



PENSACOLA
STATE COLLEGE

HUMAN RESOURCES OFFICE

Adjunct Packet

(Ready-to-Hire)

Participant's Name _____

Participant's SSN _____ Employee Number _____

Department Name _____

Department Head _____

Note: Only Completed Packets, *for individuals intended to be hired*, should be sent to Human Resources

DATE: _____

TO: Human Resources Office

From: _____
Department Head

RE: Packet for: _____

Enclosed is the completed packet for the adjunct named above. This packet is to be forwarded to Human Resources for individuals intended to be hired. This packet includes the following documents.

DEPARTMENT HEAD ACKNOWLEDGEMENT FORM

- 1. Adjunct Acknowledgement Form
- 2. Pensacola State Employment Application
- 3. FRS Retirement – Certification Form
- 4. Employment Eligibility Verification (Form I-9)
- 5. Notification of Social Security Number Collection and Usage
- 6. Employee’s withholding Allowance Certificate (FormW-4)
- 7. Loyalty Oath
- 8. Transcript Agreement Form
- 9. Transcript Request Form(s)
- 10. Criminal Background Check/Fingerprinting Policy and Process
- 11. Worker’s Compensation
- 12. Social Security/FICA Alternative Plan (401(a)Plan)
- 13. Direct Deposit Form
- 14. Voluntary Information

Department Head

Date

DATE: _____

TO: Human Resources Office

From: _____

Adjunct Instructor's Name

Acknowledgement of Adjunct Information

I acknowledge the receipt and the return of the appropriate documents as listed herein. It is my understanding that these documents or the acknowledgement thereof will become part of my human resources file. I understand that the processing of my contract for employment is contingent upon the receipt and set-up of a completed adjunct packet.

The documents listed below constitute a complete adjunct packet. My signature below acknowledges that I have received, reviewed, and/or returned these documents to appropriate college staff member. (Place a check mark (✓) in the appropriate spaces):

- 1. Adjunct Acknowledgement Form
- 2. Pensacola State Employment Application
- 3. FRS Retirement – Certification Form
- 4. Employment Eligibility Verification (Form I-9)
- 5. Notification of Social Security Number Collection and Usage
- 6. Employee's withholding Allowance Certificate (FormW-4)
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- 11. Worker's Compensation
- 12. Social Security/FICA Alternative Plan (401(a) Plan
- 13. Direct Deposit Form
- 14. Voluntary Information

Adjunct Instructor's Signature

Date



An Equal Access/Equal Opportunity Employer
Human Resources Department
1000 College Boulevard
Pensacola, FL 32504
Phone: (850) 484-1799 Fax: (850) 484-1711

EMPLOYMENT APPLICATION

- Copy of post-secondary transcripts required
- Type or print in blue or black ink.
- Complete all sections in detail and sign the application.
- Submit a separate application for each vacancy.
- A resume may be attached but is not accepted in lieu of completing all sections of this form.
- Accurate information provides an evaluation of your qualifications/ information provided is subject to verification.
- If you need special assistance or accommodations during the application/interview process, contact the Human Resources Department.

Position: _____ **Date:** _____

Check one: Career Service Executive Faculty Professional/Managerial Adjunct

APPLICANT INFORMATION

1. Name _____
Last First Middle

2. Social Security Number (Last 4 digits only) _____

3. Telephone _____
Home Phone Work Phone Cell Phone

4. Address _____
Street Address

City State Zip E-mail Address

5. Are you a citizen of the United States? Yes No
(Proof of citizenship or authorization to work in the United States is required.)

6. Have you ever been employed by a Florida community College or Florida State Agency? Yes No

7. If yes, which college or agency, and when? _____

8. How did you learn of this position? _____

9. Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

10. Please list any other names(s) you may be known by: _____

11. Where did you learn of this Job opening? _____

Pensacola State College does not discriminate on the basis of race, ethnicity, national origin, gender, age, religion, marital status, disability, sexual orientation or genetic information in its educational programs and activities. The following has been designated to handle inquiries regarding nondiscrimination policies: Associate Vice President, Institutional Diversity at (850) 484-1759, Pensacola State College, 1000 College Blvd., Pensacola, Florida 32504.

