



Dear Applicant:

Thank you for your interest in becoming a Respite Caregiver for our families. If you have any questions regarding the application process, please call our Office Manager, at (805) 384-0983 x855.

If you are being referred by a specific family to work just with them, you must submit all of the following information together.

Please find the following forms enclosed in this packet:

- Respite Caregiver Application
- Receipt of Job Description and Acknowledgement of Position Requirements
- Background Investigation Authority Form
- Respite Caregiver Preferences Form
- Parent/Guardian Waiver (Only required if a specific family is referring you to help them)
- W-4 Employee's Withholding Allowance Certificate (for tax purposes)
- I-9 Employment Eligibility Verification Form
- Two forms of valid identification, as described on the back of I9 form [one from list A, OR two (one from list B and one from list C)]
- Copy of CPR and First Aid cards
- Copy of Driver's License and Current Auto Insurance Card with your name listed on policy (if you are planning to claim mileage reimbursement)

You may check off the forms above as you complete them. Keep this letter to remind yourself of what you have submitted.

If you are applying to work with multiple families, the Respite Caregiver Preferences Form, Background Investigation Authority Form, W4 and I9 are all post-offer forms. You can submit them now, but they are not required until an offer of employment is made.

All Respite Caregivers must have taken CPR and First Aid training to be qualified for the job. If you have not taken this training in the past year, OR do not have a copy of your card, please let us know so we can send you information on local trainings in the community, and on free trainings we offer to all employees at our office in Camarillo each month. You will have thirty (30) days to complete this state-mandated training requirement upon hire.

The contents of all employment forms are CONFIDENTIAL and will not be shared with families or CISS non-management personnel. We look forward to having you join the Channel Islands Team! Congratulations on taking the first step toward making a difference in the lives of local families.

Sincerely,

A handwritten signature in cursive script that reads "Sharon M. Francis".

Sharon M. Francis  
Chief Executive Officer



## Respite Caregiver Application

CISS is an equal opportunity employer. The contents of this form are **confidential** and must be answered honestly and completely under penalty of perjury. Falsifying any of the information contained in this application shall serve as grounds for refusal to hire or immediate termination.

**A. Contact Info**

Legal Name of Applicant: \_\_\_\_\_ Nickname: \_\_\_\_\_

Bilingual?  Yes  No If yes, what languages? \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ Primary Phone = Home  Cell

Street Address, City, Zip: \_\_\_\_\_

If different mailing address, please list: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*CA Driver's License/ID # \_\_\_\_\_ \*\* Do you have vehicle insurance?  Yes  No

\*(All applicants must be able to drive as a condition of employment, unless a family has requested you be hired just for them)

\*\* (Current car insurance must be in applicant's name and is required to claim mileage reimbursement)

List the names of all of the counties and states where you have lived in the past seven (7) years:

\_\_\_\_\_

How did you hear about us? Who referred you? \_\_\_\_\_

If referred by a person, is he/she a  family using our services or a  current employee?

**B. Employment History:**

Please list information about your past 10 years of employment (continue on separate page if necessary):

Start Date	End Date	Company Name & Positions Held	FT/PT? Wage	Supervisor's Name & Phone #

**C. Disability-Related Training & Experience (attach additional sheet if necessary):**

Date(s)	Trainer/Employer	Description

Are you currently certified in CPR and First Aid\*?  Yes  No (Ask us about our FREE classes.)

Do you still have the cards?  Yes  No, but I'll get them

\*CPR and First Aid Training are a pre-requisite for all Respite Caregivers as required by Title 17 Regulations.

All caregivers must have received this training prior to employment being finalized with CISS in the first 30 days.

## Respite Caregiver Application Page 2 Channel Islands Social Services

Applicant Name: \_\_\_\_\_

CISS is an equal opportunity employer. The contents of this form are **confidential** and must be answered honestly and completely under penalty of perjury. Falsifying any of the information contained in this application shall serve as grounds for refusal to hire or immediate termination.

D. References (minimum of 2 professional) – Do not list any relatives:

Name & Phone Number	City and State	Describe Your Relationship
Name: Phone (     )     )		
Name: Phone (     )     )		
Name: Phone (     )     )		

E. Criminal Record Disclosure:

**Notice:** Due to the nature of work performed by Channel Islands Social Services, CISS cannot employ individuals with *certain* criminal records. CISS has a policy protecting the families and vulnerable individuals we serve by disallowing (preventing) employment in the unsupervised, direct care Respite Caregiver position for individuals who have been convicted (found guilty) of misdemeanor or felony crimes including but not limited to the following: crimes of a violent or sexual nature, crimes of abuse and neglect, property damage, fiduciary crimes (fraud, embezzling money, stealing...), illegal drug possession and/or D.U.I. If hired, I agree to immediately report to CISS any future convictions, which I understand may then be cause for termination of employment.

