

**NORTHFIELD BOARD OF EDUCATION**  
**2000 New Road**  
**Northfield, New Jersey 08225**

**GUIDELINES TO COMPLETE APPLICATION**

Substitute Aide/Custodian/Secretary

- \_\_\_\_\_ Complete all pages of application. Circle position you are applying for.
- \_\_\_\_\_ List three (3) references - **friends & relatives cannot be references**. Please only submit local area codes or email addresses.
- \_\_\_\_\_ Schedule fingerprinting appointment online:  
[www.nj.gov/education/educators/crimhist](http://www.nj.gov/education/educators/crimhist)
- \_\_\_\_\_ Have oath notarized. If you do not have a notary, please do not sign it. Signature must be witnessed.
- \_\_\_\_\_ Provide a current mantoux test. Results must be within the last three (3) years.
- \_\_\_\_\_ Bring 2 forms of identification along with a completed I-9 form. List of acceptable documents included.
- \_\_\_\_\_ Child Abuse Disclosure Release – complete page 1 and the top of page 2. Return with application. Please complete one for every workplace for the last twenty (20) year that has involved children.
- \_\_\_\_\_ Complete W-4.
- \_\_\_\_\_ Complete Direct Deposit form. All substitutes are required to have direct deposit.
- \_\_\_\_\_ Return completed substitute packet to main entrance receptionist.

If you have any questions concerning the completion of the substitute application, please call: Mrs. Hurley, at 609-407-4006.

**NORTHFIELD BOARD OF EDUCATION  
BOARD OF EDUCATION  
2000 NEW ROAD  
NORTHFIELD, NJ 08225**

**CIRLCE POSITION YOU ARE APPLYING FOR:  
Substitute Aide/Substitute Secretary/Substitute Custodian**

**I PERSONAL DATA:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**II EDUCATION:**

HIGH SCHOOL NAME \_\_\_\_\_

LOCATION: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DIPLOMA \_\_\_\_\_

**III MILITARY SERVICE:** (Attach copy of your DD-214)

Branch: \_\_\_\_\_

Have you had full time military experience? \_\_\_\_\_

**IV HEALTH DATA:**

Do you have any physical disability that will prevent satisfactory job performance? \_\_\_ No \_\_\_ Yes

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**V: OTHER EMPLOYMENT:**

NAME OF EMPLOYER	DATE OF EMPLOYMENT	DUTIES

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I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment I understand that false or misleading information given in my application or interview may result in discharge.

I understand that I am required to abide by all rules and regulations of the Northfield School District.

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Signature

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Date

Northfield Community School  
2000 New Road  
Northfield, NJ 08225

**REFERENCES**

**PLEASE PROVIDE US WITH AT LEAST THREE (3) PROFESSIONAL REFERENCES.**

*Please do not list friends or relatives.*

If your references are teachers/professors, you must supply an email address.

NAME & POSITION/OCCUPATION	HOW DO YOU KNOW REFERENCE?	TELEPHONE NUMBER AND EMAIL ADDRESS
		<i>(LOCAL CALLS PLEASE)</i>
1.		
2		
3		
4		

New Jersey State Department of Education  
Office of Certification and Induction

**OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY**

**IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.**

**A. Basic Information** *Please print your name as it appears on any documentation that you are required to submit*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

Tracking Number \_\_\_\_\_

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

Phone Number Including Area Code \_\_\_\_\_

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

*Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.*

Code \_\_\_\_\_ Name of Endorsement \_\_\_\_\_

**B. Oath of Allegiance** *Choose one of the following.*

**Option I**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.



**Option II**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

**C. Certification** *Failure to complete these items will result in rejection of the candidate's application for certification.*

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? \* Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? \* Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? \* Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? \* Yes    No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? \* Yes    No

\* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

**D. Verification of Accuracy**

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Certification and Induction  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

## Mantoux Tuberculin Skin Test Record Form

### Patient Information

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Skin Test Information

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

Date/time Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer of PPD Solution: \_\_\_\_\_

Expiration Date of PPD Solution: \_\_\_\_\_

Lot #: \_\_\_\_\_

### Results

Induration: \_\_\_\_\_ mm Date/time of Reading: \_\_\_\_\_

Comments and Adverse Reaction(s), if any\*: \_\_\_\_\_  
\_\_\_\_\_

Name of Reader: \_\_\_\_\_

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

\* It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound.



**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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 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)
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**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





## 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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**

New Jersey State Department of Education  
Office of Certification and Induction


**CRIMINAL/OFFENSE INFORMATION FORM**

Identification Information. Please print clearly.		
Last Name	First Name	Middle Name/Initial
Street Address		
City	State	Zip
Social Security Number	Date of Birth (mm/dd/yyyy)	

**INFORMATION REGARDING CRIMES AND/OR OFFENSES**

You indicated on your application for certification that you have been convicted of, pled guilty, no contest or *nolo contendere*, or had adjudication withheld to a crime or offense, including DUI. Before your application can be processed, the State Board of Examiners, the teacher licensing authority, requires that you provide answers to the following questions regarding your crime(s) and/or offense(s). The State Board of Examiners will review the information provided to determine if your application for certification can be processed.

