | PCN |
| Agency Information #1 |                            | Agency Information #2 |     |



# New Jersey Motor Vehicle Commission

P.O. Box 127  
Trenton, New Jersey 08666-0160

STATE OF NEW JERSEY

Sharon A. Harrington  
Chief Administrator

## BUS APPLICATION UNIT INFORMATION FLYER AND DECLARATION

To obtain a Commercial Driver License (CDL) with a passenger endorsement, an applicant must be fingerprinted as part of the background records check. Even if a passenger endorsement is issued, the New Jersey Motor Vehicle Commission (MVC) reserves the right to deny the application upon review of your driver history record, criminal background report, or disqualifying medical/physical condition. Please refer to your CDL Manual for causes for disqualification or suspension of passenger endorsement privileges.

### FINGERPRINTING PROCESS

On May 1, 2002, New Jersey contracted with Sagem Morpho for its fingerprinting process. To schedule a fingerprint appointment, contact Sagem Morpho toll-free at 877-503-5981, Monday through Saturday between 9 am and 5 pm. Hearing impaired scheduling is available by calling 800-673-0353. Web based scheduling is available at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj).

Prior to being fingerprinted an applicant must provide current photo identification. Acceptable forms of photo identification include federal, state or municipal ID, driver license or passport. Applicants can pay the fee by credit card or money order. *Cash or checks will not be accepted.*

### FOLLOW THE PROCEDURE THAT APPLIES TO YOU

- 1. School bus operators under the jurisdiction of the Department of Education:** When an appointment is made, the employer should provide each individual requiring fingerprinting with a form containing specific identifying information that is required by Sagem Morpho. The Sagem Morpho operator will ask the applicant for specific employment information as well as personal information. Upon application for the passenger endorsement to the MVC Driver Testing Center, the applicant must submit a copy of the Department of Transportation physical examination form, the receipt from the fingerprint scan and this Declaration with all information completed.
- 2. All public transportation operators (buses and limousines):** Follow the fingerprinting process above. Upon application for the passenger endorsement to the MVC Driver Testing Center, submit a copy of the Department of Transportation physical examination form, the receipt from the fingerprint scan and this Declaration with all information completed.

### DECLARATION

I will \_\_\_\_\_ will not \_\_\_\_\_ (check one) be transporting school-age children under the jurisdiction of the Department of Education. (If you check "I will", you must follow **procedure #1**. If you check "I will not", you must follow **procedure #2**.)

I have read the above information and understand that should the MVC Bus Application Unit find that I have disqualifications as a result of the review of my physical examination form, driver history record and/or criminal background check, the passenger endorsement will be subject to suspension.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DL# \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER'S NAME (print) \_\_\_\_\_


EMPLOYER'S ADDRESS (print) \_\_\_\_\_

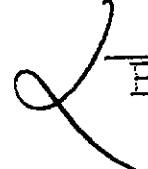
APPENDIX A

CONFIRMATION OF RECEIPT OF  
EMPLOYEE DRUG ABUSE POLICY

I acknowledge that I have received a copy of the Company's  
Drug Abuse Policy and Drug Testing Procedures.

I agree to abide by all provisions of this policy and  
procedures as a condition of my employment.

 \_\_\_\_\_  
Employee Name (Printed)

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

\_\_\_\_\_ Date  
For the Company



**AUTHORIZATION FOR EMERGENT HIRING  
PENDING COMPLETION OF CRIMINAL HISTORY CHECK**

SCHOOL DISTRICT/ CONTRACTOR:  
POSITION TITLE:  
CANDIDATE'S NAME:  
CANDIDATE'S SOCIAL SECURITY NUMBER:

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1. Describe the vacant position that needs to be filled.

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Position filled as applicants applied

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2. Describe why the need for the applicant's employment was unanticipated or the position could not be filled within sufficient time for the applicant to complete the record check process.