**Have you ever been convicted of a misdemeanor or felony offense?**     Yes     No

*If yes, please explain the nature of the crime and when it occurred. Attach separate pages if necessary*

\_\_\_\_\_

\_\_\_\_\_

F. Reliability, At-Will Employment & Reporting Availability:

If hired, I understand that work hours are not guaranteed and that I will be contacted directly by families with whom I have agreed to work. If I am unable to report for a shift, I must contact the family immediately. I also understand that to continue my employment, I must submit a timesheet at least every thirty (30) days and be reliable and flexible with the families who have chosen me. Repeated failure to work requested shifts may be grounds for termination. All employment is at-will and either party (CISS or employee) can terminate the employment agreement at any time and for no stated reason. Employees must report all availability and requests for additional work in a timely manner to the office.

G Respite Caregiver Qualifications Agreement:

I have received a written job description and a copy of the regulation requirements for In-Home Respite Caregivers [CCR17 §56792(e)]. I understand that, if hired, I must meet the requirements and minimum qualifications as stated to obtain and retain employment.

I have completed this application honestly. If hired, I agree to the terms and conditions of employment stated herein.

\_\_\_\_\_

**Respite Caregiver Applicant Signature**

\_\_\_\_\_

**Date**



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## **Respite Caregiver Job Description**

### **Minimum Qualifications:**

- a. Is at least eighteen (18) years old or fifteen (15) with a valid work permit, eligible to work in the U.S. (have a valid social security number), and can pass name and address verification checks
- b. Pass nationwide criminal record search (if over age 18) and county misdemeanor and felony criminal record searches (including no D.U.I. convictions within the past five years), with no record of violent, sexual, fiduciary, reckless driving, or illegal drug possession convictions.
- c. Provides at least two positive personal and/or professional references
- d. Has received CPR and First Aid training
- e. Meets all training requirements for their position
- f. Can safely lift a minimum of 50 lbs. and is physically capable of performing the tasks associated with each assignment accepted
- g. Must have valid driver's license and auto insurance in their name if submitting for mileage reimbursement (Note: company policy prohibits drivers under age twenty-one from transporting others.)

### **Job Duties:**

Responsible for the direct care of the individual receiving respite services who is residing with their family or primary caregiver. The employee must work collaboratively with the family to schedule respite hours each month that meet the family's needs and do not exceed the total authorized hours. The primary Respite Caregiver is expected to make themselves available to work the requested hours when at least seventy-two (72) hours notice has been given by the family. If the primary Respite Caregiver cannot fulfill the family's request, the Respite Caregiver should direct the family to call CISS. Frequent cancellations or lack of availability for a family must be reported to CISS.

The Respite Caregiver agrees to follow all CISS policies and procedures, and will keep all individuals under his/her care safe and in good health at all times. Support provided to the individual may include but not be limited to: social play, homework assistance, meal preparation, help with personal hygiene and self-care skills (which may involve toileting and diaper care), supervision of medication self-administration, community integration, social facilitation, implementation of general positive behavioral supports, and overall companionship.

Other responsibilities of the Respite Caregiver include but are not limited to the following: administration of oral medication or supervision of self-medication; recording any observed changes with or related to the individual receiving services and his/her environment; timely report any concerns or injuries to CISS management (written follow-up may be necessary); maintain confidentiality according to CISS policy; and submit accurate and timely timesheets, but no later than thirty days after performing Respite work.

**Work Hours:** Position is hourly, seasonal, on-call, non-exempt. Work hours are determined between the family and the CISS employee, so work is not guaranteed. The employee is responsible for regularly contacting CISS in writing to report their availability for additional work. As the employee sets their own hours with the families they have agreed to support, the employee must submit a timecard at least every thirty (30) days to remain employed.

