



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

Please note that we are required by Texas law to perform a Criminal Conviction History Check on all Unlicensed personnel and are prohibited from permanently employing any personnel whose check reveals certain past criminal convictions.

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REFERRAL SOURCE

FRIEND (NAME): _____ RELATIVE (NAME): _____

NEWSPAPER: _____ WALK-IN: _____

EMPLOYMENT AGENCY: _____

OTHER EMPLOYMENT AGENCY: _____

EDUCATION

HIGH SCHOOL NAME: _____

SCHOOL ADDRESS: _____

YEARS COMPLETED ☐ 1 ☐ 2 ☐ 3 ☐ 4

GRADUATE ☐ YES ☐ NO

COLLEGE NAME: _____

COLLEGE ADDRESS: _____

YEARS COMPLETED ☐ 1 ☐ 2 ☐ 3 ☐ 4

GRADUATE ☐ YES ☐ NO

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

DATES OF SERVICE: _____ TO: _____

EMPLOYMENT DESIRED & AVAILABILITY

POSITION DESIRED: _____ SALARY DESIRED: _____

DATE AVAILABLE: _____

ARE YOU WILLING AND ABLE TO WORK DURING WEEKENDS?

☐ YES ☐ NO

ARE YOU WILLING AND ABLE TO WORK DURING HOLIDAYS?

☐ YES ☐ NO

DO YOU HAVE RESPONSIBILITIES THAT WOULD LIMIT YOUR AVAILABILITY TO WORK?

☐ YES ☐ NO

PLEASE EXPLAIN: _____

DO YOU HAVE RELIABLE TRANSPORTATION?

☐ YES ☐ NO

DRIVERS LICENSE NUMBER: _____ STATE: _____

AUTO INSURANCE? ☐ YES ☐ NO

EMPLOYMENT RECORD

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

WE ROUTINELY CONTACT AN APPLICANT'S CURRENT EMPLOYER FOR REFERENCE CHECKS. WOULD WE ROUTINELY CONTACT AN APPLICANT'S CURRENT EMPLOYER FOR REFERENCE CHECKS. WOULD THIS POSE ANY PARTICULAR DIFFICULTY FOR YOU? ☐ YES ☐ NO

CURRENT OR LAST EMPLOYER: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE REQUEST

CHECK METHOD OF GATHERING REFERENCED DATA ☐ VERBAL ☐ MAIL

NAME OF PERSON GIVING THE REFERENCE: _____

FACILITY: _____

The individual named below is applying for a position as _____
and has given you as a reference. As we place great importance on the thorough screening of
all our applicants, we would appreciate prompt and thoughtful responses.

Thank you in advance: _____

JOB DESCRIPTION: PERSONAL ATTENDANT

Title of Immediate Supervisor: Administrator

POSITION SUMMARY:

Primary function is to provide personal assistance services to the client in their place of residence; to assist in providing a safe and clean environment; work cooperatively with client and family and share observations and problems with the supervisor.

REQUIREMENTS

1. If under 18 years of age, must either be a high school graduate or be enrolled in a vocational education program. High school or GED preferred if over 18 years of age.
2. Must have current drivers license or reliable transportation to travel to assignments.
3. If at least 18 years of age, must provide proof of education and/or experience to perform tasks as assigned. If under age 18. must successfully demonstrate competency to perform tasks assigned.
4. Must be able to read and write in English and follow written and verbal instructions in English effectively.
5. Competent to perform tasks assigned by the supervisor.
6. Must agree to and pass a criminal history check and Employee Misconduct Registry check.
7. Provide skills necessary to perform services according to agency policy.
8. Contribute to the management and efficient operation of the Agency and demonstrate effective time management skills.
9. Demonstrate commitment, professional growth and competency by attending required inservices.
10. Promote the Agency philosophy and administrative policies to ensure quality of care.

JOB CONDITIONS

Work in patients' homes in various conditions, possible exposure to blood and body fluids and infectious diseases, ability to work flexibly, ability to travel locally, some exposure to unpleasant weather. Prolonged standing and walking required. Ability to lift up to 50 pounds. Requires working under some stressful conditions to meet deadlines, to identify client needs; to make quick decisions and meet patient/family psycho social needs. Requires hand-eye coordination and manual dexterity.

