



Specializing In
Lattice Tower Erection, Assembly & Consulting

****Please submit your application, Attention: HR Dept., by one of the choices below.****

- Please mail to 4047 W Interstate 30, Caddo Mills, TX 75135.
- Please fax your application to (903) 527-0203.
- Please scan and email your application to nmrebar@gmail.com or oliviai@nmrebar.com.

IMPORTANT: IF YOU ARE NOT MAILING THE APPLICATION, DO NOT FAX YOUR ID'S! TEXT A CLEAR COPY OF THE ID TO THE NUMBER BELOW!!!

- Please text a clear picture of your ID's to (903) 259-8909

4047 W Interstate 30
Caddo Mills, Texas 75135
(903) 454-2096 Office
(903) 527-0203 Fax

EMPLOYEE INFORMATION SUMMARY

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Social Security #: _____

Marital Status: Single / Married (Circle One)

Date of Birth: _____

Hire Date: _____

Filing Status: Single / Married # of Exemptions: _____

Banking Info: Bank Name: _____

Routing # (9 digits): _____

Account #: _____

Type of Account (please circle one) Checking -or- Savings

License or ID#: _____ State: _____ Exp Date: _____

Permanent Resident Card #: _____ Exp Date: _____

Position: JW or Apprentice (circle one)

Your Size (please circle your size)

Sweatshirt & T-Shirt SM, M, L, XL, XXL

Jacket & Vest SM, M, L, XL, XXL

Signature: _____ Date: _____

Company Name _____ Date _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ (list only one) Name _____

Telephone Number () _____ - _____ Alternate or Cellular Telephone Number () _____ - _____

Present Address _____

Street, Apartment, or Unit Number

City

State

Zip

How long have you lived there ____ / ____ __ Years/Months

Email Address (optional) _____

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No If Yes, provide dates of employment, location, and reason for separation from employment.

Do not ask these questions/use this application if the employer is a vendor to the City of Hartford, CT.

CRIMINAL HISTORY

Applicants in the City of **Philadelphia**, Pennsylvania and the States of **Hawaii** and **Massachusetts** must **not** answer either of the questions below.

Other Applicants: Only answer questions below as instructed.

All Applicants must **not** include convictions that were sealed, eradicated, erased, annulled or expunged, or convictions that resulted in referral to a diversion program when responding to these two questions.

Question One:

California Applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

District of Columbia and **Washington** Applicants: Do not include misdemeanor convictions over 10 years old.

Indiana Applicants: Do not include misdemeanor convictions over one year old.

Ohio Applicants: Do not include convictions for misdemeanor possession of controlled substances.

Minnesota Applicants: Do not include misdemeanor convictions over 15 years old.

Nevada Applicants: Only include misdemeanors that resulted in imprisonment.

Utah Applicants: Do not answer this question.

1. Have you ever plead no contest, nolo contendere, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Question Two:

District of Columbia and Washington Applicants: Do not include felony convictions over 10 years old.

Indiana Applicants: Do not include felony convictions over one year old.

Minnesota Applicants: Do not include felony convictions over 15 years old.

2. Have you ever plead no contest, nolo contendere, or guilty to a felony crime, or been convicted of a felony crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: Answering "yes" to either question one or question two above does not constitute an automatic bar to employment. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local, or federal law.

If you answered yes to either of the two preceding questions, please give dates and details for each incident:

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc).

Education	School Name and Location (Address, City, State)	Course of Study	Graduate ?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

<hr/> Name		<hr/> Address		<hr/> Type of Business	
Telephone (____) _____ - _____	Dates Employed	From ____/____/____	To	____/____/____	
Job Title _____	Duties _____				
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____				
Wages Start _____	Final _____	Reason for Leaving _____			
What will this employer say was the reason your employment terminated? _____					
How much notice did you give when resigning? If none, explain. _____					

Employer

<hr/> Name		<hr/> Address		<hr/> Type of Business	
Telephone (____) _____ - _____	Dates Employed	From ____/____/____	To	____/____/____	
Job Title _____	Duties _____				
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____				
Wages Start _____	Final _____	Reason for Leaving _____			
What will this employer say was the reason your employment terminated? _____					
How much notice did you give when resigning? If none, explain. _____					

Employer

<hr/> Name		<hr/> Address		<hr/> Type of Business	
Telephone (____) _____ - _____	Dates Employed	From ____/____/____	To	____/____/____	
Job Title _____	Duties _____				
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____				
Wages Start _____	Final _____	Reason for Leaving _____			
What will this employer say was the reason your employment terminated? _____					
How much notice did you give when resigning? If none, explain. _____					

