

Paperwork Checklist

This paperwork and checklist is available for the following positions at King's College:

*Part-Time Faculty

*Kid's at Kings Instructors

*Part-time Athletic Coaches & Interns

*Temporary Dining Service Wait Staff

*Resident Assistants/Resident Counselors

Please note the forms listed below will need to be completed along with identification requirements for the I-9 form and returned to your supervisor, or the person handling your contract for employment.

- W-4
- Direct Deposit Form (mandatory)
- Application for Employment
- I-9
- Two photocopied forms of ID required with the I-9
(list of acceptable documents on the back of the I-9 document)
- New Employee Data Card
- Workers' Compensation Notification Form
- Hazardous Substance Training Acknowledgement Form
- Information Confidentiality Form
- Background Check, Applicant Notice & Consent Document
- Contract (if available and applicable)

Checked by: _____ Date: _____

Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: {

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children.

. **G** _____

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

| | | |
|--|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 2010 |
| 1 Type or print your first name and middle initial. Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 _____ 6 \$ _____ |
| 7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (Form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) 10 Employer identification number (EIN) |

Deductions and Adjustments Worksheet

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

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

| | | | | | | |
|--|--|---|-----------|----------|----|-------|
| { | \$11,400 if married filing jointly or qualifying widow(er) | } | | 2 | \$ | _____ |
| \$8,400 if head of household | | | | | | |
| \$5,700 if single or married filing separately | | | | | | |
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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

Table 2

| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$7,000 - | 0 | \$0 - \$6,000 - | 0 | \$0 - \$65,000 | \$550 | \$0 - \$35,000 | \$550 |
| 7,001 - 10,000 - | 1 | 6,001 - 12,000 - | 1 | 65,001 - 120,000 | 910 | 35,001 - 90,000 | 910 |
| 10,001 - 16,000 - | 2 | 12,001 - 19,000 - | 2 | 120,001 - 185,000 | 1,020 | 90,001 - 165,000 | 1,020 |
| 16,001 - 22,000 - | 3 | 19,001 - 26,000 - | 3 | 185,001 - 330,000 | 1,200 | 165,001 - 370,000 | 1,200 |
| 22,001 - 27,000 - | 4 | 26,001 - 35,000 - | 4 | 330,001 and over | 1,280 | 370,001 and over | 1,280 |
| 27,001 - 35,000 - | 5 | 35,001 - 50,000 - | 5 | | | | |
| 35,001 - 44,000 - | 6 | 50,001 - 65,000 - | 6 | | | | |
| 44,001 - 50,000 - | 7 | 65,001 - 80,000 - | 7 | | | | |
| 50,001 - 55,000 - | 8 | 80,001 - 90,000 - | 8 | | | | |
| 55,001 - 65,000 - | 9 | 90,001 -120,000 - | 9 | | | | |
| 65,001 - 72,000 - | 10 | 120,001 and over | 10 | | | | |
| 72,001 - 85,000 - | 11 | | | | | | |
| 85,001 -105,000 - | 12 | | | | | | |
| 105,001 -115,000 - | 13 | | | | | | |
| 115,001 -130,000 - | 14 | | | | | | |
| 130,001 - and over | 15 | | | | | | |

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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

Direct Deposit Application & Change Form

New Application

Change

No Changes (sign and return)

I authorize my employer to deposit my paycheck each payday directly into the account named below. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank to make the appropriate adjustment (s).

| | | |
|---------------------|-------|----------|
| Name (Please Print) | | |
| _____ | | |
| Home Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | _____ | _____ |

| |
|---------------------|
| Social Security No. |
| _____ |
| Home Phone |
| _____ |
| Signature |
| _____ |

This authorize will remain in full force and effect until Payroll receives thirty (30) days prior written notification from me of change or termination.

Complete this section for deposit your pay in a Savings or Checking Account

| | |
|----------------------------------|-----------------------------------|
| Bank* | |
| _____ | |
| Branch Address | |
| _____ | |
| Account Number | |
| _____ | |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Checking |

| |
|---|
| ABA NUMBER (first nine digits only) |
| |
| Your ABA number appears at the bottom of your checks between the markings indicated above. |

Please attach the following, depending on the type of account involved:

For existing checking account: A personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check.

For existing savings account: A deposit slip from your bank.