STATEMENT OF UNDERSTANDING

I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employee's right to discipline or terminate my employment at any time for failure to perform satisfactorily. I have not been employed as Administrator with an agency that was cited with violations that resulted in enforcement actions, or convicted of a felony or misdemeanor as listed in 97.601(b)(2).

EMPLOYEE SIGNATURE: _____ **DATE:** _____

STATEMENT OF EMPLOYABILITY

☐ By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC 93.3 and TxH&SC Chapter 253; or if listed as unemployable in the Office of the Inspector General's Listed of Excluded Individuals and Entities (LEIE) pursuant to sections 1128 and 1156 of the Social Security Act.

CRIMINAL HISTORY CHECK

I have informed this agency of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact or have access to patient records until results are returned. I will be notified of the results.

CONVICTIONS BARRING EMPLOYMENT

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

An offense under Chapter 19, Penal Code (criminal homicide);
 An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
 An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
 An offense under Section 21.08, Penal Code (indecent exposure);
 An offense under Section 21.11, Penal Code (indecent with a child);
 An offense under Section 20.12, Penal Code (improper relationship between educator and student);
 An offense under Section 21.15, Penal Code (improper photography or visual recording);
 An offense under Section 22.011, Penal Code (sexual assault);
 An offense under Section 22.02, Penal Code (aggravated assault);
 An offense under Section 22.021, Penal Code (aggravated sexual assault);
 An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);
 An offense under Section 22.041, Penal Code (abandoning or endangering a child);
 An offense under Section 22.05, Penal Code (deadly conduct);
 An offense under Section 22.07, Penal Code (terroristic threat);
 An offense under Section 22.08, Penal Code (aiding suicide);
 An offense under Section 25.031, Penal Code (agreement to abduct from custody);
 An offense under Section 25.08, Penal Code (sale or purchase of a child);
 An offense under Section 28.02, Penal Code (arson);
 An offense under Section 29.02, Penal Code (robbery);
 An offense under Section 29.03, Penal Code (aggravated robbery);
 An offense under Section 29.03, Penal Code (aggravated robbery);
 An offense under Section 32.53, Penal Code (exploitation of a child, elderly individual, or disabled individual);
 An offense under Section 33.021, Penal Code (online solicitation of a minor);
 An offense under Section 34.02, Penal Code (money laundering);
 An offense under Section 35A.02, Penal Code (Medicaid fraud);

An offense under Section 36.06, Penal Code (obstruction or retaliation);
An offense under Section 42.09, Penal Code (cruelty to non livestock animals);
An offense under Section 42.092, Penal Code (cruelty to non livestock animals); or A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.
An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.

(B) A person may also be barred from employment the duties of which involve direct contact with a client in a facility if convicted of any of the following crimes within the past 5 years:

An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony);
An offense under Section 30.02, Penal Code (burglary);
An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony);
An offense under Section 37.12, Penal Code (false identification as a peace officer); or
An offense under Section 42.01 (a) (7), (8), or (9) Penal Code (disorderly conduct);

(C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

Of an offense under section 30.02, Penal Code (burglary); or
Under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code

(D) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

☐ I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment, I understand that all information obtained by this agency regarding any criminal history will remain confidential.

☐ I certify that the information on this form contains no willful misinterpretation and that the information given is true and complete to the best of my knowledge.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

EMPLOYEE ACKNOWLEDGEMENT STATEMENT

CONFIDENTIALITY

Envision Home Health Care maintains confidentiality of operations, activities, and business affairs of Envision Home Health Care and the clients according to 1996. Health Information Portability and Accountability Act (HIPAA). Due to the nature of the work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members. The health care professional safeguards the client's right to privacy by judiciously protecting the information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only on the Web; those persons who, due to their position, have a need-to-know, Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, he/she should consult with his/her supervisor.

DRUG TEST POLICY

Envision Home Health Care conducts "random/for cause" drug testing on its employees. Envision Home Health Care maintains a drug-free workplace policy with regard to the possession, use, distribution, and sale of drugs and alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession, or use of a controlled substance or any alcoholic beverage while in the workplace or on Company-paid time. Violation of this policy can result in disciplinary action up to and including termination of employment. I acknowledge I have received a copy of Envision Home Health Care policy on drug testing.

