



New Employee Packet

Worksite employer (client):

Client no.:

Work location:

Work state:

Note:***45-day notice required for new location/state***

Please complete this packet only AFTER you have accepted an offer of employment with your Worksite Employer. Welcome to Key HR! Your Worksite Employer has entered into a relationship with Key HR to provide certain administrative services which typically include: preparation of your paycheck, management of work related injuries or illnesses via our workers' compensation program, human resources support services and certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment, including but not limited to: policies, procedures, pay rate and hours of work. Employee Instructions: Complete all sections marked, sign and promptly return to your Worksite Supervisor.

Worksite Employer Instructions:

1. Complete all sections marked in **RED**: Page 1(a) and Page 4(b) – Section 2 “Employer or Authorized Rep Review and Verification;”
2. Verify employee has completed packet, including signatures on all forms and acknowledgments;
3. Email Pages 1(a) through 6 to your Key HR Human Resource Generalist at newhire@keyhro.com
4. Keep the original New Employee Packet for your records. Note: Pages 3(a) 3(b), 5 and 6 should be kept separate from personnel file.

Name (Please print name as shown on your Social Security Card):						Marital status (check one)		
Last name:		First:		MI:		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
						<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
Is this your legal name?	If not, what is your legal name?		(Former name):		Birthdate:	Age:	Gender	
<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> M <input type="checkbox"/> F	
Social Security no.:			Phone no.:			Email address:		
Street address:			City:			State:		ZIP Code:
IN CASE OF EMERGENCY								
Name of local friend or relative (not living at same address):				Relationship to patient:		Home phone no.:		Work phone no.:

TO BE COMPLETED BY THE WORKSITE EMPLOYER (CLIENT)

KeyHR start date:		Client date of hire:		Employment type:	
				<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	
Primary rate of pay:	Secondary rate of pay:	Pay method:			Standard hours/week:
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Commission <input type="checkbox"/> Tipped			
EEO Job Classification (check one classification which best describes the position):					
<input type="checkbox"/> 1.1 Executive/Senior Level Officials and Managers		<input type="checkbox"/> 2 Professionals		<input type="checkbox"/> 6 Craft Workers (skilled)	
<input type="checkbox"/> 1.2 First/Mid-Level Officials and Managers		<input type="checkbox"/> 3 Technicians		<input type="checkbox"/> 7 Operative (semi-skilled)	
		<input type="checkbox"/> 4 Sales		<input type="checkbox"/> 8 Laborers (unskilled)	
		<input type="checkbox"/> 5 Office and Clerical		<input type="checkbox"/> 9 Service Workers	
Job title:		W/C code:		Location code:	
Department code:		Division:		Project/Cost center:	
Authorized signature			Title		Date



Employment Authorization & Acknowledgement

Employment: I understand that my Worksite Employer has entered into an Agreement with Key HR or an affiliated company ("KEY") whereby KEY has agreed to provide certain specifically identified employment related services for me and my Worksite Employer. I understand that my Worksite Employer will still manage, direct and control day-to-day activities, and that I remain an at-will leased employee. Employment is on a probationary basis probationary basis for the first ninety (90) days after hiring.

Acknowledgment/Disclaimer of Employment Status: I understand I will NOT be considered a KEY employee for any purpose until a completed New Employee Packet and required paperwork is fully COMPLETED and RECEIVED by KEY.

Wages: I acknowledge that my Worksite Employer is responsible for paying my wages. In the event my Worksite Employer does not pay KEY for services provided by me to my Worksite Employer for a particular pay period, KEY may terminate the Agreement with the Worksite Employer, with no further obligations to me or my Worksite Employer. If the Agreement with my Worksite Employer remains in place, KEY may terminate my employment with no further obligations, or may elect to pay me for such pay period no more than the then-current minimum wage rate and my applicable overtime pay based on such minimum wage rate or the minimum salary for that pay period, as permitted by law. I understand that my Worksite Employer remains ultimately obligated to me for any unpaid wages I may be due. In the event that my Worksite Employer files a petition in bankruptcy at a time when monies are due to KEY from my Worksite Employer for wages paid to me, I hereby assign KEY any and all rights I have to assert a priority wage claim in the bankruptcy proceeding. I also authorize KEY and its affiliates to initiate any adjustments on future wages for any entries made in error.

