



**Andre Sayegh**  
Mayor

**Emergency Contact Information**

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

Your Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your Telephone #: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Social Sec#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Primary Emergency Contact**

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

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

**Secondary Emergency Contact**

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

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

# Form W-4 (2019)

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

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

## General Instructions

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

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

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

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

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

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

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

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

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

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2019**

▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . .				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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

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

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

### Deductions, Adjustments, and Additional Income Worksheet

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

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

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

### Two-Earners/Multiple Jobs Worksheet

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

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

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

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

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

### Instructions for Employer

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

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

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

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

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

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

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

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

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

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

## Deductions, Adjustments, and Additional Income Worksheet

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

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

## Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in Table 2 below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$7,000	0
5,001 - 9,500	1	7,001 - 13,000	1
9,501 - 19,500	2	13,001 - 27,500	2
19,501 - 35,000	3	27,501 - 32,000	3
35,001 - 40,000	4	32,001 - 40,000	4
40,001 - 46,000	5	40,001 - 60,000	5
46,001 - 55,000	6	60,001 - 75,000	6
55,001 - 60,000	7	75,001 - 85,000	7
60,001 - 70,000	8	85,001 - 95,000	8
70,001 - 75,000	9	95,001 - 100,000	9
75,001 - 85,000	10	100,001 - 110,000	10
85,001 - 95,000	11	110,001 - 115,000	11
95,001 - 125,000	12	115,001 - 125,000	12
125,001 - 155,000	13	125,001 - 135,000	13
155,001 - 165,000	14	135,001 - 145,000	14
165,001 - 175,000	15	145,001 - 160,000	15
175,001 - 180,000	16	160,001 - 180,000	16
180,001 - 195,000	17	180,001 and over	17
195,001 - 205,000	18		
205,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
24,901 - 84,450	500	7,201 - 36,975	500
84,451 - 173,900	910	36,976 - 81,700	910
173,901 - 326,950	1,000	81,701 - 158,225	1,000
326,951 - 413,700	1,330	158,226 - 201,600	1,330
413,701 - 617,850	1,450	201,601 - 507,800	1,450
617,851 and over	1,540	507,801 and over	1,540

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

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



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

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

▶ **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 (See instructions)
- ☐ 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. (See instructions)

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.

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





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

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

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

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

  

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div> <div>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</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div>

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

Refer to the instructions for more information about acceptable receipts.

State of New Jersey - Division of Taxation  
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box)	
Name			1. <input type="checkbox"/> Single	
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint	
City			3. <input type="checkbox"/> Married/Civil Union Partner Separate	
State			4. <input type="checkbox"/> Head of Household	
Zip			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here .....				
4. Total number of allowances you are claiming (see instructions) .....				
5. Additional amount you want deducted from each pay .....				
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...				
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

## BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.

- Your filing status is MARRIED/CIVIL UNION COUPLE JOINT, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.

- Your filing status is HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

## Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. Single individuals or married/civil union partners filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

## HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

		WAGE CHART									
Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R  W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

## RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

### RATE 'A'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000		\$ 0
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.28 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442		\$ 56.34 + 7.0%	\$ 1,442	\$ 75,000		\$ 2,930.00 + 7.0%	\$ 75,000
\$ 9,615		\$ 628.45 + 9.9%	\$ 9,615	\$ 500,000		\$ 32,680.00 + 9.9%	\$ 500,000

### RATE 'B'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000		\$ 0
\$ 384	\$ 961	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 961	\$ 1,346	\$ 17.30 + 2.7%	\$ 961	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.70 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000
\$ 1,538	2,884	\$ 35.18 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000
\$ 2,884		\$ 117.29 + 7.0%	\$ 2,884	\$ 150,000		\$ 6,100.00 + 7.0%	\$ 150,000
\$ 9,615		\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,600.00 + 9.9%	\$ 500,000

### RATE 'C'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000		\$ 0
\$ 384	\$ 769	\$ 5.76 + 2.3%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000
\$ 769	\$ 961	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000
\$ 961	\$ 1,153	\$ 19.99 + 3.5%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,040.00 + 3.5%	\$ 50,000
\$ 1,153	\$ 2,884	\$ 26.71 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000
\$ 2,884		\$ 123.65 + 6.6%	\$ 2,884	\$ 150,000		\$ 6,430.00 + 6.6%	\$ 150,000
\$ 9,615		\$ 567.90 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,530.00 + 9.9%	\$ 500,000