1. Specify and describe the nature of the crime(s) and/or offense(s). Attach additional sheets, as necessary. Include the Item # when items are continued on another sheet.



2. Date of Crime/Offense	Date of Arrest	Indictment No.	Date of Disposition of Charges
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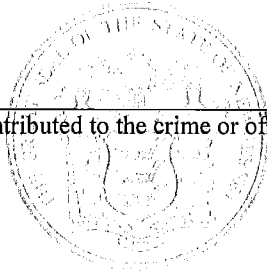
3. Name and address of court

4. What was the disposition of the case (e.g., convicted, pled guilty, accepted into Pretrial Intervention program, etc.)?

Were you sentenced? Yes \_\_\_ No \_\_\_ If yes, what was the sentence imposed (include fines, community service, etc.)?

**PLEASE COMPLETE SECTIONS ON NEXT PAGE**

5. What was your age at the time the crime or offense was committed? _____
6. Describe the circumstances under which the crime or offense occurred.
7. Indicate if the crime or offense was an isolated or repeat incident.
8. Indicate any social conditions which may have contributed to the crime or offense.
9. Provide written evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.
10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review Unit in the New Jersey State Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your crime(s) and/or offense(s). The phone number of the Criminal History Review Unit is (609) 292-0507.



<b>I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.</b>	
Signature	Date (mm/dd/yyyy)

Please return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500. For **substitute credentials** please return this form to your County Office of Education's Certification Clerk.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**  
*P.L. 2018, c. 5*  
*Effective June 1, 2018*

P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

**The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.**

**Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.**

Name of Current or Former Employer: \_\_\_\_\_  No Applicable employment

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_ is under consideration for a position with the **NORTHFIELD SCHOOL DISTRICT**. The Individual whose name appears herein has reported previous employment with your entity. As required by P.L. 2018, c.5, please provide the information requested in Section 2 of this form within **20 days** of receipt.

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**Section 1: Applicant Certification and Release**  
**(to be completed by the applicant even if the applicant has no current or prior employment to disclose)**

Applicant Name (First, Middle, Last): \_\_\_\_\_

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

Former names by which the applicant has been identified: \_\_\_\_\_

Last 4 digits of Applicant's Social Security Number: \_\_\_\_\_

Approximate dates of employment with the entity listed above: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Have you (Applicant) ever:

Yes  No    Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (\*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes  No    Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

Yes  No    Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by N.J.S.A. 18A:6-7.7, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of N.J.S.A. 2C:28-3; and may subject me to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L. 1999, c. 274.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to N.J.S.A. 18A:6-7.7, the above named employer is released from liability that may arise of the disclosure or release of records.

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

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### Section 2: Current/Former Employer Verification

*(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.*

N.J.S.A. 18A:6-7.7(b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of N.J.S.A. 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: \_\_\_\_\_ Received by: \_\_\_\_\_

Applicant's dates of employment: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

To the best of your knowledge, has the applicant ever:

Yes  No    Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (\*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes  No    Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Yes  No    Had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

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Current/former Employer Representative

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Date

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Current/Former Employer Representative Title

**If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to N.J.S.A. 18A:6-7.11, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.**

**The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by N.J.S.A. 18A:6-7.9 may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to N.J.S.A. 18A:6-7.7; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to N.J.S.A. 18A:6-7.7.**

Return all completed information to:

Hiring Entity:    NORTHFIELD BOARD OF EDUCATION

Address:            2000 NEW ROAD, NORTHFIELD, NJ 08225

Phone:             609-407-4006

Email:              [mhurley@ncs-nj.org](mailto:mhurley@ncs-nj.org)    Fax: 609-646-0608

## 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.**

# 2020

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>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 <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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, when to use the online estimator, 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶	Date	
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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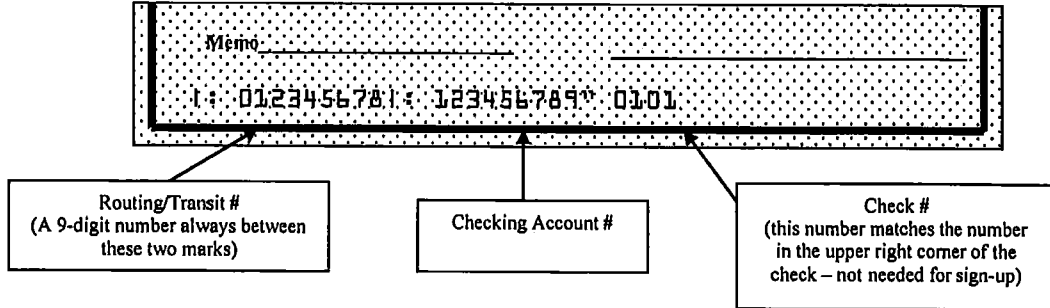
# Employee Direct Deposit Enrollment Form

**Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
 Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Account Information**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: \_\_\_\_\_  
 Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_  
 Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_  
 Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

**ATTENTION PAYROLL MANAGER:**

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.