Have you ever been terminated or asked to resign from any job? Yes No. If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ Date ____/____/____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

EMPLOYEE EMERGENCY CONTACT

EMPLOYEE NAME _____

EMERGENCY CONTACT-

NAME _____ RELATION _____

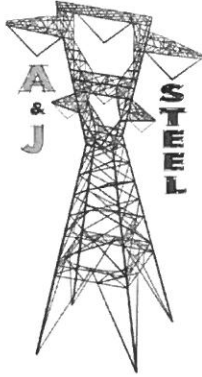
PHONE _____

EMERGENCY CONTACT-

NAME _____ RELATION _____

PHONE _____

MEDICAL CONDITIONS (CURRENT MEDICAL CONDITIONS YOU WOULD LIKE TO SHARE WITH US FOR EMERGENCY PURPOSES)



RECEIPT AND ACKNOWLEDGEMENT OF COMPANY HANDBOOK

PLEASE READ THE FOLLOWING STATEMENTS, SIGN BELOW AND RETURN TO MANAGEMENT.

Acknowledgement and Receipt of Employee Handbook

I have read and received a copy of A & J Steel Reinforcing Services, Inc., Handbook. I understand the policies and benefits described in it are subject to change at the sole discretion of A & J Steel Reinforcing Services, Inc., at any time.

At Will Employment

I further understand that my employment is at will, and neither myself nor A & J Steel Reinforcing Services, Inc., has entered a contract regarding the duration of my employment. I am free to terminate my employment with the company at any time, with or without reason. Likewise, A & J Steel Reinforcing Services, Inc., has the right to terminate my employment or other discipline, transfer, or demote me at any time, with or without reason, at the discretion of A & J Steel Reinforcing Services, Inc. No employee of A & J Steel Reinforcing Services, Inc., can enter an employment contract for a specific period of time or make any agreement contract for a specified period of time, or make any agreement contract to this policy without the written approval from management.

Employee's Printed Name

Position

Employee's Signature

Date



DIRECT DEPOSIT

Why Direct Deposit?

It's convenient and it saves time.

- Your checks automatically deposited into your account.
- It eliminates a trip to the bank.
- Your money is available in your account on payday.

It's safe and secure.

- No more lost or misplaced checks.
- Confirm your deposit.
- You'll receive a paper pay stub for your records.

Please have my payroll check automatically deposited into the following account:

Financial Institution: _____

Bank routing #: _____ (9 digits)

Account #: _____

Type of Account: Checking or Savings (Please circle)

Financial Institution: _____

Bank routing #: _____ (9 digits)

Account #: _____

Type of Account: Checking or Savings (Please circle)

I authorize A & J Steel Reinforcing Services, Inc., and my bank to automatically deposit my payroll check into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Signature

Date

Printed Name



A & J Steel Reinforcing Services, Inc.
Drug Screening, Criminal Background Checks & Motor Vehicle Records

As a part of our drug-free workplace policy, the company performs a pre-employment drug screen on all potential employees. Management also reserves the right to perform random, post-accident and reasonable suspicion/cause drug screens on existing employees.

I understand the drug screen policy, which includes a pre-employment drug screen, and that I am subject to on-going drug screens during my tenure with the company.

I authorize all drug screens that I am subject to.

Employee Signature

Date

As a part of our efforts to create a safe working environment for our employees, management reserves the right to perform criminal background checks on all potential employees. Management reserves the right to perform random criminal background checks on existing employees.

I understand the company safe work environment policy which includes a pre-employment criminal background check and random criminal background checks during my tenure with the company.

I authorize all criminal background checks that I am subject to.

Employee Signature

Date

As a part of our safe driving policy and as a requirement of our insurance company, the company will perform a motor vehicle record check on all employees to verify insurability. Management also reserves the right to per random motor vehicle record checks on existing employees.

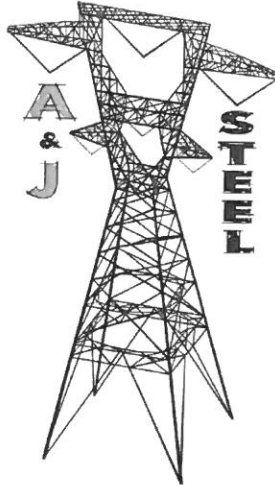
I understand the safe driving policy and insurance requirement which includes an initial motor vehicle record check on my driving history and random motor vehicle record checks throughout my tenure with the company.

I authorize all motor vehicle record checks that I am subject to.