HARASSMENT POLICY

Envision Home Health Care is committed to providing a work environment, that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment, improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially, and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager of Human Resources.

NON SOLICITATION/ILLEGAL REMUNERATION

Envision Home Health Care does not reimburse or provide incentives to employees, physicians, durable equipment providers, family, or another health professional for patient referrals for home health services. Employees found in violation of this policy will be subject to discipline up to termination of employment.

NON-DISCRIMINATION

Envision Home Health Care does not discriminate against clients or employees based on race, color, religion, age, sex, national origin, marital, or disability.

ABUSE, NEGLECT, AND EXPLOITATION

Envision Home Health Care employees will report suspected abuse, neglect, and/or exploitation to the state departments of both the Texas Department of Family and Protective Services, the Department of Aging and Disability Services, and Envision Home Health Care management. Envision Home Health Care employees suspected of abuse, neglect, or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

WORKERS' COMPENSATION

Envision Home Health Care is a non-subscriber to workers' compensation insurance. An employee who incurs an injury on the job that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room. Emergency medical treatment (non-life threatening) or non-emergency treatment should be referred to a Envision Home Health Care designated clinic. Notify Envision Home Health Care of an injury within 24 hours to complete paperwork. Medical expenses for injuries are covered with the exception of the following: employee's willful intent to hurt self or others, intoxication or drug use, horseplay, acts of God, and/or acts of a third party.

DISCIPLINARY ACTION POLICY

Envision Home Health Care utilizes a progressive discipline process in cases of misconduct or unacceptable performance. This includes the verbal warning, written warning, and final warning. Disciplinary action may begin at an advanced stage of the process and may result in immediate termination based upon the nature and severity of the offense, the employee's record, and other circumstances.

AGENCY POLICIES

I acknowledge that I have read, understand, and will comply with all applicable agency policies and guidelines. I understand that copies of the policy and procedure manuals are available and that it is my responsibility to read, understand and confirm all applicable agency Policies including personnel policies. It is also my responsibility to comply with periodic changes and revisions.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

UNIVERSAL PRECAUTIONS

Because the infectious status may not be known for every client it is important to prevent exposure to the blood and body fluids of all patients. This approach will prevent any potential HIV/HBV exposures.

All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.

Gloves must be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients and for performing items or surfaces spilled with blood or body fluids. Gloves must also be worn for performing venipuncture and dialysis vascular access procedures and should be changed after contact with each patient. Hands must be washed immediately upon removal or damage of gloves.

Masks, face shields and protective eyewear should be worn during procedures that are likely to generate droplets of mucous membranes of the mouth, nose, and eyes. Long sleeve fluid repellent disposable gowns and/or aprons should be worn and removed immediately if contaminated with blood or other body fluids.

All sharp items should be considered potentially infectious and handled with extraordinary care. Used needles are not to be recapped, broken, or purposely bent. All needles and sharps shall be placed in puncture-resistant containers.

OSHA RISK EXPOSURE

☐ CATEGORY I: Tasks that involve exposure to blood, body fluids, or tissue.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissue or a potential for spills or splashes of them, are Category 1 Tasks. Use of appropriate protective measures is required.

☐ CATEGORY II: Tasks that involve no exposure to blood, body fluids, or tissue, but -employment may require performing unplanned Category I Tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues but exposure or potential exposure may be required as a condition of employment. Appropriate measures should be readily available to every employee engaged in Category II Tasks.

EMPLOYEE ACKNOWLEDGEMENT STATEMENT

I have read the above and have been instructed in the techniques of universal precautions and the Envision Home Health Care, exposure control plan for blood-borne pathogens. If I choose to disregard the above standards, I realize I am doing so against Envision Home Health Care policy and OSHA standards.

I understand the potential dangers of recapping needles and of the failure to take adequate precautions to prevent or decrease the risk of exposure to blood and body fluids.