***The bank you specify must be a member of the National Automated Clearing House Association.**

Attach VOIDED Check here

New applications and changes in banks used for current deposits will require a 30 day Pre-note period through the clearing house. During the Pre-note period you will receive a check for two semi-monthly pay periods before the direct deposit takes effect.

| |
|----------------------------------|
| Date Completed by Payroll Dept.: |
|----------------------------------|



Application for Employment

We consider applicants for all positions without regard to race, color, sexual orientation, religion, gender, national origin, age, marital or veteran status, the presence of the non-job-related medical condition or disability or any other legally protected status.

Please Print

Date _____ Social Security No. _____

Name _____ Telephone No. _____
Last First MI

Address _____
Street City State Zip Code

+
What position are you applying for? _____

How did you learn about us? Advertisement Friend/Relative Website Other _____

Do you have any friends or relatives who are currently working for King's College? Yes No

If yes: Name(s) _____ Relationship _____

Are you over the age of 18? Yes No If no, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No Were you previously employed by King's College? Yes No

On what date would you be available to work? _____

Have you ever been convicted of or plead guilty to a felony or misdemeanor?
explain: _____

***A conviction will not necessarily disqualify you from the job for which you have applied.**

Are you legally eligible for employment in the U.S.A? Yes No

If hired, you are required to submit proof of work eligibility.

Education

High School _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

College/Technical School _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

Other (Specify) _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

We Are An Equal Opportunity Employer

(Over)

Employment History

List below present and past employment, beginning with your most recent. Include job-related service assignments and volunteer activities. You may exclude organizations, which indicate race, color, sexual orientation, religion, gender, national origin, disabilities or other protected status.

1. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

2. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

3. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Are you physically/mentally able to perform the duties of the job you are applying for? Yes No
If No, what reasonable accommodation could be made? _____

References

(Please give name and telephone number of three references not related to you.)

1. _____

2. _____

3. _____

The facts set forth in my application for employment are true and complete. I understand that, if employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. My employment may be terminated at any time with or without reason or notice by the College or myself. I hereby authorize King's College to investigate my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice, if job related.

Signature of Applicant

We Are An Equal Opportunity Employer

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

| | | | |
|---|-------|----------------|---------------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address <i>(Street Name and Number)</i> | | Apt. # | Date of Birth <i>(month/day/year)</i> |
| City | State | Zip Code | Social Security # |

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

| | |
|----------------------|------------------------------|
| Employee's Signature | Date <i>(month/day/year)</i> |
|----------------------|------------------------------|

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

| | |
|--|------------|
| Preparer's/Translator's Signature | Print Name |
| Address <i>(Street Name and Number, City, State, Zip Code)</i> | |
| Date <i>(month/day/year)</i> | |

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

| List A | OR | List B | AND | List C |
|---|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date <i>(if any)</i> : _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date <i>(if any)</i> : _____ | | _____ | | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|------------|------------------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> | | Date <i>(month/day/year)</i> |

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

| | |
|------------------------------------|--|
| A. New Name <i>(if applicable)</i> | B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i> |
|------------------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

| | | |
|-----------------------|-------------------|---|
| Document Title: _____ | Document #: _____ | Expiration Date <i>(if any)</i> : _____ |
|-----------------------|-------------------|---|

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

| | |
|--|------------------------------|
| Signature of Employer or Authorized Representative | Date <i>(month/day/year)</i> |
|--|------------------------------|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

| | OR | | AND |
|---|--|---|---|
| 1. U.S. Passport or U.S. Passport Card | | 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 | 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | | |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 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 | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 3. School ID card with a photograph | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| | | 4. Voter's registration card | |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | | 5. U.S. Military card or draft record | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | | 6. Military dependent's ID card | |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 5. Native American tribal document |
| | | 8. Native American tribal document | |
| | | 9. Driver's license issued by a Canadian government authority | |
| | For persons under age 18 who are unable to present a document listed above: | 6. U.S. Citizen ID Card (Form I-197) | |
| 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 | | 10. School record or report card | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 11. Clinic, doctor, or hospital record | |
| | | 12. Day-care or nursery school record | |
| | | | 8. Employment authorization document issued by the Department of Homeland Security |

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

New Employee Data Card

Name: _____ Social Security #: _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ Telephone No: _____

Address: _____
No. Street City State Zip

Present Address _____ Telephone: _____
Street City State Zip

Date of Birth: _____ Sex: _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed
Name of Spouse: _____

Race: ___ Black ___ Hispanic ___ Asian ___ White Non-Hispanic
___ American Indian ___ Alaskan Native ___ Pacific Islander

Do you have the right to work in the U.S.A. ? _____ If no, VISA#: _____
All employees are required to complete an I-9 Form which requires documented proof.