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3. Attach applicant's attestation that he/she has not been convicted of any disqualifying crime pursuant to the provisions of N.J.S.A. 18A:6-7.1 et seq., N.J.S.A. 18A:36-17 et seq., or N.J.S.A. 18A:6-4.13 et seq., as applicable. **NO REQUEST FOR EMERGENT HIRING WILL BE CONSIDERED WITHOUT THIS ATTESTATION.**

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Date

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Signature of District Superintendent or Contractor

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

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Signature of County Superintendent

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Date

**FOLLOWING COUNTY SUPERINTENDENT APPROVAL, THIS FORM SHOULD BE RETURNED BY THE DISTRICT SUPERINTENDENT OR CONTRACTOR WITH CRIMINAL HISTORY APPLICATION FORMS TO:**

Criminal History Review Unit  
New Jersey State Department of Education  
P.O. Box 500  
Trenton, New Jersey 08625-0500



# 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.

**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 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):

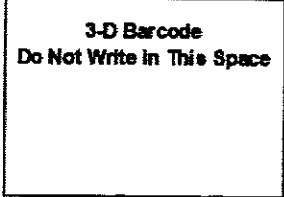
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

**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 |



**Section 2: Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representatives 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<br>Identify and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>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:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |
| Document Title:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |

**3-D Barcode  
Do Not Write in This Space**

**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): |
|---|--|----------------|---|

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): |
|-----------------|------------------|---------------------------------------|

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: |
|---|--------------------|--|

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

# Form W-4 (2013)

**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 2013 expires February 17, 2014. 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).

**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 2013. 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 yourself if no one else can claim you as a dependent.  | <b>A</b> | _____ |
| <b>B</b> | Enter "1" if: <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> | _____ |
| <b>C</b> | Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  | <b>C</b> | _____ |
| <b>D</b> | Enter number of dependents (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 head of household on your tax return (see conditions under Head of household above)  | <b>E</b> | _____ |
| <b>F</b> | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | <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. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• 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.</li> </ul> | <b>G</b> | _____ |
| <b>H</b> | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)  | <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 \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

|  |  |  |
|--|--|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <b>Employee's Withholding Allowance Certificate</b><br>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. | OMB No. 1545-0074<br><b>2013</b>   |
| 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.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code _____  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____   |  | 5 _____  |
| 6 Additional amount, if any, you want withheld from each paycheck _____  |  | 6 \$ _____   |
| 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.  |  |  |
| Employee's signature<br>(This form is not valid unless you sign it.)   |  | Date   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____  |  | 9 Office code (optional) _____   |
|  |  | 10 Employer identification number (EIN) _____  |

### Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-". 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2013 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 2013 Form W-4* worksheet in Pub. 505.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2013 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 \$3,900 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 2013. 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 2013. 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**

| 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 |
| \$0 - \$5,000                               | 0                     | \$0 - \$8,000                               | 0                     |
| 5,001 - 13,000                              | 1                     | 8,001 - 16,000                              | 1                     |
| 13,001 - 24,000                             | 2                     | 16,001 - 25,000                             | 2                     |
| 24,001 - 28,000                             | 3                     | 25,001 - 30,000                             | 3                     |
| 28,001 - 30,000                             | 4                     | 30,001 - 40,000                             | 4                     |
| 30,001 - 42,000                             | 5                     | 40,001 - 50,000                             | 5                     |
| 42,001 - 48,000                             | 6                     | 50,001 - 70,000                             | 6                     |
| 48,001 - 55,000                             | 7                     | 70,001 - 80,000                             | 7                     |
| 55,001 - 65,000                             | 8                     | 80,001 - 95,000                             | 8                     |
| 65,001 - 75,000                             | 9                     | 95,001 - 120,000                            | 9                     |
| 75,001 - 85,000                             | 10                    | 120,001 and over                            | 10                    |
| 85,001 - 97,000                             | 11                    |   |                       |
| 97,001 - 110,000                            | 12                    |   |                       |
| 110,001 - 120,000                           | 13                    |   |                       |
| 120,001 - 135,000                           | 14                    |   |                       |
| 135,001 and over                            | 15                    |   |                       |

**Table 2**

| Married Filing Jointly                       |                       | All Others                                   |                       |
|--|-----------------------|--|-----------------------|
| 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 - \$72,000                               | \$590                 | \$0 - \$37,000                               | \$500                 |
| 72,001 - 130,000                             | 980                   | 37,001 - 80,000                              | 880                   |
| 130,001 - 200,000                            | 1,090                 | 80,001 - 175,000                             | 1,090                 |
| 200,001 - 345,000                            | 1,290                 | 175,001 - 385,000                            | 1,290                 |
| 345,001 - 385,000                            | 1,370                 | 385,001 and over                             | 1,540                 |
| 385,001 and over                             | 1,540                 |  |                       |

**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 allowance; 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.