### RATE 'D'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000		\$ 0
\$ 384	\$ 769	\$ 5.76 + 2.7%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000
\$ 769	\$ 961	\$ 16.16 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000
\$ 961	\$ 1,153	\$ 22.68 + 4.3%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000
\$ 1,153	\$ 2,884	\$ 30.94 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000
\$ 2,884		\$ 127.88 + 6.5%	\$ 2,884	\$ 150,000		\$ 6,650.00 + 6.5%	\$ 150,000
\$ 9,615		\$ 565.40 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,400.00 + 9.9%	\$ 500,000

### RATE 'E'

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over		Of Excess Over	Over	But Not Over		Of Excess Over
\$ 0	\$ 384		\$ 0	\$ 0	\$ 20,000		\$ 0
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000
\$ 1,923		\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000		\$ 4,370.00 + 6.5%	\$ 100,000
\$ 9,615		\$ 584.20 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,370.00 + 9.9%	\$ 500,000

# CITY OF PATERSON

Fillable Form

## AN EQUAL OPPORTUNITY EMPLOYER

Andre Sayegh  
Mayor



CITY OF PATERSON  
DIVISION OF PERSONNEL  
125 ELLISON ST  
PATERSON, NEW JERSEY 07505  
(973) 321-1323  
www.patersonnj.gov/personnel

v05.18.18

## EMPLOYMENT APPLICATION

### 1) Position Applied For:

☐ Full Time ☐ Part Time ☐ Seasonal

### 2) Name:

LAST FIRST MI

Social Security Number

Address

City State Zip Code

Telephone Day Evening

E-mail address:

Have you ever been known by any other name?

If yes, please state name(s)

3) Are you over the age of 18? ☐ YES ☐ NO

If not, list date of birth:

4) Are you a citizen of the United States ☐ YES ☐ NO

Are you an alien authorized to work in the United States? ☐ YES ☐ NO

*Note: If you are selected for employment, federal law requires that you submit documentary proof of citizenship or status as an alien authorized to work in the United States.*

5) As of the date of this application, have you been a legal resident of Paterson for at least one year? ☐ YES ☐ NO

6) Have you ever worked for the City of Paterson before? ☐ YES ☐ NO

If yes, where, when, and what capacity?

7) How did you learn of this job opening?

8) a) Can you perform essential functions of the position for which you applying without accommodation? ☐ YES ☐ NO

b) If you require accommodation to perform the essential functions of the position for which applying, briefly explain the accommodation on a separate sheet of paper.

9) Are you related (by blood, marriage or living with) to any person(s) currently working for the City of Paterson? ☐ YES ☐ NO

If yes, list name(s) and work location(s) and relationship:

### 10) If relevant to the position for which you are applying:

Do you currently have a valid motor vehicle license? ☐ YES ☐ NO

Class: State:

Expiration Date:

Motorist Identification Number:

Has your driver's license ever been suspended or revoked in this or any other state? ☐ YES ☐ NO

If yes, please explain.

### 11) Have you ever served in the Armed Forces of the United States?

☐ YES ☐ NO

If yes, please list branch of service, date of service and rank at discharge:

Did you receive a dishonorable or bad conduct discharge?

☐ YES ☐ NO

\*If you served in the Armed Forces during a time of conflict and desire veteran's preference, attach a copy of DD-214 (discharge papers).

12) EDUCATION:

CHECK HIGHEST GRADE COMPLETED IN SCHOOL:

GRADE SCHOOL  
1 2 3 4 5 6 7 8  
□ □ □ □ □ □ □ □

HIGH SCHOOL  
9 10 11 12  
□ □ □ □

COLLEGE  
1 2 3 4  
□ □ □ □

GRADUATE  
1 2 3 4  
□ □ □ □

Type of School	Name & Address of School	Years Credited	FROM TO	Course/Major	Did You Graduate?	Degree Awarded
High School*						
College						
Other						
Other						

If you possess a High School Equivalency Diploma, list state, year issued, and certificate number.

13) Please list special skills and qualifications if they are relevant to the position for which you are applying:

Estimated typing speed: \_\_\_\_\_ Estimated steno speed: \_\_\_\_\_

Computer Software: \_\_\_\_\_

Other equipment or machine skills: \_\_\_\_\_

Other skills: \_\_\_\_\_

14) If a license, certificate, or other credentialing to practice a trade or profession is required or relevant to the position for which you are applying, please complete the following:

Trade or Profession: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_

State and/or City: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date/Term: \_\_\_\_\_

15) Employment History:

PLEASE LIST ALL EXPERIENCE STARTING WITH THE MOST RECENT JOB. (INCLUDE RELATED MILITARY AND VOLUNTEER EXPERIENCE)

1 Length of Employment

From: mo/yr  To: mo/yr   
Earnings \$  ☐ wk. ☐ mo. ☐ yr.