Have you been convicted of a crime in the past 7 years excluding misdemeanors and summary offense? _____
If yes, describe in full: _____

DEPENDENT CHILDREN:

| NAME | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|-------|---------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| EDUCATION | DEGREE | SCHOOL NAME AND LOCATION |
|---------------|--------|--------------------------|
| Undergraduate | _____ | _____ |
| Graduate | _____ | _____ |
| Professional | _____ | _____ |

| Name | Department | Relationship |
|-------|------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you physically / mentally able to perform the duties of the job which you were hired for? _____

If not, would you be able to do so with a reasonable accommodation? _____

What would the accommodation(s) be: _____

OPTIONAL – List any allergies or health conditions that would be necessary to know in case of an accident or emergency: _____

The facts set forth on this data card are true and complete. I understand that any false statement on this data card may result in my dismissal. I hereby authorize King’s College to make a criminal background investigation.

King’s College is an equal opportunity employer. King’s College does not discriminate in employment and no question on this data card is used for the purpose of discrimination.

Employee Signature

Date

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

Worker's Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Worker's Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers' Compensation Act.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Worker' Compensation Act.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

KING'S
COLLEGE



WILKES-BARRE, PENNSYLVANIA 18711

HAZARDOUS SUBSTANCE TRAINING
ACKNOWLEDGEMENT FORM

I have received information as required by Federal and State Law regarding the presence of hazardous substances in the work area; the college's written hazardous communication program; methods and observations used to detect the presence or release of hazardous substances; measures to be taken to protect employees from these substances; material safety data sheets and product labeling.

An electronic copy can be obtained at:

[http://departments.kings.edu/hr/NewForms/Hazard Comm. Handbook.pdf](http://departments.kings.edu/hr/NewForms/Hazard%20Comm.%20Handbook.pdf)

Signature

Department

Date



INFORMATION CONFIDENTIALITY POLICY

Through the normal execution of their work, in their work/learning environment, and through written and verbal conversations as well as computer records, employees may have access directly or indirectly to employee, student, and alumni information and relationships. Any and all information obtained officially or unofficially concerning a student, employee, or alumni shall be treated and considered confidential information. Acts of disclosure of confidential information about a student, employee, or alumni to any unauthorized personnel or for any purpose that is not work related shall be regarded as grounds for disciplinary action up to and including immediate termination of employment.

As stated in the College's Professional Code of Conduct Policy, King's College sets high expectations for conduct of its administration, professional and support staff. As individuals and as employees of the College, we adhere to the values of the College which promote acting with integrity, respect for others, and responsibility setting high standards of professionalism for our services and ourselves and assuming accountability for our conduct.

The scope of this policy is intended to include all information that is related to the regular operations of a department and the College. It is intended to promote respect and cooperation among employees for all who we serve. The College does understand that on occasion it is necessary to share information regarding a student, employee, or alumnus of the College in order to facilitate the efficient operations of the department. In all cases, this information must be business related. If you are unsure if the information is related to this limited purpose, it is the employee's responsibility to request clarification from their supervisor, respective senior administrator, or the Human Resources Department prior to releasing any information.

Please note that this list is not exhaustive, but is illustrative of potential violations of the Confidentiality Policy of the College which can occur in either verbal or written communication.

1. Discussing any situation, information or event that has been identified by a supervisor or senior administrator of the College as confidential with any individual outside of your direct reporting line or human resources representative.
2. Spreading or repeating gossip or rumors regarding a co-worker, supervisor, student, or alumnus whether you have first hand knowledge or not. Please note information that is business related and required for the efficient operations of the College and your department is permitted with your direct supervisor and/or the appropriate member of the senior administration as well as the Human Resources Department.
3. Discussing a grievance or disciplinary situation with anyone other than your supervisor, respective member of Senior Staff, or the Human Resources Department unless otherwise instructed to do so in writing.

Compliance with the confidentiality standards require all employees exercise care in assuring the secrecy of their respective computer system passwords; the physical security of their work area; personal relationships; individuals personal information; and the proper storage, transmittal, and disposal of College based information stored on any media.