EDUCATION

Photocopies of post-secondary transcripts are required for executive, faculty, and professional/managerial positions. Transcripts may also be required for some career service positions as listed in the minimum qualifications (see job description for details). Official transcripts may be required later in the process; official transcripts will not be returned. Transcripts must document the appropriate degree awarded as required in the minimum qualifications.

School	Name and Location	Graduated	Dates Attended	Type of Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior/Community College		Year Graduated _____		
College and/or University		Year Graduated _____		
Graduate/Post-Graduate		Year Graduated _____		

CERTIFICATIONS/LICENSURES (Please include last renewal date.)

PUBLICATIONS

REFERENCES

List three persons, other than relatives, who have knowledge of your professional or educational background. May we contact your present employer for a reference? Yes No

Name	Position/Title	Daytime Phone Number
1. _____		
Address _____		
2. _____		
Address _____		
3. _____		
Address _____		

EMPLOYMENT EXPERIENCE

List all employment, stating with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties:

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties:

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties:

Reason for Leaving _____

EMPLOYMENT EXPERIENCE (continued)

List all employment, stating with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties:

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____

Job Title _____ Supervisor _____

Full-Time Part-Time Hours per Week _____ Salary _____

Duties:

Reason for Leaving _____

APPLICANT'S CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and resume, if applicable, and give the College permission to contact schools, previous employers, references and others, and hereby release the College from any liability as a result of such contact. I understand that misrepresentations, omission of facts, or incomplete information in this application may eliminate me from employment consideration.

In addition, if employed, any misrepresentation or omission of facts given in this application may be cause for termination of employment.

Applicant's Signature _____ Date _____

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
- State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
- Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan’s administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.



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>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Notification of Social Security Number Collection and Use

In compliance with Section 119.071(5), Florida Statutes, Pensacola State College issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). Pensacola State College collects and uses your SSN only to perform the College duties and responsibilities. To protect your identity, Pensacola State will maintain the privacy of your SSN and never release it to unauthorized parties in compliance with state and federal laws. The College assigns you a unique student/employee identification number which is used for associated employment and educational purposes at Pensacola State, including the access of your college records.

Pensacola State College may collect and/or use your Social Security Number for the following purposes:

PURPOSE	FEDERAL AND STATE REGULATIONS
<p>EMPLOYEES</p> <p>Human Resources (Employment and Hiring)</p> <p>SSNs are used for legitimate business purposes in compliance with completion and processing of the following:</p> <ul style="list-style-type: none"> • Federal I-9 (Department of Homeland Security) • Federal W4, W2, 1099 (Internal Revenue Service) • Federal Social Security taxes (FICA) • Processing and Distributing Federal W2 (Internal Revenue Service) • Unemployment Reports (FL Dept of Revenue) • Florida Retirement Contribution reports (FL Dept of Revenue) • Workers Comp Claims (FCCRMC and Department of Labor) • Direct Deposit Files (affiliate banks) • 403b and 457b contribution reports • Group health, life and dental coverage enrollment (for employees and their dependents) • Various supplemental insurance deduction reports • Background checks (SSNs are collected in conducting employment background investigations for prospective employees as well as promotion eligible employees pursuing positions of special trust) • Retirement documents (for retirees, employees and their beneficiaries) • Certain federal contracts/grants require SSN for equity and IRS reporting 	<ul style="list-style-type: none"> • Tax-related uses are authorized and/or required by <ul style="list-style-type: none"> ○ 26 USC 3402, 3406, 1441, 6109 & 31.6011(b)-2; ○ 8 USC 1324a; ○ and 20 CFR 04.452 • Benefits-related uses are authorized by 119.071(5)(a)6.b.,f.,g, F.S • Background/employment-related uses are required by 8 USC 1324(a) and 42 USC 653(a) • Worker Compensation Claims are authorized by 440.185, F.S., Department of Labor, FCCRMC • Unemployment uses are authorized by State of Florida; disclosure per 119.071(5)(a)6.b., F.S. • Retirement uses are authorized by Florida Department of Revenue; disclosure per 119.071(5)(a)6.b., F.S. • Health insurance uses are authorized by State of Florida; disclosure per 119.071(5)(a)6.f.F.S. • Federal Contracts/Grants reporting use authorized by 41 CFR 60-4.3 • 403(b) contribution reporting authorized by US Tax Code 501(c)(3)

Providing your social security number is a condition of employment at Pensacola State College.