**Wage:** \$9.50 (to work only with families already known to the applicant, Dept. 100) OR  
\$10.00/hr (to work as an On-Call Caregiver, Dept. 200) OR  
\$13.00/hr (to work with authorized siblings)  
+ Mileage reimbursement

**Direct Reports:** None. Reports to the Director of Operations/CEO



**Receipt of Job Description and Acknowledgement of Position Requirements**

**California Code of Regulations - Title 17  
Standards for In-House Respite Services Agencies  
Section 56792 - Personnel Functions and Qualifications**

- (e) The vendor shall assign staff to carry out in-home respite services.
  - (1) Each respite worker shall be responsible for the following functions:
    - (A) Performing the in-home respite services;
    - (B) Maintaining information as required in Sections 56796(a)(4) and 56798(c)(2)(B) of these regulations; (which state that Respite Workers must keep documents indicating the dates and hours of service for each consumer; and case notes reflecting important events or information not documented elsewhere.)
    - (C) Obtaining information concerning any specific care needs unique to the individual consumer at the time, or prior to the time, when services are delivered.
    - (D) Obtaining phone numbers and locations where family members can be contacted during the provision of in-home respite services.
  - (2) The vendor shall not assign other duties to the respite worker from the above noted functions during hours that the worker is providing in-home respite services.
  - (3) The respite worker shall possess the following minimum qualifications:
    - (A) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross;
    - (B) Education and experience required in the job description; and,
    - (C) The ability to perform the functions required in the service design.

\* \* \* \* \*

I have reviewed the CISS Respite Caregiver Job Description, as well as the above regulatory standards. I meet the minimum qualifications for the position and will perform the above tasks in my position.

\_\_\_\_\_  
**Respite Caregiver Applicant Signature**

\_\_\_\_\_  
**Date**



**BACKGROUND INVESTIGATION AUTHORITY**

I hereby authorize Channel Island Social Services or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested. If you would like a copy of your background results please check here

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*DOB is optional and is only used for identification purposes in screening inquiries*

**LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse)**

\_\_\_\_\_  
Street Address City State Zip DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

\_\_\_\_\_  
Street Address City State Zip DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

**MAY WE CONTACT YOUR CURRENT EMPLOYER?** YES NO

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** YES NO

*This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.*

Signature: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Channel Island Social Services Office Use ONLY** Date Requested: \_\_\_\_\_

Please carry out the services indicated below:

- Residence Trace
- Residence Trace with 7-year Criminal
- Residence Trace with 7-year Criminal + Discovery
- Discovery
- Statewide Criminal (State \_\_\_\_\_)
- County Criminal (County \_\_\_\_\_)
- County Criminal (County \_\_\_\_\_)
- County Criminal (County \_\_\_\_\_)
- Driving History
- Employment Verifications\*
- Employment References\*
- Personal References\*  
*(\*attach job application)*
- Other \_\_\_\_\_



## Respite Caregiver Preferences

*CISS believes in matching families and their loved ones with Respite Caregivers to enable the highest degree of compatibility and success of the in-home respite program. Please complete and update the following information with us annually.*

### A. Contact Info

Respite Caregiver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bilingual?  Yes: \_\_\_\_\_  No Home City: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Primary #  Cell Phone: (\_\_\_\_) \_\_\_\_\_ Primary #

Email Address: \_\_\_\_\_

### B. General Availability *(check one)*

If you wish to work with a specific family, please list the name of the child: \_\_\_\_\_

(Please note, if this family's services end, you are expected to contact the office for additional work. Refusal to accept work from CISS will result in any possible unemployment benefits being denied.)

*Please list for each day of the week, the times in which you are generally available to provide respite care:*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A							
M							
P							
M							

Willing to work any overnights?  Yes  No  Maybe Willing to work any holidays?  Yes  No  Maybe

Ages I am comfortable working with:  Any  0-5  5-12  12-22  Adults  Seniors

Please check the level of personal care you are willing to provide to the above age groups:

Diapering  Toileting Assistance  Bathing  Showering  None  
To  Females  Males  Both

### C. City and Preferences

*Please check off the cities in which you are generally available to provide in-home respite care: ALL*