Firm Name  Address   
City and State  Telephone No.

No. of hours worked per week (exclusive of overtime):

Describe Duties Below:

Your Exact Title

Name of Supervisor

Supervisor's Title

Reason for leaving

2 Length of Employment

From: mo/yr  To: mo/yr   
Earnings \$  ☐ wk. ☐ mo. ☐ yr.

Firm Name  Address   
City and State  Telephone No.

No. of hours worked per week (exclusive of overtime):

Describe Duties Below:

Your Exact Title

Name of Supervisor

Supervisor's Title

Reason for leaving

3 Length of Employment

From: mo/yr  To: mo/yr   
Earnings \$  ☐ wk. ☐ mo. ☐ yr.

Firm Name  Address   
City and State  Telephone No.

No. of hours worked per week (exclusive of overtime):

Describe Duties Below:

Your Exact Title

Name of Supervisor

Supervisor's Title

Reason for leaving

4 Length of Employment

From: mo/yr  To: mo/yr   
Earnings \$  ☐ wk. ☐ mo. ☐ yr.

Firm Name  Address   
City and State  Telephone No.

No. of hours worked per week (exclusive of overtime):

Describe Duties Below:

Your Exact Title

Name of Supervisor

Supervisor's Title

Reason for leaving

6) CONSENT FOR DRUG TEST, CRIMINAL BACKGROUND CHECK, CONTACT OF FORMER EMPLOYERS, AND CONTACT OF EDUCATIONAL INSTITUTIONS

I consent to drug testing, a background check and permitting the City to contact my former employers and educational institutions, and understand that any negative findings from them, at the discretion of the City, may result in refusal to hire me or, if already hired, my dismissal from City employment.

I hereby consent to the administration of a urine test for this purpose and to the terms of the Consent Agreement. I further consent to the release of my test to authorized officials of the City of Paterson for their appropriate review.

\_\_\_\_\_  
Date

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

7) APPLICANT CONSENT AGREEMENT FOR RESIDENCY ORDINANCE

I understand that employees of the City of Paterson are subject to the terms of its Residency Ordinance, TCOP 5-11, and that failure to be and remain in compliance with its requirements may result in refusal to hire, or, if hired, dismissal from employment.

\_\_\_\_\_  
Date

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

18) PLEASE NOTE:

APPLICANTS ARE ADVISED THAT ALL STATEMENTS MADE BY THEM IN CONNECTION WITH THEIR APPLICATION FOR EMPLOYMENT ARE SUBJECT TO INVESTIGATION AND VERIFICATION.

THIS APPLICATION MAY BE USED FOR REVIEW BY THE PROSPECTIVE APPOINTING AUTHORITY AS A PART OF A BACKGROUND INVESTIGATION.

ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON VERIFICATION OF STATEMENTS MADE ON THE APPLICATION AND COMPLETION OF REFERENCE CHECKS AND BACKGROUND INVESTIGATION.

19) CERTIFICATION

I hereby affirm that the information provided on this application (including any attached papers or resume) are accurate and complete to the best of my knowledge, I also understand and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. If hired, I agree to abide by and uphold all laws, policies and procedures of the City of Paterson including among others, city code, code of ethics, zero tolerance for violence, harassment and discrimination.

I authorize any person, school, or current and former employers and organizations named in this application (including any attached papers or resume) to provide information that may be requested for the purposes of making an employment decision.

\_\_\_\_\_  
Date

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

MAIL COMPLETED APPLICATION TO:  
ATTN. PERSONNEL DIRECTOR  
DIVISION OF PERSONNEL, 125 ELLISON STREET  
PATERSON, NEW JERSEY 07505

THE NEW JERSEY STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT BY THE CITY OF PATERSON.

AN EQUAL OPPORTUNITY EMPLOYER

**City of Paterson**  
**AFFIRMATIVE ACTION/EEO-1: Post-Offer Self-Identify**

The City of Paterson is required to submit reports to the U.S. Department of Labor and Equal Employment Opportunity Commission each year identifying the number of our employees belonging to each specified protected veteran category, gender and race/ethnicity category.

Submission of this information is **voluntary**, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, maintained separate from other personnel records and only accessed by the Division of Personnel. Please return completed forms to the Division of Personnel.

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

Print Job Title: \_\_\_\_\_

**GENDER**

☐ Male      ☐ Female

**RACE/ETHNICITY (Check ONE box)**

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Black or African American (*not Hispanic or Latino*)** - A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ **Two or more races (*not Hispanic or Latino*)** - All persons who identify with more than one of the above races.

