

## Mayor Transportation School Bus Driver 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 drivers 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 I'd 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) Must submit a copy of the medical examiner's certificate and a copy of all 5 pages attached in packet which they all must be completely filled out by applicant and their physician. It is extremely important to have all the documentation submitted to the office before being considered for employment! If you do not already have the medical examiner's certificate then please start to fill out the 5 pages provided in this packet and schedule an appointment with your physician to have a physical conducted. After the doctor completes the physical ask him to complete the paper work provided in the packet. Again please do not forget we need all 5 pages completely filled out!
- 3) There is also a three page document that is intended for completing the pre-employment drug screening. Please make sure you take the form and schedule an appointment at any quest diagnostics laboratory or even walk-in and ask present the form along with a valid government I'D and the representative will guide you how to complete the test. Also 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 that states you have received and read the company's drug and alcohol policy.
- 4) PLEASE MAKE SURE TO FILL OUT ALL DOCUMENTATION COMPLETELY AND ENTIRELY!!! ALSO PLEASE ATTACH A PHOTO COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.

NAME: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
SS#: \_\_\_\_\_  
LIC. #: \_\_\_\_\_ EXPIRE: \_\_\_\_\_

- ◇ APPLICATION
  - ◇ ABSTRACT
  - ◇ LICENSE
  - ◇ PHYSICAL
  - ◇ FINGERPRINT
  - ◇ APPROVAL LETTER
  - ◇ SOCIAL SECURITY
  - ◇ EMERGENT RELIEF LETTER
  - ◇ ROAD TEST
  - ◇ W4 FORM
  - ◇ DRUG TEST
  - ◇ JOB DESCRIPTION
  - ◇ FORM A
  - ◇ DECLARATION FORM
- ◇ S-ENDORSEMENT  
Expires: \_\_\_\_\_  
Date: \_\_\_\_\_
- Date: \_\_\_\_\_

# SCHOOL BUS DRIVER APPLICATION

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 \_\_\_\_\_

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 Driver?  
(See Physical Form) \_\_\_\_\_

Have you operated a bus or truck that exceeds 15 passengers or ¾ ton capacity?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give types and sizes \_\_\_\_\_

Have you had any type of vehicle accident in the last three (3) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give date and explain \_\_\_\_\_

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

Have you been convicted of a moving traffic violation in the last three (3) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and explain: \_\_\_\_\_

Has your driver's license been suspended or revoked during the last three (3) years?  
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 \_\_\_\_\_

PUBLIC SCHOOLS  
 TRANSPORTATION DEPARTMENT  
 Vendor Driver Data

**DRIVERS**

SS #:	<input type="text"/>	License Number:	<input type="text"/>
Last Name:	<input type="text"/>	Lic. Expiration:	<input type="text"/>
First Name:	<input type="text"/>	Finger Print Date:	<input type="text"/>
Company:	<input type="text"/>	Physical Date:	<input type="text"/>
Position:	<input type="text"/>	Mantoux Test:	<input type="text"/>
Current Route:	<input type="text"/>	Background Check:	<input type="text"/>
		Drug Test Date:	<input type="text"/>
		Training Class Date:	<input type="text"/>

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

**Formerly Sagem Morpho Inc**

(1) Originating Agency Number (ORI #) <b>NJ930100Z</b>		(2) Category <b>"EDK"</b>		(3) Statute Number <b>N.J.S.A. 18A:39-19.1</b>	
(4) Reason for Fingerprinting <b>School bus driver</b>			(5) Document Type <b>"RBI"</b>	(6) Payment Information <b>\$67.50</b>	
(7) Contributor's Case # (Unique Identifier) <b>136591</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number <b>( ) -</b>		(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) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander ( includes Asian Indian) B Black                      W White ( Includes Hispanic/ Spanish Origin) U Unknown                I American Indian / Alaska Native		
(25) Occupation <b>School bus driver</b>	(26) Employer (Name) <b>Mayor Transportation</b> Employer Address <b>53 Columbia St</b> 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	

ROAD TEST

DATE \_\_\_\_\_

TIME \_\_\_\_\_

NAME \_\_\_\_\_

AREA \_\_\_\_\_

SATISFACTORY

UNSATISFACTORY

RADIO

\_\_\_\_\_

\_\_\_\_\_

STOP

\_\_\_\_\_

\_\_\_\_\_

URNS:

LEFT

\_\_\_\_\_

\_\_\_\_\_

RIGHT

\_\_\_\_\_

\_\_\_\_\_

RAILROAD CROSSING

\_\_\_\_\_

\_\_\_\_\_

USE OF SIGNAL LIGHTS

\_\_\_\_\_

\_\_\_\_\_

SPEED LIMITS

\_\_\_\_\_

\_\_\_\_\_

PASSING LINES

\_\_\_\_\_

\_\_\_\_\_

STUDENT PICK-UP PRACTICE

\_\_\_\_\_

\_\_\_\_\_

MIRROR USE

\_\_\_\_\_

\_\_\_\_\_

TRIANGLES

\_\_\_\_\_

\_\_\_\_\_

DOCKING/PARKING

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TESTED BY \_\_\_\_\_

DISPATCHER \_\_\_\_\_

OFFICE APPROVAL: \_\_\_\_\_

## JOB DESCRIPTION

### SCHOOL BUS DRIVER

**JOB GOAL:** To provide safe and efficient transportation so those students may enjoy the fullest possible advantage from the district's curriculum and extracurricular program.

