

## Paperwork Checklist

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

- \*Part-Time Faculty \*Seasonal/Temporary Employees**
- \*Part-Time Athletic Coaches & Interns & Volunteers**
- \*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 (current year)
- Direct Deposit Form (*not necessary for Volunteers or Resident Counselors*)
- Application for Employment
- I-9  
Two photocopied forms of ID acceptable documents on the I-9 form
- New Employee Data Card
- Workers' Compensation Notification Form
- Hazardous Substance Training Acknowledgement Form
- Information Confidentiality Form
- Background Check, Applicant Notice & Consent Document
- Residency Certification Form;  
<http://munstatspa.dced.state.pa.us/Registers.aspx> for assistance with PSP code)
- Contract (if available and applicable)

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

# 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

<b>ABA NUMBER (first nine digits only)</b>
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.:
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# Form W-4 (2014)

**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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2014</span>
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. <b>Note.</b> 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 <u>        </u>
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>        </u>
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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



# 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



# 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**  

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**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   
 Level 3D  Level 4D  MVR

**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.

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

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 Level 3D  Level 4D  MVR

OTHER \_\_\_\_\_

(please select)

Authorized Agent: \_\_\_\_\_ Time/Date Sent: \_\_\_\_\_

Applicant's Legal Name	Last	First	M.I.	Maiden Name	
Position applying for:					
<b>EMPLOYMENT HISTORY: List your most recent jobs held</b>					
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 <sup>nd</sup> 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 <sup>rd</sup> 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 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: \_\_\_\_\_

[www.firstcontacthr.com](http://www.firstcontacthr.com)

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[www.workercheck.com](http://www.workercheck.com)



## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

**For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:**

**[www.newPA.com](http://www.newPA.com)**