Employee's Signature

Date

**Attach copy of
SS card here.**

Form W-4 (2018)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

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

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

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

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

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

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

Instructions for Employer

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

New hire reporting. Employers are

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

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

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

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

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



LOYALTY OATH

(As required by Chapter 876.05 Acts of 1967)

I, _____, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the District Board of Trustees of Pensacola State College, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida.

Signature Date

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

Personally appeared before me _____ who states he/she read the foregoing Oath and is familiar with what it says and that he/she signed it freely and voluntarily, and in my presence, and who is personally known to me _____ or has produced _____ as identification and who did/did not take an oath.

SWORN to before me this _____ day of _____

Signature of Notary Date

Commission Expiration Date



TRANSCRIPT AGREEMENT FORM

Date: _____

I, _____, understand that the position for which I am accepting/seeking employment requires documentation of my college/university degree(s). My signature below acknowledges the following:

I understand that my continued employment as (check appropriate box)

- a full time faculty member
- an adjunct instructor

is contingent upon the receipt of the official transcript(s) from the college(s) and universities that I attended.

I understand I can be employed for only one academic term without having the official transcripts on file. If my official transcripts are not on file I may not be eligible to continue to teach at Pensacola State College.

I also understand that the renewal of my contract is contingent upon the review and approval of my employment credentials by the appropriate Vice President, Dean, Department Head, and director of Human Resources.

Signature

Date

Human Resources Representatives

Date

NOTE: In order to comply with credentialing requirements, the Southern Association for Colleges and Schools (SACS) requires Pensacola State College to provide evidence of official transcripts for all instructional personnel.



TO: REGISTRAR'S OFFICE

Name of School, College or University

Address of School

City State Zip code

Please forward an official transcript of my academic work:

_____ College Transcript

Mail Transcript to:

**Pensacola State College
Human Resources
Attn: Rhonda A Likely
1000 College Boulevard
Pensacola, FL 32504-8998**

The following information is furnished to assist you in locating my records:

Employee Name _____

Name used when attending the institution listed above _____

Birthdate _____ Student Identification Number _____

Date of Graduation _____

Date of Last Attendance _____

Current Address _____

***If there is a fee for this service, please bill the employee at his/her address shown above.**

Signature _____ Date _____

**DISTRICT OFFICE:
Pensacola State College
Human Resources
1000 College Boulevard
Pensacola, FL 32504-8998
(850) 484-1731 Fax: (850)484-1711**

Background Check Instructions

In accordance with the College policy, all employees, interns, and volunteers must complete a Level II background screening once they have been selected or scheduled for an assignment.

- Payment for the fingerprinting to acquire a criminal background check is paid by the employee via payroll deduction. An authorization for deduction form will be provided, and Human Resources will process the set up for such deduction.
- Volunteers and interns in non-paid assignments will be responsible to make a direct payment to the College's Cashier office and produce a receipt before the fingerprinting appointment is arranged.
- The College's live scan equipment to acquire fingerprints is located at the Pensacola campus, Public Safety/College Police department entrance area, building 5. The department may be reached at 850.484.2500, or x-2500 on campus to set up an appointment for fingerprinting.
- All parties who are printed by the College's live scan are required to complete a VECHS Waiver Form which will be provided by Human Resources, or available at the Public Safety/College Police. Completed VECHS Waivers forms will be maintained by the Human Resources department for each individual.

Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

Questions may be directed to:

Tammy R. Henderson
Director, Human Resources
1000 College Blvd.
Pensacola FL 32504-8998
Office Phone: 850.484.1766
thenderson@pensacolastate.edu



Employee Payroll Deduction Authorization Form
For Criminal Background Checks

Name: _____

Address: _____

Employee ID: _____ Department: _____

Phone Number: _____ Email: _____

I understand that pursuant to College policy, it is an employment eligibility requirement for an applicant to meet the requirements of § 435.04(2), Florida Statutes, related to background investigations. Any person failing to meet the requirements of the statute will be deemed not qualified to hold employment. A Florida Department of Law Enforcement (FDLE) approved background check will be conducted on every successful candidate as a condition of employment, and any person who fails to disclose any adverse information contained in the background investigation at the time of submitting an employment application will be disqualified from employment. Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

I authorize a one-time deduction of \$36.00 from my paycheck.

Signature: _____ Date: _____

+++++

FOR HUMAN RESOURCES: Code #

Record Updated by: _____ Date: _____

01/2017

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) District Board of Trustees of Pensacola State College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I have *OR* have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do *OR* do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: District Board of Trustees of Pensacola State College

Address: 1000 College Blvd. Pensacola FL, 32504

Telephone: 850-484-1766 Fax: 850-484-1711

FDLE Assigned Qualified Entity Number: E 17020007

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



WORKERS' COMPENSATION

Employees of Pensacola State College are covered for workers' compensation. The Florida College System Risk Management Consortium (FCSRMC) coordinates this program of self-insurance, and Gallagher Bassett Services, Inc. processes claims.

All accidents and incidents arising from work day must be reported to your supervisor. Please see below and the following page for more information

What if I require non-emergency care?

In case of an injury or illness on the job, after notifying your supervisor, contact the Pensacola State College Health Clinic, at extension 1322, immediately. The Health Clinic Nurse will refer you, as needed, for treatment. If the nurse is not on campus, contact the Director of Human Resources at extension 1766.

What if I require emergency care:

In the event of an emergency, proceed immediately to the nearest emergency facility. Care received as follow up to an emergency treatment will be coordinated by the Health Clinic at extension 1322.



Jeff Atwater, Chief Financial Officer **State of Florida**

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Worker's Compensation.

The Employee Assistance Office of the Division of Worker's Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the worker's compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or emailing us at workers.compservice@fldfs.com.

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at the link listed below:

http://www.myfloridacfo.com/wc/pdf/information_brochure_for_employersfinal.pdf.

PENSACOLA STATE COLLEGE - BENCOR 401(a) FICA ALTERNATIVE PLAN

Welcome to the Pensacola State College BENCOR 401(a) FICA Alternative Plan (retirement plan). This letter provides general information about the Plan and where to find more detailed information.

What is this retirement plan? The Pensacola State College BENCOR 401(a) FICA Alternative Plan (Plan) is a qualified retirement plan under Federal tax law that covers part-time, seasonal and temporary employees of the College who are not covered by the Florida Retirement System. The Plan provides an alternative benefit to Social Security and exempts you from FICA (Social Security) payroll taxes. You continue to pay Medicare taxes on your wages. Enrollment in the Plan is automatic for every employee who works in a position covered by the Plan.

How much is contributed? You contribute 7.5% of your wages on a *pre-tax basis* (for income tax purposes) instead of paying Social Security taxes that otherwise would be determined and paid by you on an *after-tax basis*. You will see your Plan contribution amount reflected on your paycheck stub. Contributions are credited to an individual account in your name under the Plan.

How can I access my account? Go to www.bencorplans.com, click on **Participant Log On**, then select the **Get Started** box and follow the prompts to create your personalized user ID and password.

FEATURES OF THE PARTICIPANT WEBSITE	
* Unit Values	* Investment Fund Objectives
* Account Balance	* Fund Performance
* Account Balance, by Fund	* Address Changes
* Fund Transfers	* Investment Allocation Changes
* Online Beneficiary Designation	* Transaction History
* Download Forms	* Plan Overview

How is my account invested? The Plan offers different investment options in which you may choose to invest amounts contributed to your account. If you do not choose investment options, your account will be invested automatically in the guaranteed option, which may or may not be the best option for your particular circumstances. Therefore, it is very important for you to log on to your account at www.bencorplans.com as soon as possible to obtain information about all the available investments and choose the options that are appropriate for your own objectives and preferences.

