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APARTMENT PERSONNEL APPLICATION

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET NUMBER & NAME APT # CITY/STATE ZIP CODE

CELL # () WORK # ()

E-MAIL HOME () EMERG ()

POSSIBLE START DATE SCHEDULE RESTRICTIONS:

POSITION APPLYING FOR _____
1ST CHOICE 2ND CHOICE

HOURS DESIRED WILL YOU WORK WEEKENDS? YES NO OVERTIME ? YES NO

HOURLY RATE DESIRED MIN. HOURLY RATE CONSIDERED

DO YOU HAVE TRANSPORTATION? YES NO AREA(S) OF TOWN DESIRED

FOREIGN LANGUAGES? YES NO IF YES: SPEAK WRITE READ

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO REFERRED BY

**If you have been a leasing consultant in the past,
PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. WHAT IS YOUR CLOSING RATIO? _____
2. HAVE YOU POSTED RENT? _____
3. HAVE YOU BEEN THROUGH AN APARTMENT RE-HAB.? _____
4. HAVE YOU BEEN THROUGH AN APARTMENT LEASE-UP? _____
5. ARE YOU FAMILIAR WITH TEXAS APPLICATIONS? _____
6. WHAT SOFTWARE PACKAGES DO YOU KNOW? _____
7. LIST ANY OTHER COMPUTER/SOFTWARE SKILLS YOU MAY HAVE. _____
8. DO YOU HAVE SECTION 8 EXPERIENCE? _____
9. DO YOU HAVE TAX CREDIT EXPERIENCE? _____
10. WHICH AGENCIES HAVE YOU REGISTERED WITH? _____

CONTINUED...

EDUCATION

HIGH SCHOOL	YEAR	DIPLOMA?
COLLEGE	YEAR	DIPLOMA?
TRADE/VOCATIONAL SCHOOL	YEAR	DIPLOMA/CERTIFICATE?
CERTIFICATES AWARDED/SEMINARS ATTENDED	YEAR	

EMPLOYMENT HISTORY

Provide information for your three most recent positions without leaving out any jobs, regardless of how short the duration was. If you have been involuntarily terminated from a position, please explain.

MOST RECENT POSITION

COMPANY/PROPERTY NAME	SUPERVISOR'S NAME	THEIR TITLE
START DATE _____ TO _____ MONTH/YEAR MONTH/YEAR	SALARY / HOURLY RATE _____	COMMISSION/BONUS _____ APT. CONCESSION _____
JOB TITLE _____	REASON FOR LEAVING _____	
JOB DESCRIPTION/DUTIES _____		

PREVIOUS EMPLOYMENT

COMPANY/PROPERTY NAME	SUPERVISOR'S NAME	THEIR TITLE
START DATE _____ TO _____ MONTH/YEAR MONTH/YEAR	SALARY / HOURLY RATE _____	COMMISSION/BONUS _____ APT. CONCESSION _____
JOB TITLE _____	REASON FOR LEAVING _____	
JOB DESCRIPTION/DUTIES _____		

PREVIOUS EMPLOYMENT

COMPANY/PROPERTY NAME	SUPERVISOR'S NAME	THEIR TITLE
START DATE _____ TO _____ MONTH/YEAR MONTH/YEAR	SALARY / HOURLY RATE _____	COMMISSION/BONUS _____ APT. CONCESSION _____
JOB TITLE _____	REASON FOR LEAVING _____	
JOB DESCRIPTION/DUTIES _____		



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REFERENCES

Table with 6 columns: Supervisors, Company, Title, Telephone No. (s), E-Mail Address, May We Contact? (3 empty rows)

Table with 6 columns: Co-Workers, Company, Title, Telephone No. (s), E-Mail Address, May We Contact? (3 empty rows)

Table with 6 columns: Other (Personal), Company, Title, Telephone No. (s), E-Mail Address, May We Contact? (2 empty rows)

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by Hire Priority, and hereby give my consent to Hire Priority to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Hire Priority may terminate my employment at any time, with or without notice or reason

Signature

Date

Please Print Your Name

Consultant's Name



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Apartment Industry Acceptable Job Duties and Limitations –
Service Techs, Porters, Leasing Consultants