EMPLOYEE ACKNOWLEDGEMENT STATEMENT (CONTINUED)

I also understand infractions of this policy will result in disciplinary action against me ranging from verbal counseling to termination.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

ATTENDANT ORIENTATION

I. Overview of Attendant » Introduction » Qualities of a Attendant » Goals » General Guidelines » Professional Conduct » Communication » Confidential » Client Rights » Supervisor of Attendant II. Documentation/ Forms » Documentation » Charting » Forms » Attendant Care Plan » Attendant Progress Note III. Miscellaneous » Paperwork deadlines » Inservice » Inclement Weather » Supplies » Scheduling » Time Management	IV. Safety » Personal/ Driving/ Equipment/ Oxygen/ Bathroom » Body Mechanics » Life Threatening Emergency V. Exposure Control Plan » OSHA Category » Work Practice Controls » Hepatitis B » TB Precautions » Needle Stick Injury VI. Nutrition » Overview » Food Group VII. Psycho Social Needs » Mental Health » Dementia/ Alzheimers » Culture Diversities VIII. Death and Dying » Overview » Death and Dying Fact Sheet » Do Not Resuscitate
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ATTENDANT: _____ **DATE:** _____

SUPERVISOR: _____ **DATE:** _____

SALARY ACCEPTANCE FORM

I have accepted the position of **Personal attendant/Caregiver** at Envision Home Health Care. I have been provided with a copy of the job description for the above position.

In accordance with my position, my rate of pay will be:

ACCOUNT SALARY: _____ SEMI-MONTHLY GROSS WAGES: _____

PER VISIT: _____ PER HOUR: _____

☐ I have accepted the above stated position with **Envision Home Health Care**. I agree with and accept the salary as stated above.

PRINTED NAME: _____ **DATE:** _____

WITNESS NAME: _____ **DATE:** _____

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, _____, acknowledge that a Computerized Criminal History (CCH) check will performed by accessing the Texas Department of Public Safety Security Website and will be based on _____ identifiers supply.(This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the _____ search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txpds.state.tx.us/Crime Records/Review of Personal Criminal History](http://www.txpds.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints request a copy be sent to the agency listed below and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS audits)

SIGNATURE: _____ **DATE:** _____

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately		
☐ Married filing jointly or Qualifying surviving spouse		
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}		2	\$ _____
	• \$20,800 if you're head of household				
	• \$13,850 if you're single or married filing separately				
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



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

USCIS
Form I-9

OMB No. 1615-0047
 Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States	
☐ 2. A noncitizen national of the United States <i>(See instructions)</i>	
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page



Authorization for Direct Deposit - Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

SMALL BUSINESS SERVICES WISELY PAY BY ADP™ CARD ENROLLMENT FORM

Wisely Pay by ADP Enrollment Process:

1. Complete and sign the enrollment form, then scan the form and email to paycard.ops@adp.com, fax to **1.888.730.5667**, or mail to ADP:
Attention: Wisely Pay by ADP SBS Enrollment Request
400 Covina Blvd. Mail Stop 214
San Dimas, CA 91773
2. You will receive your card and welcome packet within 5-7 business days.
3. Activate your card via the web at ActivateWisely.com or call Cardholder Services at **1.866.313.6901**.

(THIS FORM IS TO BE USED BY ADP SMALL BUSINESS SERVICES TEAM FOR MANUAL ENROLLMENTS ONLY)

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name		Middle Initial	Last Name
Date of Birth (mm/dd/yyyy) ____ / ____ / ____		Social Security Number (or Tax I.D.) ____ - ____ - ____	
Legal Address (No PO Box)			Apt # (if applicable)
City		State	Zip Code
Phone (____) _____			Email Address
Mailing Address (optional)			Apt # (if applicable)
City		State	Zip Code
Company Name/ Address/ Branch or Company Code (Required)			

IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW WISELY BY ADP PREPAID CARD ACCOUNT - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP and the issuing bank require your name, address, date of birth, Social Security Number, tax identification number and other information that will allow ADP and the issuing bank to identify you. ADP or the issuing bank may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

CONSENT TO DEPOSIT WAGES

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the Wisely Pay card account (the "Account"). Under penalties of perjury, I certify that the information provided above is accurate and truthful. I authorize ADP to obtain information necessary to verify my identity and the information provided in this application, including verification of employment. If my application is accepted, I understand that the account and use of the card are subject to all of the terms and conditions described in the Cardholder Agreement. I understand, acknowledge and agree that the account is designed for the direct deposit of payroll funds. No interest will be earned on funds in my Wisely Pay by ADP card account.

If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination, and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

I certify that the information provided above is accurate and truthful.

Employee Signature

Date