Can I withdraw my account? Your account is always 100% vested and belongs only to you. The balance of your account will be available **after** your termination of employment, retirement or total disability. In the case of your death, the beneficiary or beneficiaries you name under the Plan will be able to withdraw your account balance. Funds may be withdrawn as a lump sum cash distribution, which is taxable for the year of withdrawal, or as a direct rollover to an IRA or eligible retirement plan, which defers your income tax obligation. To request a withdrawal, download a Distribution Request Form from www.bencorplans.com. Additional information about income taxes and rollovers is included with the form. Mail your completed form to Pensacola State College, Human Resources, 1000 College Blvd., Pensacola FL 32504

Your account is subject to the IRS Required Minimum Distribution rules after you reach age 70 ½, or retirement, if later.

Individuals who are "active participants" for the year in certain tax-advantaged retirement plans, such as this FICA Alternative Plan, are subject to federal tax law limitations on deducting contributions for the same year to an IRA account. These limitations also may affect a spouse's IRA deductions. Consult an independent tax advisor if you wish to take federal income tax deductions for contributions to an IRA.

Will I receive statements? Annual statements showing your account activity and ending balance are provided after the close of each calendar year. You may enroll in e-statements online to save mail time, paper and ink.

Are there any fees? There are no administrative fees charged to your account unless your balance is less than \$1,000 *and* no contributions have been made to your account for more than two years. At that time, if you do not elect a distribution, a monthly maintenance fee will apply.

How can I get more information? To logon to your account for plan and account information, go to www.bencorplans.com. Click on the **Participant Log On** link to access your account. Logon tips for first time visitors are located on the logon page. After logging on, visit the **Communications** section and choose **Plan Related Forms** for an overview of the plan and website, or dial a Bencor Customer Service Representative at 1-888-258-3422, option 1. Representatives are available Monday – Friday, 8:30 a.m. through 5:00 p.m., Eastern Time.

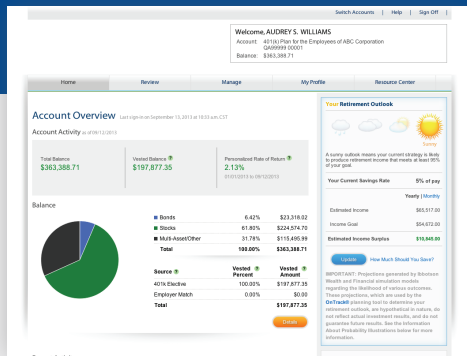
Easy access to your account

Your plan website is the first step for anything you want to know about your account. Use it to sign in to your account, find information about your retirement plan benefits, and learn more about saving for your future.

www.bencorplans.com

First-Time Users

- Select “Participant Log On.”
- Click “Get Started.”
- Follow the instructions to establish a customer ID and password.



Frequent Users

- Click “Participant Log On.”
- Sign in to your account by entering your customer ID and password.
- Click on the name of the account you want to access.

Once you have signed in, you can review the current status of your account, make changes, and access tools to help you personalize your retirement strategy. From the main menu, scroll over the five tabs—**Home, Review, Manage, My Profile,** and **Resource Center**—and select the action you want to take from the drop-down lists.

Check Account Balance

- Balance automatically appears on Account Overview page (in the Home menu at the top of the screen).
- For account balance by fund, click “Details.”

Review Investment Performance

- To get performance and fee details for all the funds in your plan, in the Review menu, click “Fund and Fee Information.”

Change Future Investment Allocations (new contributions)

- To choose or change how new contributions will be invested, in the Manage menu, click “Future Allocations.”

Transfer Between Investment Options (current assets)

- To transfer balances between individual or groups of funds, in the Manage menu, click “Transfers.”
- To change your overall investment mix, in the Manage menu, click “Current Allocations.”

Forms and Beneficiary Information

- To locate forms and beneficiary information, in the Home menu, select “Forms” or “Beneficiaries.”

Customer service

- From the top right on any page, select **Help**.

When you enter a change, a confirmation will be sent the following business day. Changes that are completed prior to 4 p.m. ET will be valued using the market closing unit values for that day. Changes completed after 4 p.m. ET will be valued using the market closing unit values for the following business day.