<u>ALLOWED-Service Tech</u>	<u>ALLOWED-Porter</u>	<u>NOT ALLOWED-Tech/Porter</u>
Painting	Cleaning Grounds	NO Construction
Carpet/flooring removal	Empty trash	NO Demolition
Baseboard removal	Spray pool deck	NO Air remediation
Replace wall faceplates	Pressure wash	NO Major electric/plumbing
Change ceiling fans	Vacuum office	NO Ladders or scaffold
Change shower heads	Sweep garage	NO Purchase of supplies
Replace faucets	Wash windows	NO Leaving property for supplies
Unplug/replace toilet parts	Paint red curbs	NO Mold removal
Minor plumbing repair	Clean office bathroom	NO Carpet installation
Minor electric repair	Rake/Blow leaves	NO Distribute pest control
Replace garbage disposal	Change bulbs	NO Lifting, moving furniture
Patch wallboard	Clean trash chutes	NO Performing off-site work
Insert wall air conditioner	Touch-up hall painting	NO Operating golf carts
General cleaning and repair	Clean ponds/algae	NO Major repairs without Hire Priority approval
Perform all resident work orders	Polish brass mailboxes	
Change locks	Carry/move office supplies	
Replace windows	Change office water bottle	
Fix door hinges	Mop floors	
Change sinks	Clean gym equipment	
Remove stove/fridge	Carpet cleaning	
Building preventive maintenance	Remove graffiti	

LIMITATIONS-Leasing Consultant

- NO acceptance of cash or incomplete money orders at any time
- NO errand running for the client requiring driving off the property while on the clock
- NO lifting/moving office or residential furniture
- NO lifting more than 50lbs.
- NO standing on office chairs/furniture
- NO service request taken for mold complaints, or service requests requiring air remediation
- NO open toed shoes or heels over 1 inch
- NO personal phone calls, emails, social media, texting, etc.
- NO handling of keys for occupied units. NO taking office keys overnight.
- NO smoking in the office area

Signature

Date



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**AGREEMENT TO WORK FOR HP CLIENTS
ONLY THROUGH HIRE PRIORITY**

I understand and agree that Hire Priority, Inc. (“Hire Priority”) will introduce me to its clients for purposes of possibly assigning me to a client of Hire Priority on a temporary assignment and that I will be provided access to confidential information about such client(s), which may include, but is not necessarily limited to, the type of assignment sought, the duration of the assignment, and other information related to the assignment.

I agree that I will not directly or indirectly (e.g., through any other agency or firm) accept a position of employment with or otherwise provide services to (e.g., as an independent contractor) any HP Client for a period of twelve (12) months following the later of (a) my initial introduction to the HP Client, (b) my interview with the HP Client, or (c) the conclusion of my temporary assignment with the HP Client (“Restricted Period”). As used herein, the term “HP Client” means a company, business, or person that Hire Priority introduced me to in an effort to secure me a temporary assignment through Hire Priority, or that Hire Priority provided me information about with regard to a possible assignment, or that I was assigned to on a temporary basis through Hire Priority. Specifically, I agree that I will not “convert” to the direct employment of the HP Client or provide services to the HP Client directly or through any company other than Hire Priority prior the conclusion of my temporary assignment and prior to the conclusion of the Restricted Period.

I hereby certify, by my signature below, that I have read, understand, and agree to the terms listed above.

Signature

Date

Initial

_____ Text me about NEW open Positions!



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***DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND CHECK***

Pre-Employment Background Release and Notice of Request for Investigative Consumer Report

Position Applying for: _____ Company Name & Branch: Hire Priority Staffing

As part of its pursuit of excellence, Hire Priority, Inc. (“Hire Priority”) requires as a condition of employment, and/or continued employment that each applicant consent to and authorize a verification of the background information submitted on the application in addition to an investigative consumer report. Please note that an investigative consumer report may involve interviews with sources such as neighbors, friends, or associates regarding your character, general reputation, personal characteristics and mode of living.

This release and authorization acknowledges that Hire Priority may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, motor vehicle records, contact personal references, may require that you submit to a drug test, and receive any criminal history information pertaining to you which may be in the files of any Federal, State, County or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Hire Priority’s employment policies.