Employee Signature

Date

4047 W Interstate 30
Caddo Mills, Texas 75135
(903) 454-2096



Alcohol and Drug Abuse Policy

A & J Steel Reinforcing Services, Inc., is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy. A “substance” includes alcohol, illegal drugs, inhalants, prescription and over-the counter drugs. An “illegal drug” is any substance that is illegal to use, possess, sell, or transfer.

“Drug paraphernalia” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

A “prescription drug” is any substance prescribed for an individual by a licensed health care provider.

An “inhalant” is any substance that produces mind-altering effects when inhaled.

You are “under the influence” if any substance:

- impairs your behavior or your ability to work safely and productively;
- results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property; or
- is shown to be present in your body, by laboratory evidence, in more than an identifiable trace.

“Company premises” include our buildings, grounds, parking lots, and company provided vehicles.

Company Rules. You must follow these rules while you are on company premises and while you conduct company business. The rules apply any place you conduct company business, including a company vehicle or your own vehicle:

1. You may not use, possess, or be under the influence of alcohol on company premises. If management approves, you may drink moderately at certain off-premises, business related meetings or social gatherings.
2. You may not use, possess, or be under the influence of illegal drugs.
3. You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so, and we will report such actions to the authorities.
4. You may not use, possess, sell, buy, transfer, or distribute drug paraphernalia.
5. You may not use or be under the influence of inhalants.
6. You must follow these rules if you take prescription or over-the-counter drugs on the job.
 - You may use a prescription drug only if a licensed health care provider prescribed it for you within the last year.
 - You may use prescription or over-the-counter drugs only if they do not generally affect your ability to work safely.
 - You must follow directions, including dosage limits and usage cautions.
 - You must keep these drugs in their original containers or bring only a single-day supply.

The company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk if you use it on the job. The company may change your work duties or restrict you from working while you are using a prescription or over-the-counter drug that creates such a risk.

7. You may not use machinery while taking prescription or over-the-counter drugs that impair your ability to work safely. This includes vehicles. You must cooperate with any investigation into substance abuse. An investigation may include tests to detect the use of alcohol, drugs, or inhalants.

Testing. Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

Assistance. Our employee assistance program provides education on drug and alcohol abuse. You can also get counseling on substance abuse and other issues. For more information, call the employee assistance program at (903) 454-2096.

Agreement to follow policy.

I have received and read a copy of the drug and alcohol abuse policy for A & J Steel Reinforcing Services, Inc. I agree to follow the rules in the policy.

Employee Name (Printed)

Employee Signature

Date

Witness

Date



EMPLOYEE ACKNOWLEDGMENT OF WORKERS' COMPENSATION NETWORK

I have received information that tells me how to get healthcare under Workers' Compensation insurance.

If I am hurt on the job and live in the 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.
2. I must go to my treating doctor for all healthcare 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 healthcare from someone other than a network doctor without network approval.

Signature

Date

Printed Name

I live at: _____
Street Address

City State Zip



**A & J Steel Reinforcing Services, Inc.
Equal Employment Opportunity Policy**

A & J Steel Reinforcing Services, Inc., is an equal opportunity employer and maintains a work environment free from unlawful discrimination.

It is the policy of this company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

All employees are encouraged to refer minority and female recruits for employment whenever hiring opportunities are available.

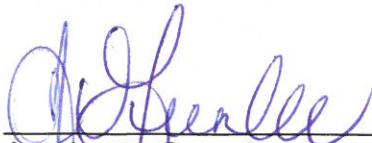
All employees are encouraged to request information on available training programs and the entrance requirements for each.

Any complaint of alleged discrimination by this company, its supervisors or employees, or any person or organization acting on behalf of this company should be reported immediately by following the company's complaint guidelines. The company will promptly investigate all complaints of alleged discrimination and will attempt to resolve such complaints. If investigation shows the complaint to be well founded, prompt and effective remedial action will be taken. The company assures that the complainant shall be protected from any form of retaliatory action.

Complaints may also be filed with the following agencies:

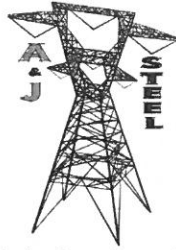
Equal Employment Opportunity Commission (EEOC)
(800) 669-4000

Texas Workforce Commission-Civil Rights Division (TWC-CRD)
(888) 452-4778



Antoinette Greenlee
President & EEO Officer

4047 W Interstate 30
Caddo Mills, Texas 75135
(903) 454-2096



**A & J Steel Reinforcing Services, Inc.
EEO Policy Employee Acknowledgment**

I acknowledge that I have received, read and understand the A & J Steel Reinforcing Services, Inc., policy and implementation procedures provided to me. If I have questions concerning the policy and procedure, I am to contact Antoinette Greenlee, EEO Officer at (903) 454-2096.