☐ I choose not to disclose.

**City of Paterson**  
**AFFIRMATIVE ACTION/EEO-1: Post-Offer Self-Identify**

**PROTECTED VETERANS (Choose ALL that apply)**

☒ **Active duty wartime or campaign badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

☒ **Armed Forces Service Medal Veteran** - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

☐ **Disabled Veteran** - (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

☐ **Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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

Date: \_\_\_\_\_

Further, an employee shall be terminated upon the occurrence of any one of the following:

- A. The employee is requested by Division Director /Department head and /or supervisor to be tested under cause for "reasonable suspicion" and the test results are positive; or
- B. The employee is requested by Division Director/ Department supervisor to be tested under cause for "reasonable suspicion" and employee refuses to be tested; or
- C. An employee is requested by management and/or supervisor to be tested under cause for "reasonable suspicion" or any other reason provided for in this drug testing policy document and fails to provide to the testing authority within 24 hours after the employee is notified of the arrangements made for the intended drug test; or
- D. An employee is found using, selling possessing illegal drugs and/or drug paraphernalia while performing City business: or
- E. An employee is convicted of an offense which involves the use, sale or possession of illegal drugs and / or drug paraphernalia; or
- F. An employee uses and/or is under the influence of alcohol while performing City business and such use or influence have a negative effect on the employee's job performance, the safety of fellow employees and/or third parties and/or the safety of the employee's job performance, the safety of fellow employees and /or third parties and/or the safe and efficient operation of City facilities.

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

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONNEL FILE

City of Paterson

CITY OF PATERSON  
DIVISION OF PERSONNEL



125 Ellison Street  
Suite 300 - 3<sup>rd</sup> floor  
Paterson, NJ 07505  
Phone: (973) 321-1323  
Fax: (973) 321-1325

*Andre Sayegh*  
Mayor

ACKNOWLEDGEMENT OF RECEIPT OF PERSONNEL POLICIES AND PROCEDURES  
MANUAL

I have received a copy of the City of Paterson's Personnel Policies and Procedures Manual on the date listed below. I understand that I am expected to read the entire manual. Additionally, I will sign the **two (2) copies** of this Acknowledgment Receipt, retain one copy for myself, and return one to the Division of Personnel on the date specified. I understand that this form will be kept in my personnel file.

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

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

Date: \_\_\_\_\_

**Acknowledgement of Receipt of the Addendum to the City of  
Paterson's Personnel Policies and Procedures Manual, Entitled  
Gender Transition in the Workplace Policy**

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I, \_\_\_\_\_, acknowledge that on \_\_\_\_\_ (date), I received and read a copy of the Addendum to the City of Paterson's Personnel Policies and Procedures Manual, entitled Gender Transition in the Workplace, and I understand that it is my responsibility to be familiar with and abide by its terms. I understand that the information in this Policy is intended to help City of Paterson employees work together effectively on assigned job responsibilities. This Policy is not promissory and does not set terms or conditions of employment or create an employment contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

CITY OF PATERSON  
DIVISION OF PERSONNEL



125 Ellison Street  
Suite 300  
Paterson, NJ 07505  
Phone: (973) 321-1323  
Fax: (973) 321-1325

*Andre Sayegh*  
Mayor

---

**ACKNOWLEDGMENT OF RECEIPT OF NEW JERSEY FIRST ACT**

I have received a copy of New Jersey First Act on the date listed below. I understand that I am expected to read the entire document. Additionally, I will sign the two (2) copies of this Acknowledgment Receipt, keep one copy for myself, and return one to the Division of Personnel. I understand that this form will be retained in my personnel file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed



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Verification, Inc.**

**We make municipalities safe.**

steve@instantverificationinc.com - Interlaken, NJ 07712 - Ph. 732.740.1863 - www.instantverificationinc.com

I understand that, for THE PURPOSE OF EMPLOYMENT or VOLUNTEERING, inquiries are to be made of myself, which may include but not be limited to: CRIMINAL RECORDS. I authorize without reservation, any party or agency contacted to furnish and transmit the obtained information to:

City of Paterson

I hereby totally release said agencies and the above named company, their officers, directors, employees and agents, collectively and personally from any actions and liabilities resulting from transmission and utilization of the results and opinions thereof.

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Address (please list all for last 10 years): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of or pled guilty or Nolo contendere to a crime other than a minor traffic offense, or are there any criminal charges now pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (use other side if necessary): \_\_\_\_\_

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