I authorize the company and any of its agents/designated company personnel to disclose orally or in writing the results of this verification process. The information obtained will not be provided to any parties other than to the designated authorized representative of this company.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for termination of employment. I have read and understand this consent for release of information, and I authorize the request for investigative consumer report and background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the chosen investigative firm with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Hire Priority, the investigative firm, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my perspective employer, and to receive upon request, a disclosure of the public record information and of the nature and scope of the investigative report. I have read the above release in its entirety and fully understand its contents. I agree to such a pre-employment background investigation being conducted. I can read, write and speak the English language.

APPLICANT’S SIGNATURE: _____ DATE: _____



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**APPLICANT CONSENT & AUTHORIZATION
FOR RELEASE OF INFORMATION
(Voluntary/Particular Client)**

In connection with the Drug-and-Alcohol Free Workplace Policy of Hire Priority, Inc., I hereby voluntarily consent to have a sample of my urine and/or blood collected for the purpose of drug and alcohol testing for Hire Priority, Inc.'s client ("Client"). I understand that the sample will be collected and the test conducted at a certified laboratory chosen by Hire Priority or Client. I further understand that this test is required by Client, and that I am not obligated by Hire Priority to agree to this test.

I hereby authorize the results of the drugs and alcohol test be released to Hire Priority by the laboratory (ies) chosen to perform the test. I hereby release Hire Priority and hold it harmless for the test and the results there from.

I understand that if the result of the drug and alcohol test is positive, then a second test, at a different laboratory, may be conducted at my option. If a second test is also positive, or if I refuse to undergo testing, I understand that I will be removed from consideration for employment by Hire Priority for a period of one year.

I understand that once I am instructed to report to the laboratory chosen by Hire Priority for testing, that I must report for test within 24 hours. I understand that failure to do so, without an adequate excuse, will result in my removal for consideration for employment for period of one year.

ACKNOWLEDGEMENT

I, _____, acknowledge that I have received a copy of Hire Priority's Drug and Alcohol-Free Workplace Policy ("Policy"). I understand that I am responsible for knowing and adhering to my job responsibilities set forth in the Policy during my employment with Hire Priority. I also understand that the Policy is not a contract of employment and does not change my "at will" status with Hire Priority.

I understand and agree to the terms of the Policy and of this Consent and Release. I acknowledge that I have been given the opportunity to ask questions pertaining to the Policy, and to receive a copy of this signed Consent.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____ Social Security No: _____



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PHYSICIAN TREATMENT REQUEST FOR WORKER'S COMPENSATION

I understand that if I am injured on the job, I may choose to be treated by my personal physician or personal chiropractor, who has treated me before, who has my medical or chiropractic records and who is designated below. I understand that if I do not choose a physician at this time or by the end of the first pay period, I will be sent to the designated medical provider of Hire Priority if I am injured on the job. I understand that Hire Priority has designated the following primary medical provider for all work-related injuries or illnesses:

Austin: **Concentra 512-467-7232**
Dallas/ Ft. Worth: **Concentra 214-630-2331**
Houston: **Concentra 713-223-0838**
San Antonio: **Concentra 210-520-8070**
The Woodlands: **Concentra 281-873-0111**

I understand that if I do not receive medical care for work related injuries or illnesses from either my designated physician or from the employer's designated provider, I may be financially responsible for that care.

Employees Name: _____

If you don't have a regular doctor, please write "N/A"

YOUR DOCTOR'S INFORMATION

DOCTOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____ FAX: _____

SIGNATURE OF EMPLOYEE

DATE

EMPLOYMENT POLICIES



Initial

_____ ATTENDANCE

If you accept a job assignment from Hire Priority, you are expected to complete that assignment. Please report to and leave from work at the times specified by Hire Priority. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, you must notify Hire Priority at least 3 hours prior to the scheduled start time. Absences due to medically verifiable illness, jury duty and military leave are acceptable in moderation with valid documentation. **In case of an after-hour emergency, please call the emergency number provided.**

Initial

_____ AVAILABILITY

All employees of Hire Priority are required to call in their availability on a daily basis. It is important that you call **during the scheduled call-in times (9am-9:30am or 4pm-4:30pm)**. You are also required to call in your availability within 24 hours after ending an assignment. Failure to call to report your availability may cause Hire Priority to assume that you have voluntarily quit without good reason and a voluntary quit may result in your being denied future assignments and unemployment benefits.