Employee Name (Printed)

Employee Signature

Date

4047 W Interstate 30
Caddo Mills, Texas 75135
(903) 454-2096

EEOC SELF-IDENTIFICATIONHuman Resources Department and Workforce Diversity Office
U5605-LBNL (R11/07)

EMPLOYEE NAME (Last, First, Middle Initial)	DEPARTMENT	EMPLID

Please identify the racial/ethnic category you most closely identify with by placing an "X" in the corresponding box within one of the two following categories: Non-Hispanic or Hispanic. The purpose of the requested information is to meet the Laboratory's legal obligations as a Federal contractor. (See the reverse side for the Privacy Notification Statement.)

NON-HISPANIC	
<input type="checkbox"/> WHITE (not Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN (not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> ASIAN (not Hispanic or Latino) Chinese/Chinese-American: Persons having origins in any of the original peoples of China. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands. Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan). Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.	
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE (not Hispanic or Latino)	Persons having origins in any of the original peoples of North and South America, (including Central American) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES (Not Hispanic or Latino)	Persons who identify with more than one of the above races/ethnicities.
HISPANIC or LATINO	
<input type="checkbox"/> HISPANIC or LATINO (including Black individuals whose origins are Hispanic) Mexican/Mexican-American/Chicano: Persons of Mexican culture or origin, regardless of race. Latin-American/Latino: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race. Other Spanish/Spanish-American listed above: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above	
GENDER	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
CHOOSE TO NOT SELF-IDENTIFY	
<input type="checkbox"/> I choose not to self-identify.	

All questions regarding ethnic, veterans, or disabled identification should be directed to the LBNL Equal Employment Opportunity Office.

Please place an "X" in each of the boxes that apply to you (more than one category may be applicable). Leave blank if none apply.

INDIVIDUAL WITH A DISABILITY STATUS CODE

An individual with a disability is a person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or who has a record of such impairment.

VIETNAM-ERA VETERAN STATUS CODE

Vietnam-Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or
2. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; a. in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

WAR/CAMPAIGN/EXPEDITION VETERAN STATUS CODE

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

ARMED FORCES SERVICE MEDAL VETERAN

Armed Forces Service Medal Veteran means: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

DISABLED VETERAN STATUS CODE

Disabled Veteran means:

1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
2. A person who was discharged or released from active duty because of a service-connected disability.

RECENTLY SEPARATED VETERAN

Any veteran during the three-year period beginning on date of such veteran's discharge or release from active duty in the U. S. military, ground, naval or air service.

Separation date: _____
month / day / year

**MILITARY OPERATIONS SINCE 1937 FOR WHICH A CAMPAIGN OR EXPEDITIONARY MEDAL
HAS BEEN AWARDED, EXCEPT FOR OPERATIONS OCCURRING DURING A DECLARED WAR**