The College at all times adheres to the Family Educational Rights and Privacy Act of 1974, as amended, with respect to the disclosure of student education records to the student, the student's parents, other College officials, and any other individual, agency or organizations, including officials of other schools or school systems, representatives of the United States Government, state and local government officials, and all other public and private organizations.

Every employee must obtain the authorization of his/her immediate supervisor or appropriate College official before releasing any information with respect to any student, employee, or alumni to any individual, agency organization, or College employee, so that compliance with the law may be assured. It is the employee's responsibility to gain the necessary clarification before releasing information when any questions related to business necessity are present.

Employees are required to review and sign this policy annually. All signed forms will be kept in the employee's personnel file. Employee's who violate this policy will be subject to disciplinary action under the Progressive Discipline Policy. The College reserves the right to terminate employment for willful misconduct when a breach of confidentiality is deemed severe enough to disrupt the normal operations of the College, department, or employee.

This policy **does not** prohibit the discussion of wages and other terms and conditions of employment.

I have read and understand the College's Policy on Confidential Information and Confidentiality. I affirm that I will exercise diligence in the performance of my duties in accordance with institutional policy and will demonstrate respect for others by acting with integrity. Furthermore, I understand that violation of College policy will result in disciplinary action up to and including termination of employment.

Employee Signature

Date

Employee Name (Please Print)

Employee ID # or SSN

Witness

Date

First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: King's College (570-208-6090)

Client Code: KINGS

Branch Code: KINGS2

Service Code: Level 1C Level 2C Level 1D Level 2D Level 1E Level 2E
OTHER _____

(please select)

Authorized Agent: _____ **Time/Date Sent:** _____

NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **First Contact HR** to verify certain information contained in your application for employment (**including contract for services**) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **First Contact HR**, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

| | | | |
|--|--------------------------|--|------------------------|
| Applicant's Legal Name | Last | First | M.I. |
| Current Home Address | Street | City | State Zip |
| Date of Birth: (Month/Day/Year) | Social Security # | | |
| Driver's License # | State: | Daytime Phone # | Evening Phone # |
| EDUCATION HISTORY: List the school where a degree and/or certification was obtained, or you last attended | | | |
| Name of College, University or Trade School | | Dates Attended From (Mo/Yr) To (Mo/Yr) | |
| City/State | Telephone | Degree Earned: _____ or Incomplete | |
| Major | | Minor | |
| Name of College, University or Trade School | | Dates Attended From (Mo/Yr) To (Mo/Yr) | |
| City/State | Telephone | Degree Earned: _____ or Incomplete | |
| Major | | Minor | |
| LICENSE / CERIFICATION VERIFICATION | | | |
| License/Certification Type | Date & State of Issue | Issuing Organization & License # (if applicable) | |
| License/Certification Type | Date & State of Issue | Issuing Organization & License # (if applicable) | |

First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: King's College (570-208-6090)

Client Code: KINGS

Branch Code: KINGS2

Service Code: Level 1C Level 2C Level 1D Level 2D Level 1E Level 2E
 OTHER _____

(please select)

Authorized Agent: _____ Time/Date Sent: _____

| | | | | | | |
|--|--------|--------------------|-------|------------------------------------|--------------|------------|
| Applicant's Legal Name | Last | First | M.I. | Maiden Name | | |
| Position applying for: | | | | | | |
| EMPLOYMENT HISTORY: List your most recent jobs held | | | | | | |
| MOST RECENT COMPANY NAME: | | | | Telephone | | |
| May we contact your present employer? (circle one) YES NO | | | | | | |
| Address | | City | State | Zip | From (Mo/Yr) | To (Mo/Yr) |
| Job Title | Salary | Reason for Leaving | | Supervisor's Name and Phone Number | | |
| 2 nd COMPANY NAME | | | | Telephone | | |
| Address | | City | State | Zip | From (Mo/Yr) | To (Mo/Yr) |
| Job Title | Salary | Reason for Leaving | | Supervisor's Name and Phone Number | | |
| 3 rd COMPANY NAME | | | | Telephone | | |
| Address | | City | State | Zip | From (Mo/Yr) | To (Mo/Yr) |
| Job Title | Salary | Reason for Leaving | | Supervisor's Name and Phone Number | | |

APPLICANT CONSENT: I understand and agree that **First Contact HR** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____

DATE: _____