Initial

_____ COMPENSATION

TFI Services is the payroll company for Hire Priority. Time worked in excess of 40 hours will be paid at time and one-half unless you are classified as exempt from overtime laws and regulations. You must obtain written authorization from the client company to work overtime. Your time sheet must reflect actual hours worked. Bonuses, severance pay, parking or toll reimbursements, vacation or holiday pay, and sick leave are not paid except in instances where the client company agrees to reimburse Hire Priority for these expenses. Deductions will not be made from paychecks unless authorized. In the event of time sheet error or miscalculation, paychecks may be adjusted to reflect actual hours worked.

Initial

_____ CONFIDENTIAL INFORMATION

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company. While on a temporary assignment, please do not accept office or model keys, parking cards, etc. from a client or property and keep overnight.

Initial

_____ DISCIPLINARY ISSUES

Failure to act appropriately is considered misconduct. You should follow the client company's policies while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence is considered disciplinary issues and may result in termination. Also, personal use of the Internet, email or telephone is not permissible while on assignment.

Initial

_____ DISCRIMINATION

Hire Priority is an Equal Opportunity Employer and complies with all state and federal laws regarding discrimination. Please inform Hire Priority immediately of any situation that you believe is discriminatory. If you believe you've been discriminated against on an assignment or by a Hire Priority employee, please contact Loa@hirepriority.com (512-983-4800) or James@hirepriority.com (713-819-7700).

Initial

_____ DRUG POLICY

The use, sale or possession of illegal drugs or alcohol on the premises of the client company is strictly forbidden. The client company or Hire Priority may conduct tests for drugs or alcohol based on reasonable suspicion or in the event of your involvement in an on-the-job injury. Refusal to submit to a drug test or search may be cause for termination. Drug testing will be required as part of any investigation involving an on-the-job accident or near accident, including but not limited to any accident where an employee suffers an on-the-job injury. Testing positive for an on-the-job accident can affect worker's compensation benefits, and result in the termination on the employee.

Initial

_____ EMPLOYMENT TERMINATION

Please be aware that your employment is "at-will". Either the employer (Hire Priority) or you may terminate employment at any time. Termination may occur with no notice and for any or no reason. Before filing a claim for unemployment benefits, you should contact Hire Priority immediately regarding your availability for other assignments. Failure to do so may result in denial of unemployment benefits.

Initial

_____ FORM W-2

TFI Services will issue a Form W-2 by January 31st of the following year for your tax records. If you move during the year, please notify both TFI Services and Hire Priority immediately of your change of address and contact information. If you need to change your W-4 or update your employment records with new information, please call TFI Services at 713-975-7576.

Initial

____ **PAYROLL**

TFI Services/ P20 is the payroll service for Hire Priority. For all weekly, hourly employees: Payday is every Wednesday unless Wednesday is a holiday, in which case payday will be Thursday. Checks are available to be picked up from Hire Priority, mailed to your home or processed for direct deposit by Wednesday at 12:00, noon. Please be sure to indicate, on your timesheet, the method in which you would like to receive your pay check. Any paychecks that are not marked for “pick up” will be dropped off at the post office Wednesday EVENING, from our payroll dept. in Houston.

Initial

____ **RETALIATION**

Hire Priority respects your right to file complaints about harassment and/or discrimination, as well as your right to participate in an investigation of a complaint, and you are assured that no retaliation will take place against you as a result. Hire Priority prohibits adverse action or threats of adverse action against employees because of an employee’s exercise or attempt to exercise any rights under federal, state, or local employment laws. Retaliation includes, but is not limited to, threats of withholding or withdrawal of pay, promotions, training, or other employment opportunities. Any complaint of retaliation should be reported in the same fashion as a complaint of harassment or discrimination described above.

Initial

____ **SAFETY**

It is the responsibility of each employee to become familiar with the safety and emergency procedures of the client company. Any job-related injury should be immediately reported to the job site supervisor and to the office of Hire Priority. If any job-related injury or illness is not reported immediately, reimbursement for medical claims may be denied. Please remember that you are employed by Hire Priority, and it’s very important that your report any unsafe working conditions to the office of Hire Priority as soon as possible. Drug testing will be required as part of any investigation involving an on-the-job accident or near accident, including but not limited to any accident where an employee suffers an on-the-job injury. Testing positive for an on-the-job accident can affect worker’s compensation benefits, and result in the termination on the employee.