Unemployment: I hereby agree to notify KEY in the event I resign or am terminated by my Worksite Employer, regardless of the reason within 48 hours for possible reassignment and that unemployment benefits may be denied if I fail to do so.

Safety/Injuries: I agree to immediately report to KEY and my Worksite Employer any accidents or injuries I suffer while working or while on my Worksite Employer's premises. I further agree to follow all safety rules and regulations established by either KEY or my Worksite Employer and realize that failure to do so may alter any workers' compensation benefits provided to me. In recognition of the fact that any work related injuries which might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result in suits against the customers or clients of KEY based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suits against any client or customer of KEY for damages based upon injuries which are covered under such Workers' Compensation statutes.

Drug Testing: I understand that KEY or my Worksite Employer may now have, or may establish, a drug -free workplace or a drug and/or alcohol testing program consistent with applicable federal, state, or local law. I understand that, pursuant to the Worksite Employer's policy and federal, state, or local law, I may, as a condition of hire or continued employment, be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I also understand that I may be subject to an alcohol and/or drug test before any treatment of a work-related accident or injury. I understand that refusal to submit to an alcohol and/or drug test may be considered a positive test result and/or grounds for termination.

Background Check: I understand that all information contained in this New Employee Packet is subject to verification. In the event my Worksite Employer required a complete background and/or credit check, I authorize and consent, to the extent permitted by federal, state, and local law, to allow my Worksite Employer, KEY, or their respective agent(s) to obtain information including, but not limited to, motor vehicle reports (driving records), credit history, employment or educational references, criminal history, and any other information concerning me.

Duty to Report Harassment: KEY does not and will not tolerate harassment of or discrimination against employees, applicants, customers or vendors. All KEY employees are strictly prohibited from engaging in any form of harassing and/or discriminatory conduct. If you think you are being harassed or discriminated against by another employee, manager, customer, or vendor, you should promptly notify the Worksite Employer's President and the Human Resource Department at KEY, 6959 University Blvd , Winter Park FL 32792; telephone 800.922.4133; fax 800.955.8144, whereupon the matter will be discreetly and thoroughly investigated. Immediate steps will be taken to stop any improper behavior. Disciplinary action, up to and including termination of employment, will be taken, when appropriate, against the offender(s). I agree that if at any time during my employment I am subject to any type of discrimination, including but not limited to discrimination because of race, sex, including same-sex, sexual orientation, pregnancy, age, religion, color, military status, veteran status, national origin, citizenship, handicap, disability, or marital status, or if I am subject to any type of harassment, including but not limited to sexual harassment, or any other treatment which I believe is unfair or improper, I will immediately contact the Worksite Employer's President and the Human Resource Department at KEY, telephone 800.922.4133 , in order to obtain assistance in the resolution of such matters.

Authorizing Release: I hereby authorize any party or agency contacted by my Worksite Employer, KEY, or their respective agent(s) to furnish information requested. I understand that I may be required to complete additional releases authorizing my Worksite Employer or its agents to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, my Worksite Employer, KEY, their respective agent(s), and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or cause of action that I may have a result of gathering delivery or disclosure of any requested information.

EMPLOYEE CERTIFICATION

I hereby certify that all information contained in these New Employee Packet or in any other application, resume, or document provided to my Worksite Employer or KEY is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee signature

Social Security no.

Printed name

Date



Direct Deposit / Cashpay Card

AUTHORIZATION FOR DIRECT DEPOSIT/CASHPAY CARD

☐ Initial form ☐ Change form

Employee name

Social Security no.

