

SBS EMPLOYEE STATUS FORM *SITE COORDINATORS COMPLETE-*EMPLOYEE SIGNS**EMPLOYEE PROFILE****Employee Name:****Social Security #:****Date:****Date Effective:****New Hire:** ☐**Job Title:****Location:****Rehire:** ☐**Job Title:****Location:****Temporary:** ☐**Start Date:****End Date:****Department:****Change****New Information****Old information**Transfer: ☐

Title/Dept:

Title/Dept:

Promotion: ☐

Title/Dept:

Title/Dept:

Title: ☐

Title/Dept:

Title/Dept:

Shift: ☐

Shift:

Shift:

Location: ☐**Location:****Location:****Salary/Hourly****\$:** ☐**Salary:****\$**Status: ☐

Status:

Status:

Brief Description of Job Duties:**ADDITIONAL COMPENSATION/BENEFITS INFORMATION****Approved By:**

Employee

Date

Site Coordinator

Date

Executive Director

Date

COORDINATORS Checklist-(please initial when complete & send into Admin office):☐ Application☐ W4 (fed tax)☐ I9 Eligibility☐ Driver's License Copy☐ Social Security Card Copy☐ WV IT W/H (state tax)☐ Emergency Form☐ New Hire Form☐ Background check Auth☐ Background Check instructions given out

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____
City _____ State _____ Apartment/Unit # _____
Phone _____ ZIP _____
E-mail Address _____
Date Available _____
Position & Location Applied for: _____ Desired Salary _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐
Have you ever worked for this company? YES ☐ NO ☐ If so, when? _____
Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain _____

EDUCATION

| | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? | Degree |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| College | | Address | |
| From | To | Did you graduate? | Degree |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Other | | Address | |
| From | To | Did you graduate? | Degree |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

PREVIOUS EMPLOYMENT

| | |
|---|-------------------------------------|
| Company | Phone () |
| Address | Supervisor |
| Job Title | Starting Salary \$ Ending Salary \$ |
| Responsibilities | |
| From | To Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Company | Phone () |
| Address | Supervisor |
| Job Title | Starting Salary \$ Ending Salary \$ |
| Responsibilities | |

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature _____ Date _____

Form W-4 (2019)

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

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

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

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

- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

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

General Instructions

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App 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 may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

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

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

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

| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 |
|---|--|--|--------------------------|---|
| | | ▶ 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. | | 2019 |
| 1 | Your first name and middle initial | Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." | | |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/> | | |
| 5 | Total number of allowances you're claiming (from the applicable worksheet on the following pages) | 5 | | |
| 6 | Additional amount, if any, you want withheld from each paycheck | 6 | | \$ |
| 7 | I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7 | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | |
| 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) |

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

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

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

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

- ☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A _____
☐ An alien authorized to work until _____
(Alien # or Admission #)

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

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

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

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

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

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

| | | |
|--|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name | | Date (month/day/year) |

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

| | |
|--|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. | |
| Document Title: _____ | Document #: _____ |
| Expiration Date (if any): _____ | |

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

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

LISTS OF ACCEPTABLE DOCUMENTS

| LIST A | | LIST B | | LIST C |
|---|----|--|-----|--|
| Documents that Establish Both Identity and Employment Eligibility | OR | Documents that Establish Identity | AND | Documents that Establish Employment Eligibility |
| 1. U.S. Passport (unexpired or expired) | | 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | | 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) |
| 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | | 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) |
| 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) | | 3. School ID card with a photograph | | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>Form I-94</i> indicating unexpired employment authorization | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (<i>Form I-197</i>) |
| 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) | | 6. Military dependent's ID card | | 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) |
| 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>) |
| 8. Unexpired Reentry Permit (<i>Form I-327</i>) | | 8. Native American tribal document | | |
| 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) | | 9. Driver's license issued by a Canadian government authority | | |
| 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) | | For persons under age 18 who are unable to present a document listed above: | | |
| | | 10. School record or report card | | |
| | | 11. Clinic, doctor or hospital record | | |
| | | 12. Day-care or nursery school record | | |

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



WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WV/IT-104
Rev. 12/09

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE



Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" _____
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
 (a) If you claim both of these exemptions, enter "2"
 (b) If you claim one of these exemptions, enter "1"
 (c) If you claim neither of these exemptions, enter "0"

| |
|--|
| |
|--|

3. If you claim exemptions for one or more dependents, enter the number of such exemptions. _____
4. Add the number of exemptions which you have claimed above and enter the total

| |
|--|
| |
|--|

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here

| |
|--|
| |
|--|

6. Additional withholding per pay period under agreement with employer, enter amount here \$ _____

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104. I CERTIFY under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date _____

Signature _____

NONRESIDENTS-SEE REVERSE SIDE

SBS VISTA/Employee Emergency Information Form

Date:

Personal Information

| | |
|----------------------------------|--|
| First name | |
| Middle name | |
| Last name | |
| Nickname | |
| Gender | |
| Place of birth (country/region) | |
| Home address | |
| Home phone | |
| Cellular phone | |
| Home fax | |
| Home e-mail address | |
| Birthday (MM/DD/YYYY) | |
| Government ID or SSN | |
| Driver's license/state ID number | |

Medical Information

| | |
|---------------------|--|
| Doctor's name | |
| Phone number | |
| Medical conditions | |
| Allergies | |
| Current medications | |

Emergency Information

| | |
|--------------------------|--|
| Emergency contact's name | |
| Relationship | |
| Address | |
| Phone number(s) | |

Emergency Information2

| | |
|--------------------------|--|
| Emergency contact's name | |
| Relationship | |
| Address | |
| Phone number(s) | |



Step by Step Background Check Summary

Name: _____

Position: _____

Site(s): _____

As part of Step by Step's team providing services and building capacity with West Virginia children and families I authorize Step by Step to conduct background checks and understand that failure to disclose prior offenses or to update Step by Step on my status from the point of my engagement can lead to immediate dismissal.

____ I authorize Step by Step to conduct appropriate background checks and to share the information obtained from them with appropriate partners (such as school systems). Signature: _____

Self-Disclosure of Criminal Convictions requires that all applicants, volunteers, employees provided by third party staffing vendors, and those working in activities and programs with minors participants self-disclose criminal convictions during the application process. If a volunteers, or employee receives a criminal convictions while employed or volunteering by Step By Step the employee must disclose the conviction information to the Executive Director and Site Coordinators within three business days of the conviction. Disclosure is required whether the crime occurred in West Virginia, or other locations within or outside of the United States. The disclosure must be made to the Step By Step's team Executive Director and Site / Regional Coordinators.

Last name: _____ First name: _____ Middle name: _____

Daytime phone #: _____ E-mail: _____

Conviction Information

I have been convicted of, or pled guilty to or no contest to, or am the subject of a finding of guilt by a judge or jury for the following crime(s):

Felony: _____

Misdemeanor (includes DUI/OVI): _____

Conviction type: _____ Conviction date (mm dd yyyy): _____

County: _____ City: _____ State: _____

Description of charges and convictions—provide details of all offenses including nature, circumstances, and date:

Attach additional sheets if necessary.

If you have a copy of the criminal record, please attach it. A conviction is not necessarily a bar to continued involvement with Step By Step.

 I have no criminal history to report.

Employee signature: _____

Date: _____

This Section to be completed by Site / Regional Coordinator

Date of disclosure: _____

Signature

Printed Name

Date

For office use only:

National Sex Offender Search Results

Date completed

FBI Background check initiated: _____

Received and reviewed _____

I have reviewed _____ background check and found no additional information

Signature

Printed Name

Date