Initial

____ **SEXUAL HARASSMENT**

Inform Hire Priority immediately if you are sexually harassed or accused of harassment on the job. Harassment is defined by the Equal Opportunity Commission as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/or the conduct unreasonably interferes with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.” If you believe you’ve been discriminated against on an assignment or by a Hire Priority employee, please contact Loa@hirepriority.com (512-983-4800) or James@hirepriority.com (713-819-7700).

Initial

____ **TIMESHEETS**

Time sheets MUST be emailed to Hire Priority by 12:00 p.m. (noon) on Monday, following the week you worked (or on the day the assignment is completed) to guarantee timely check processing. Time sheets received without a supervisor’s signature will **NOT** be processed. It is **your** responsibility to obtain a supervisor’s signature. If you choose to fax over your timesheet, it is your responsibility to call Hire Priority to confirm receipt of your time sheet. Failure to do so could result in you not receiving a check for that week.

Please complete your timesheet by filling out the following information:

- Employee name.
- Hours in, out, less lunch, total straight time and total overtime to the nearest ¼ hour (every 15 minutes).
- Total hours for the week.
- The date as well as the dates of each day worked.
- The name of the company or apartment community and the department for whom you are working.
- Sign the timesheet.
- Have the supervisor sign/approve the timesheet.
- Indicate the method in which you would like to receive your pay check.

Initial

____ **WORKERS’ COMPENSATION COVERAGE**

Hire Priority has workers’ compensation insurance coverage and you have been provided a copy of the Notice of Coverage and/or directed to the location where the Notice of Coverage is posted.

These employment policies are a guideline and are not intended to imply any contractual rights. These guidelines may be changed or modified by Hire Priority at any time without prior notice.

Your signature constitutes understanding, acceptance and acknowledgement of the policies stated. Please keep a copy for your records. If you have any questions regarding these policies, please call Hire Priority at (866) 906-HIRE.

Employee Signature

Print Name

Date



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Assignment Completion Policy

By accepting an assignment with Hire Priority, Inc., you agree to complete the assignment and work for the client until the scheduled assignment has ended.

You agree that during the duration of the assignment, and for twelve months after you have completed work on the assignment, you will not work for the particular client to whom you were assigned directly or indirectly through any other agency or firm.

You agree that you will complete the scheduled assignment unless you obtain authorization from Hire Priority to end your assignment early. If you have concerns about your ability to do the job, or concerns about workplace issues, you must immediately contact Hire Priority.

If you “no call/no show” during an assignment, or if you walk off an assignment without good reason, or if you fail to complete an assignment without the authorization of Hire Priority, you hereby authorize Hire Priority to reduce your regular hourly rate to minimum wage for all hours worked and for which you had not yet been paid. In addition, such action on your part will result in your being considered ineligible for assignment on future assignments through Hire Priority.

By signing below, you acknowledge that you have read and agree to the statements above.

Signature

Date



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Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature Date

Printed Name

I live at: _____
Street Address

City State Zip Code

Name of Employer: _____ Hire Priority, Inc. _____

Name of Network: *Texas Star Network*[®]

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

- Initial Employee Notification
- Injury Notification (Date of Injury: / /)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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 ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

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

Instructions for Employer

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

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself		A	<u> </u>
B	Enter "1" if you will file as married filing jointly		B	<u> </u>
C	Enter "1" if you will file as head of household		C	<u> </u>
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	D	<u> </u>
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 			
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 			
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here			
H	Add lines A through G and enter the total here ▶			

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details			1	\$ <u> </u>
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	}		2	\$ <u> </u>
3	Subtract line 2 from line 1. If zero or less, enter "-0-"			3	\$ <u> </u>
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)			4	\$ <u> </u>
5	Add lines 3 and 4 and enter the total			5	\$ <u> </u>
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)			6	\$ <u> </u>
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses			7	\$ <u> </u>
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction			8	<u> </u>
9	Enter the number from the Personal Allowances Worksheet , line H above			9	<u> </u>
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1			10	<u> </u>

Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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

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

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

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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