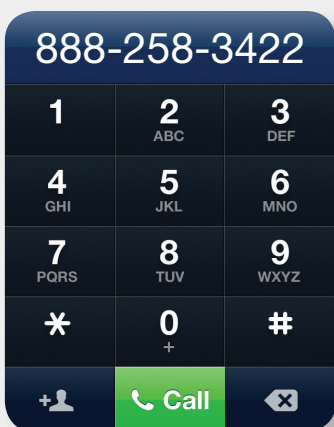


Easy access to your account

Call 888-258-3422, option 1

First-Time Callers

- Call 888-258-3422, option 1.
- Enter your Social Security number.
- Follow the prompts for creating your Personal Identification Number (PIN).



Frequent Users

- Call 888-258-3422, option 1.
- Enter or say your Social Security number.
- Choose the account you wish to access.
- Enter or say your PIN.

Check Account Balance

- Account balance automatically offered.
- For account balance by fund, say "Account information," then "Balances."

Review Investment Performance

- Say "Hear account information."
- Say "Fund information," then "Performance."

Change Future Investment Allocations (*new contributions*)

- Say "Change my account."
- Say "Future allocation."
- Provide updates to investment allocation.

Confirmation sent the following business day.

Please note that this allocation change impacts only your future contributions.

Transfer Between Investment Options (*current assets*)

- Say "Change my account."
- Say "Transfer current assets."
- Provide transfer information.

Confirmation sent the following business day.

Please note that changing current allocations does not change how your future contributions will be invested.

Customer Service

- Say "Speak to a counselor."



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

PENSACOLA STATE COLLEGE - HUMAN RESOURCES
1000 COLLEGE BLVD., PENSACOLA, FL 32504
PHONE: 850-484-1799 FAX: 850-484-1711

I HEARBY AUTHORIZE PENSACOLA JUNIOR COLLEGE TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY:

TYPE OF ACCOUNT: [] CHECKING ACCOUNT [] SAVINGS ACCOUNT

TYPE OF REQUEST: [] NEW SET-UP [] CHANGE [] CANCELLATION

NAME OF BANK/CREDIT UNION _____

BRANCH # _____ CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____ BANK PHONE # _____

VOIDED CHECK OR DIRECT DEPOSIT ENROLLMENT SLIP MUST BE ATTACHED (except for cancellations)

This authority is to remain in full force and effect until Pensacola State College has received written notification from me of its termination in such time and in such manner as to afford Pensacola State College and the financial institution a reasonable opportunity to act on it.

EMPLOYMENT STATUS: [] FULL-TIME [] ADJUNCT [] STUDENT

EMPLOYEE NAME: _____ EMPLOYEE ID # _____

DEPARTMENT: _____ EMPLOYEE PHONE # _____

Note: In an effort to expedite the efficient processing of your direct deposit request, the direct deposit is set up as a pre-note. This allows Pensacola State College and the financial institution the opportunity to ensure that all information is transmitted accurately. Therefore a hard copy (paper) check is issued for the pay period following the initial direct deposit set-up and must be picked up from the Cashier's Office. For changes to direct deposit - the payroll check is mailed to the address on file for the employee.

I acknowledge that my first pay-check will be a paper check that has to be picked up from the Cashiers's office on any of our three campuses. Please indicate which location you prefer.

First Check pick up location: [] PENSACOLA [] MILTON [] WARRINGTON

SIGNATURE: _____ DATE: _____

FOR HUMAN RESOURCES

RECORD UPDATED BY: _____ DATE: _____



VOLUNTARY INFORMATION

The following information is voluntary, but is need to input a required field in our payroll system. (Note: non-responses will result in an input as “Other”, accurate date is more desirable).

Ethnic Background

- American Indian or Alaskan Native
- Asian
- Black or African-American (not Hispanic origin)
- Hispanic or Latina
- Native Hawaiian or Other Pacific Islander
- White (not Hispanic origin)

Gender

- Male
- Female

Disabled

- Yes
- No

Last Name Firs Name SS# (last four digits)

Signature Date

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email (personal) _____

Social Security Number: _____

Birth Date: _____ Marital Status: _____

Gender: _____ Race: _____

Veteran: Yes / No Disabled: Yes / No

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____