Military Operation	Inclusive Dates	
American Defense Service (6)	September 8, 1939–December 7, 1941	Grenada (Operation Urgent Fury) October 23, 1983–November 21, 1983
Army Occupation of Austria	May 9, 1945–July 27, 1955	Haiti (Operation Uphold Democracy)..... September 16, 1994–March 31, 1995
Army Occupation of Berlin	May 9, 1945–October 2, 1990	Iraq (Operation Desert Spring) December 31, 1998–December 31, 2002
Army Occupation of Germany	May 9, 1945–May 5, 1955	Iraq (Operation Enduring Freedom) October 24, 2001–Present
Army Occupation of Japan	September 3, 1945–April 27, 1952	Iraq (Operation Iraqi Freedom) March 19, 2003–Present
China Service	July 7, 1937–September 7, 1939	Korea October 1, 1966–June 30, 1974
China Service Medal (Extended)	September 2, 1945–April 1, 1957	Kosovo..... March 24, 1999–Present
Korea Defense Service Medal	July 28, 1954–Present	Laos April 19, 1961–October 7, 1962
Korean Service	June 27, 1950–July 27, 1954	Lebanon..... July 1, 1958–November 1, 1958 and June 1, 1983–December 1, 1987
Kosovo Campaign		Libyan Area
Operation Allied Harbor	April 4, 1999–September 1, 1999	(Operation El Dorado Canyon) April 12, 1986–April 17, 1986
Operation Joint Guardian	June 11, 1999–Present	Mayaguez Operation May 15, 1975
Operation Sustain Hope/ Shining Hope	April 4, 1999–July 10, 1999	Panama (Operation Just Cause)..... December 20, 1989–January 31, 1990
Operation Noble Anvil	March 24, 1999–July 20, 1999	Persian Gulf (Operation Earnest Will) July 24, 1987–August 1, 1990
Operation Task Force Hawk	April 5, 1999–June 24, 1999	Southwest Asia
Operation Task Force Saber	March 31, 1999–July 8, 1999	Operation Southern Watch December 1, 1995–March 18, 2003
Operation Task Force Falcon	June 11, 1999–Present	Operation Vigilant Sentinel December 1, 1995–February 1, 1997
Operation Task Force Hunter	April 1, 1999–November 1, 1999	Operation Northern Watch January 1, 1997–March 18, 2003
Navy Occupation of Trieste	May 8, 1945–October 25, 1954	Operation Desert Thunder November 11, 1998–December 22, 1998
Navy Occupation of Austria	May 8, 1945–October 25, 1955	Operation Desert Fox..... December 16, 1998–December 22, 1998
Navy Units of the Sixth Fleet	May 9, 1945–October 25, 1955	Persian Gulf Intercept Operation December 1, 1995–Present
Southwest Asia Service (Operations Desert Shield and Desert Storm)	August 2, 1990–November 30, 1995	Quemoy and Matsu Islands..... August 23, 1958–June 1, 1963
Thailand	May 16, 1962–August 10, 1962	Somalia (Operation Restore Hope and United Shield) December 5, 1992–March 31, 1995
Vietnam Service	July 4, 1965–March 28, 1973	Taiwan Straits August 23, 1958–January 1, 1959
Armed Forces Expeditionary Medal (AFEM) for these operations:		Thailand..... May 16, 1962–August 10, 1962
Afghanistan		Thailand..... March 29, 1973–August 15, 1973 (Only those in direct support of Cambodia operations)
Operation Enduring Freedom	October 24, 2001–Present	Vietnam and Thailand..... July 1, 1958–July 3, 1965
Operation Iraqi Freedom	March 19, 2003–Present	Vietnam Evacuation
Berlin	August 14, 1961–June 1, 1963	Operation Frequent Wind April 29, 1975–April 30, 1975
Bosnia		Navy Expeditionary Medal and Marine Corps Expeditionary Medal for these operations:
Operation Joint Endeavor	November 20, 1995–December 20, 1996	Cuba January 3, 1961–October 23, 1962
Operation Joint Guard	December 20, 1996–Present	Indian Ocean/Iran November 21, 1979–October 20, 1981
Operation Joint Forge	June 21, 1998–Present	Iran/Yemen/Indian Ocean December 8, 1978–June 6, 1979
Cambodia	March 29, 1973–August 15, 1973	Lebanon..... August 20, 1982–May 31, 1983
Cambodia Evacuation		Liberia (Operation Sharp Edge)..... August 5, 1990–February 21, 1991
Operation Eagle Pull	April 11, 1975–April 13, 1975	Libyan Area..... January 20, 1986–June 27, 1986
Congo	July 14, 1960–September 1, 1962 and November 23, 1964–November 27, 1964	Panama April 1, 1980–December 19, 1986 and February 1, 1990–June 13, 1990
Cuba	October 24, 1962–June 1, 1963	Persian Gulf..... February 1, 1987–July 23, 1987
Dominican Republic	April 28, 1965–September 21, 1966	Rwanda (Operation Distant Runner) April 7, 1994–April 18, 1994
El Salvador	January 1, 1981–February 1, 1992	Thailand..... May 16, 1962–August 10, 1962
Global War on Terrorism	September 11, 2001–Present	

PRIVACY NOTIFICATION STATEMENT

(Revised October 1, 1998 for U5605)

The State of California Information Practices Act of 1977 requires the Laboratory to provide the following information to individuals who are asked to supply personal information about themselves.

- The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended (ii) Executive Order 11246, as amended; (iii) section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; and (iv) Section 503 of the Rehabilitation Act of 1973, as amended, as well as relevant implementing regulations.
- The information supplied on this form is used for required aggregated workforce data reporting to the federal government and for the administration of the Laboratory's equal employment opportunity/affirmative action and human resources programs. The information will be given to government agencies responsible for civil rights laws if these agencies request such information, or as otherwise required by law.
- Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.
- Individuals have the right to review their own records in accordance with the Laboratory's personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from the Human Resources Department and Workforce Diversity Office.
- The Laboratory offices responsible for maintaining the information supplied on this form are the Human Resources Department and Workforce Diversity Office.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional 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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you 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 W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, 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.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505). 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest). 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-". 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction. 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1. 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1. 10 _____

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

- Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.
- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**). 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3". 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 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 2017. 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 2017. 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

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
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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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.