#### 1. East County:

- Simi Valley
- Moorpark
- Newbury Pk/Thous.Oaks
- Westlake/Oak Park/Agoura

#### 2. Central County:

- Camarillo/Somis
- North Oxnard
- South Oxnard/Port Hueneme

#### 3. West & Inland:

- Ventura
- Ojai
- Santa Paula
- Fillmore/Piru

### D. Experience *Generally, I feel comfortable supporting individuals with the following diagnoses:*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Any, with training                                       | <input type="checkbox"/> *Autism                     | <input type="checkbox"/> Non-Ambulatory (wheelchair)   |
| <input type="checkbox"/> Mental Retardation - Mild to Moderate                    | <input type="checkbox"/> *Asperger's Syndrome        | <input type="checkbox"/> Incontinence (no diapers)     |
| <input type="checkbox"/> Mental Retardation - Moderate to Severe                  | <input type="checkbox"/> Down Syndrome               | <input type="checkbox"/> *Incontinence (wears diapers) |
| <input type="checkbox"/> Behavioral Challenges - Mild to Moderate                 | <input type="checkbox"/> Cerebral Palsy              | <input type="checkbox"/> *Diabetes/ Special Diets      |
| <input type="checkbox"/> *Behavioral Challenges - Moderate to Severe              | <input type="checkbox"/> *Seizures (mild/infrequent) | <input type="checkbox"/> *Prader Willi                 |
| <input type="checkbox"/> Non-Verbal   | <input type="checkbox"/> *Seizures (frequent)        | <input type="checkbox"/> *PICA (eats inedible objects) |
| <input type="checkbox"/> *Medical - Minor (medication only)                       |  | <input type="checkbox"/> Hearing Impaired/Deaf         |
| <input type="checkbox"/> *Medical - Moderate (dressing care and medications only) |  | <input type="checkbox"/> Visually Impaired/Blind       |
| <input type="checkbox"/> *Medical - Severe (G tube care and insulin injections)   |  |  |
| <input type="checkbox"/> Other: _____   |  |  |

*\*Requires more extensive training from parents, then typical orientation, prior to working with their child*

**Page 2 of Respite Caregiver Preferences Form**  
**Channel Islands Social Services**

**E. Respite Caregiver Emergency Contact Information**

*The health and safety of our employees is extremely important to us. Please complete this section and make sure each family you help has this information should anything happen to you while in their home. If we cannot reach you by phone within forty-eight (48) hours, we will contact these individuals.*

Emergency Contact Name	Relationship	Phone Number(s)

Allergies: \_\_\_\_\_

I carry an Epi-pen for my allergies at all times

**F. Physical Limitations**

*\*Please note that section (f) of the job description specifies the requirement that employees can safely lift a **minimum of 50 lbs.** for their own protection and that of the individuals we support.*

Physical limitations related to the job:  No  Yes (One box must be checked)

Per doctor's orders, I cannot lift over \_\_\_\_\_ pounds (must attach medical note)

I cannot climb stairs       I cannot run after active children

Please describe any limitations checked above and possible accommodations that can be made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. Preferred Home Environment** (optional)

Prefers non-smoking home

Prefers no pets due to allergies

I have completed the above information honestly and will provide any material updates to Channel Islands Social Services as they occur. I understand it is my responsibility to furnish my own emergency contact information to each family at the time of my service.

\_\_\_\_\_  
Respite Caregiver's Signature

\_\_\_\_\_  
Date

*Please return this completed form after we have made an offer of employment to you. If you choose to submit it prior to an offer of employment, you are doing so of your own choice and recognize that CISS does not use it for screening purposes.*



## Parent/Guardian Waiver for Designation of Respite Caregiver

I, \_\_\_\_\_, am the  parent (or  guardian) of  
(Print name)

\_\_\_\_\_, who receives  TCRC or  NLACRC funding  
(Print child's name)

services. I hereby designate \_\_\_\_\_ to provide in- home  
(Print Respite Caregiver's name)

respite services for my (above named) child. I believe this person to be of good morale character, as I have

known them personally for \_\_\_\_\_ years as a(n) \_\_\_\_\_  
(Print number) (Relationship: friend, neighbor, relative...)

The determination in designating this Respite Caregiver is my **sole responsibility**, based on my personal knowledge of, and relationship with, this person and **I waive any and all claims** and/or actions against Channel Islands Social Services (CISS) for my decision. I understand that if CISS finds this Caregiver to have a criminal record or not be eligible for employment in the United States, that CISS may choose to not employ this person and that such findings are highly confidential and may not be shared with me.

We, the parent or guardian and the designated Respite Caregiver, have received a copy of the job description and regulations known as CCR Title 17, Section 56792(e) and the Respite Caregiver described in this waiver meets or exceeds the stated minimum requirements.

Unless revoked, this waiver will remain in effect during my child's service authorization for In-Home Respite Services provided by Channel Islands Social Services.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Respite Caregiver Signature)

\_\_\_\_\_  
(Date)

OMB No. 1615-0047; Expires 08/31/12

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

# Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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

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

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

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

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

Signature of Employer or Authorized Representative	Print Name Sharon M. Francis	Title CEO
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Channel Islands Soc. Svcs 900 Calle Plano #K, Camarillo, CA 93012		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be unexpired

**LIST A**

**Documents that Establish Both Identity and Employment Authorization**

**LIST B**

**Documents that Establish Identity**

**LIST C**

**Documents that Establish Employment Authorization**

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

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

# Form W-4 (2010)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: } } **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

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

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2010</span>
1 Type or print 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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

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

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

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

**Note.** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

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