#### REQUIREMENTS:

1. Ability to read and write English.
2. Possession of a valid CDL License with proper endorsements.
3. Must submit to Criminal Background check every 4 years at own expense.
4. Must submit to Pre-employment and Random Drug & Alcohol Testing.
5. Must have a Physical every 2 years by licensed Physician. Drivers must be in good health and be free 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.
6. Must have considerable knowledge of the care, maintenance and competent safe and efficient operation of buses.
7. Ability to analyze problems involving the operation of buses, to understand, remember and carry out oral and written directions; to learn from explanations and demonstrations; to drive buses in a skilled and safe manner; to keep necessary records.

#### PERFORMANCE RESPONSIBILITIES:

1. Obeys all traffic laws.
2. Observes all mandatory safety regulations for school buses.
3. Keeps assigned bus clean.
4. Keeps to assigned schedule.
5. Pre-trip check of vehicle and completion of daily vehicle condition report form supplied by office. This form is mandatory and must be handed in by the end of the day. If this form is not handed in your paycheck will be held until it is completed.
6. Notifies the office in writing of any mechanical faults on any vehicle.
7. Discharges students only at authorized stops and makes sure someone is there to receive the student.
8. Transports only authorized students.
9. Reports all accidents no matter how minor and completes required reports.
10. Exercise leadership at all times.
11. Enforces regulations against smoking and eating on the bus.
12. Make sure the vehicle has a first aid kit, fire extinguisher, route signs, registration and insurance card.
13. Make sure the 2-way radio is on and the volume is turned up.
14. Post-trip inspection after AM & PM route, including a walk through of the inside of the bus to ensure no students remain on the vehicle.

**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. DAMAGES TO THE VEHICLES CAUSED BY DRIVER NEGLIGENCE WILL RESULT IN THE DRIVER PAYING FOR THE DAMAGE.**

DATE

SIGN & PRINT NAME BELOW

## DRIVER'S RECEIPT

I acknowledge receipt of the School Bus Driver's Safety Handbook, which covers the following safety topics:

Passenger Safety

Special Needs Passengers

Driving Techniques

Defensive Driving and Emergency Maneuvers

Speed and Space Management

Seeing Hazards

Breakdowns and Accidents

Extreme Weather

Compliance

Personal Health Issues

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Supervisor's Signature

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's training file.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER





# New Jersey Motor Vehicle Commission

Bus Application Unit

STATE OF NEW JERSEY

## <<< ATTENTION PHYSICIANS AND BUS DRIVERS >>>

The Motor Vehicle Commission requires that a complete, legible Medical Examination Report be submitted every two years for commercial drivers maintaining a passenger endorsement.

To avoid processing delays of your passenger endorsement application or suspension of your passenger endorsement, *all fields on the Medical Examination Report must be fully completed.*

Incomplete Medical Examination Reports may be rejected and could result in the suspension of your passenger endorsement.

### CHECKLIST

- SECTIONS 1-7 COMPLETE
- DRIVER'S SIGNATURE
- MEDICAL EXAMINER SIGNATURE, ADDRESS & PHONE NO.
- DATE OF PHYSICAL

### MAIL TO:

NJ Motor Vehicle Commission  
Driver Review Bus Application Unit  
PO Box 127  
Trenton, NJ 08666

For further assistance, contact the MVC Bus Application Unit by phone at (609) 292-7500 ext. 5039.

**FORM A**

**AUTHORIZATION AND ATTESTATION OR 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



# 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) \_\_\_\_\_



**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

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:8-7.1 et seq., N.J.S.A. 18A:39-17 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

---

Signature of District Superintendent or Contractor

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

---

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. Employer Information and Attestation** (Employee 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):

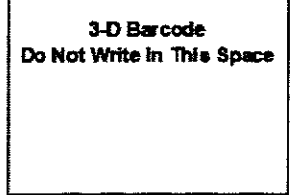
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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



**Section 2. Employee or Authorized Representative Review and Verification**

*(Employer 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 each document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" under each 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:				
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):
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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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## 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	LIST B Documents that Establish Identity	LIST C Documents that Establish 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.



# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6046)

1. DRIVER'S INFORMATION		Driver completes this section	
Driver's Name (Last, First, Middle)		Social Security No.	
Address		City, State, Zip Code	Birthdate
		Work Tel: ( )	M/D/Y
		Home Tel: ( )	Age
		Driver License No.	Sex <input type="checkbox"/> M <input type="checkbox"/> F
		License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>
			Date of Exam
			State of Issue
2. HEALTH HISTORY			
Driver completes this section, but medical examiner is encouraged to discuss with driver.			
Yes No <input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years? <input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses <input type="checkbox"/> <input type="checkbox"/> Back, spine, or medication		Yes No <input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> <input type="checkbox"/> Liver disease <input type="checkbox"/> <input type="checkbox"/> Digestive problems <input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> <input type="checkbox"/> insulin	
<input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> <input type="checkbox"/> medication		Yes No <input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness	
<input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement, bypass, angioplasty, pacemaker) <input type="checkbox"/> <input type="checkbox"/> High blood pressure <input type="checkbox"/> <input type="checkbox"/> Muscular disease <input type="checkbox"/> <input type="checkbox"/> Shortness of breath <input type="checkbox"/> <input type="checkbox"/> medication		Yes No <input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness <input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing with sleep, daytime sleepiness, loud snoring <input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis <input type="checkbox"/> <input type="checkbox"/> Weakness or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use	
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.			

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

# TESTING (Medical Examiner completes Section 3 through 7) Name: Last

First, Middle,

3. **VISION**

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. *Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye o
Left Eye	20/	20/	Left Eye o
Both Eyes	20/	20/	

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination \_\_\_\_\_ Name of Ophthalmologist or Optometrist (print) \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 License No./ State of Issue \_\_\_\_\_ Signature \_\_\_\_\_

4. **HEARING**

Standard: a) Must first perceive forced whispered voice  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  dB. Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

	Right ear \ Feet	Left Ear \ Feet
6. <b>BLOOD PRESSURE/PULSE RATE</b>		

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

b) If audiometer is used, record hearing loss in decibels (acc. to ANSI Z24.5-1981)	Right Ear				Left Ear			
	500 Hz	1000 Hz	2000 Hz	Average	500 Hz	1000 Hz	2000 Hz	Average

Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Pressure \_\_\_\_\_

Driver qualified if  $\leq 140/80$ .

Pulse Rate:  Regular  Irregular

Record Pulse Rate: \_\_\_\_\_

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/80$ .
160-179/100-109	Stage 2	One-time certificate for 3 months.	One-time certificate for 3 months if 141-159/81-99.
$\geq 180/110$ .	Stage 3	6 months from date of exam if $\leq 140/90$	1 year from date of exam if $\leq 140/90$

6. **LABORATORY/ALCOHOL TEST RESULTS**

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

7. PERSONAL EXAMINATION Height: \_\_\_\_\_ (in.) Weight: \_\_\_\_\_ (lbs.)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM		CHECK FOR:	YES*	NO
1. General Appearance		Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
2. Eyes		Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extracocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, epiphora, glaucoma, macular degeneration and refer to a specialist if appropriate.		
3. Ears		Soaring of tympanic membrane, occlusion of external canal, perforated eardrums.		
4. Mouth and Throat		Irreducible deformities likely to interfere with breathing or swallowing.		
5. Heart		Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		
6. Lungs and chest, not including breast examination		Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		
7. Abdomen and Viscera		Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
8. Vascular System		Abnormal pulses and amplitude, carotid or arterial bruits, varicose veins.		
9. Genito-Urinary System		Hernias.		
10. Extremities-Limb		Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clucking, edema, hypotonia. Inadequate grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
11. Spine, other musculoskeletal		Previous surgery, deformities, limitation of motion, tenderness.		
12. Neurological		Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or postural abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

\*COMMENTS:

Notes certification status here. See *Instructions to the Medical Examiner* for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to \_\_\_\_\_
- Driver qualified only for:  3 months  6 months  1 year  Other \_\_\_\_\_

Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a \_\_\_\_\_ valuer/ exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt Intra-city zone (See 49 CFR 391.82)
- Qualified by operation of 49 CFR 391.84

Medical Examiner's name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(f). (Driver must carry certificate when operating a commercial vehicle.)

### MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Vehicle Safety Regulations (49 CFR 561.41-561.48) and with knowledge of the driving duties. I find this person to be qualified, and, if applicable, only when:

- wearing corrective lenses
- driving within an exempt heavily zone (49 CFR 561.62)
- wearing hearing aid
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a \_\_\_\_\_ worker exception
- qualified by operation of 49 CFR 561.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

MEDICAL EXAMINER'S NAME (PRINT)

TELEPHONE

DATE

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE

- MD
- DO
- Chiropractor
- Physician Assistant
- Advanced Practice Nurse

SIGNATURE OF DRIVER

ADDRESS OF DRIVER

DRIVER'S LICENSE NO.

STATE

MEDICAL CERTIFICATE EXPIRATION DATE

# 49 CFR 391.41 Physical Qualifications for Drivers

## THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 8-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers) and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; light pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailers from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

## §391.46 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person:

- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Welfare Program) pursuant to §391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or irritation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
- (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- (5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a commercial motor vehicle safely.
- (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.

(11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12) (i) Does not use a controlled substance identified in 21 CFR 1306.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history and assigned duties; and (B) has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and (13) Has no current clinical diagnosis of alcoholism.

# 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 <b>Head of household</b> 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.

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;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2013</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
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 (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.

<b>1</b>	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.	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet.	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	<b>8</b>	\$ _____
<b>9</b>	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	<b>9</b>	\$ _____

**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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
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						

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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.