Client name

☐ I ELECT DIRECT DEPOSIT

☐ I understand this may take two to three weeks to commence

I hereby authorize KEY and/or any of its affiliated entities, (hereafter collectively referred to as "KEY") to initiate credit entries and to initiate, if debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting to my account. Such delays may be caused by events beyond the control of KEY, including but not limited to: delays in processing, Federal Reserve System, and/or banking changes (i.e. Routing numbers, etc.). This authority remains in full force until KEY receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons KEY can elect to use this authority or to issue a paper check at KEY's sole discretion. KEY must be afforded reasonable time to process any changes.

Bank name:

☐ Checking
☐ Savings

Amount (if not full):

Account number:

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ACH routing number

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Bank name (Optional)

☐ Checking
☐ Savings

Amount (if not full):

Account number:

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ACH routing number

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Employee signature

Date

A voided check or documentation from your financial Institution must be attached for your request to be processed.

☐ I ELECT CASHPAY (This may take two to three weeks to commence)

KeyHR paycard number (Customer ID)

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ACH routing number

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All other paycard number

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ACH routing number

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By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize KEY HR to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after KEY HR from me terminating my authorization.

* First transaction is free after each pay day. This allows you to remove all available funds at no cost.

Employee name:

Social Security no.:

Birthdate:

Street address:

City:

State:

ZIP Code:

Employee signature

Date



Voluntary EEO Identification

DEMOGRAPHIC INFORMATION

Various agencies of the U.S. Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. KEYHR and your Worksite Employer believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Full name:			Date:
Position applied for:	Social Security no.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:
Race/ethnic data (select one category):			
<input type="checkbox"/> White (Non-Hispanic) – Originating from Europe, North Africa, or Middle East	<input type="checkbox"/> Asian (Non-Hispanic) – Originating from the Far East, Southeast Asia or the Indian subcontinent	<input type="checkbox"/> Native Hawaiian or other Pacific Islander – Originating from Hawaii, Guam, Samoa or any other Pacific island	
<input type="checkbox"/> Black or African American (Non-Hispanic) – Originating from any of the black racial groups of Africa	<input type="checkbox"/> Hispanic or Latino – Mexican, Cuban, Puerto Rican, South or Central American or of any other Spanish origin regardless of race	<input type="checkbox"/> American Indian or Alaskan Native – Originating from North or South America (including Central America), who maintain tribal affiliation or community attachment	
<input type="checkbox"/> Two or more races (Non-Hispanic) – All persons who identify with more than one of the above races			
Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veteran and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, for use one in accordance with regulations, and without subjecting the individual to adverse treatment.			
Disabled/Veteran classification(s):			
<input type="checkbox"/> Special disabled veteran –30% or more disabled	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other eligible veteran	<input type="checkbox"/> Disabled individual

TO BE COMPLETED BY THE WORKSITE EMPLOYER (CLIENT)

☐ Check here, if the employee elected not to complete this form, the Worksite Employer (Client) has completed it through visual identification as required by law.



Personal Health History Questionnaire

PERSONAL INFORMATION

Applicable state and federal laws prohibit discrimination based on disability or prior filing of claim for workers' compensation or taking medical leave to which you were entitled. This personal health history questionnaire will be maintained in a file separate from your employment file. Any false statements, misrepresentations, or concealments to secure employment are sufficient grounds for dismissal.

Circle YES or NO if you now have, or if you are being treated now by a health care provider, OR if you have had in the past, or have been treated in the past by a health care provider, for any of the following: Please provide the details of any "YES" answer, including the duration of the condition, dates of treatment, work restrictions or impairment level (if any), and outcome. Please use additional sheets of paper if necessary to fully answer each question.

- | | | |
|--|--|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Carpel tunnel diagnosis or surgery | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Heart disease or attack | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Bone or joint problems, i.e. knee/shoulder/wrist, etc. | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Dizziness, fainting spells or frequent headaches | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Depression/Nervous disorder/Mental illness | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Back or neck condition/injury | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Have you ever had surgery? | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Do you have any physical limitations that limit or reduce your ability to perform any work related duties? | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have you ever had a workers' compensation claim due to the job injury or illness? | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have you had any medical condition, illness or disease resulted in your absence from work or inability to perform the essential functions of your job for more than seven consecutive work days? | Details: |

Have you ever had or been treated for any of the following conditions or diseases?

Repetitive stress trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back or neck problems or injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcoholism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug addiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major illness in the past five year	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employee signature

Social Security no.

Printed name

Date

**ON-SITE EMPLOYER / CLIENT COMPANY
PLEASE COMPLETE & RETAIN I-9 AT
YOUR LOCATION.**

KEY HR DOES NOT RECEIVE OR MAINTAIN I-9 FORMS.

**PLEASE INCLUDE A COPY OF
EMPLOYEE'S VALID GOVERNMENT
ISSUED PICTURE ID WITH APPLICATION.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AND	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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">Receipt for a replacement of a lost, stolen, or damaged List A document.Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
	Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

Enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

SIGN HERE

Job applicant's signature ►

Date

Dear New Employee:

Your employer is participating in a federal program to initiate jobs.

In order to complete the requirements, please complete the survey below:

Signature: _____ Date: ____/____/____ Social Security: # ____-____-____

Print Name: _____ Date of Birth: ____/____/____ How old are you?: _____

Have you worked for this employer before? YES ☐ NO ☐ If **Yes**, last date of employment: ____/____/____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:
(Please also complete the top and sign the bottom of the attached 8850 form. Thank you!)

1. In the **past 6 months**, have you or family member received SNAP / Food Stamps? YES ☐ NO ☐
If YES, please give name of primary recipient & City/State: _____
2. In the **last 18 months**, have you received TANF (Temporary Assistance for Needy Families)? YES ☐ NO ☐
If YES, please give name of primary recipient & City/State: _____
3. Are you a **VETERAN** of the U.S. Armed Forces? YES ☐ NO ☐ (IF NO, Please GO to Question #4.)
 - Have you been unemployed a **combined period of (6) months during the past year**? YES ☐ NO ☐
 - Have you been unemployed for a **combined period of (4) weeks but less than (6) months during the past year**? YES ☐ NO ☐
 - Were you discharged or released from active duty within the past year? YES ☐ NO ☐
 - Are you entitled to compensation for a service-connected disability? YES ☐ NO ☐
 - Are you a member of a family that received SNAP benefits for **at least 3 months during the past 15 months before you were hired**? YES ☐ NO ☐If YES, please give name of primary recipient & City/State: _____
4. In the **past 60 days**, did you receive Supplemental Security Income (SSI) benefits? YES ☐ NO ☐
5. In the **last year**, were you convicted of a felony or released from prison after a felony conviction? YES ☐ NO ☐
 - If **Yes**, enter the date of conviction: ____/____/____ & date of release: ____/____/____
 - Was this a federal ☐ or a state ☐ conviction?
6. Are you being referred by an agency for employees with disabilities? (Must be a Vocational Rehabilitation Agency)
 - YES ☐ NO ☐
 - Are you being referred by Social Security's Ticket to Work Program for employees with disabilities? YES ☐ NO ☐
 - Are you being referred by the Department of Veteran Affairs? YES ☐ NO ☐
7. Have you received Unemployment Compensation for more than 26 consecutive weeks? YES ☐ NO ☐

Starting Hourly Wage: \$ _____

Start Date: ____/____/____

CMS is responsible for administering this program for your employer, and is an independent organization. All information disclosed by yourself, therefore, will be handled independently by your employer. The information you provide is confidential and will be used only by CMS in strict confidence with the Department of Labor to determine your eligibility for the program. Thank you for your time and effort.



Dear Employee,

Your company is participating in a federal program under the PATH Act to create jobs.

In order to meet the guidelines for this program, we are requesting your assistance in completing the following brief survey via telephone, web link or web link QR code. All information you provide will remain confidential, and will not impact the hiring process.

Any information you provide is confidential and will be reviewed in strict confidence with the Department of Labor to determine eligibility for the available job initiation programs.

Please select one of the following methods to complete this process-

Web Screening: <https://wotc.irecruit-us.com/admin.php?wotcID=keyHR>

**Smart Phone
Web Screening:**



Call Center #: 866-597-6917

Your time and cooperation with this effort is greatly appreciated.

Thank you!