



Location _____ DOH ___ / ___ / ___ Name _____

Department _____ DOB ___ / ___ / ___ Email _____

Forms complete: (Application must be complete before submitting to HR Department.)

- Job Application
- Statement of Job Applicant
- Release of Information
- Release for Criminal Background Check
- Pre-employment Drug Screen consent

After interview/position is contingent upon:

- Completed background check **(processed by Assoc. HR staff)**
- Personal/Professional references (3)
- Drug Free Workplace
- Drug test (confirm with Assoc HR staff results)

To complete “New Hire Paperwork” before placing on work schedule:

- Youth Protection Policy
- Code of Conduct
- Terms of Employment
- Job Description
- Payroll Change Form (to be completed by Supervisor)
- W-4
- G-4
- I-9 with copies of ID

If driving personal vehicle for YMCA business or a YMCA vehicle:

- Copy of current Georgia Driver’s License
- 3 Year DMV
- Copy of current vehicle insurance

Training

- Y USA New Employee Orientation ___ / ___ / ___
- Praesidium Youth Protection Training ___ / ___ / ___
- CPR, First Aid,, and AED Training ___ / ___ / ___



YMCA of Georgia's Piedmont Employee Application

Please print and answer all questions. If one does not apply, insert N/A. If additional space is required to adequately answer any question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet. This application is not intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, creed, color, national origin or existence of any sensory, mental or physical disability that does not interfere with the performance of the position for which you are applying.

Position Applied: _____ Branch: _____ Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security #: _____ Phone #: _____ Cell / Home

Current Address: _____

Email Address: _____

Are you currently employed? _____ Date you are available to begin work? _____

May we contact your current employer? _____

Have you previously worked at another YMCA? _____

Have you the legal right to work in the United States? _____

Have you ever been charged with or convicted of a misdemeanor or felony? _____

If yes, please explain _____

Are you interested in: Part-time: _____ Full-time: _____

Will you be available to work overtime? _____

List hours you would be available to work:

Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____
Sunday _____		

Emergency Contact: _____

Phone Number: _____ Relationship: _____

EMPLOYMENT HISTORY (List last four employers starting with the most recent.)

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

PERSONAL REFERENCES

List below the names of three people you have know for at least one year. **One person should be a family member.**

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

EDUCATION

High School

School Name: _____
Graduated: Yes _____ No _____ Current Grade: _____

Junior College

School Name: _____
Address: _____
Years Completed: _____ Degree: _____

College/University

School Name: _____
Address: _____
Years Completed: _____ Degree: _____

Graduate School

School Name: _____

Address: _____

Years Completed: _____ Degree: _____

Trade School

School Name: _____

Address: _____

Years Completed: _____ Degree: _____

SKILLS

List any additional special training or seminars: _____

List any licenses, certificates or professional achievements. Please attach copies. _____

Foreign Languages:

Speak: _____ Read: _____ Write: _____

Machines Operate: _____

Type: Yes _____ WPM: _____, No _____

Please read the following before signing this application:

1. I declare that the information submitted in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal.
2. I understand that any false or incorrect statement or omission of a fact on this application or during the interview process shall result in rejection of my application or my dismissal.
3. I understand that the consideration of my application does not constitute an obligation to offer employment. I authorize investigation of all statements contained in this application.
4. I understand and agree that my employment or independent contract or relationship is for no definite period and may, regardless of the date of payment of my compensation, if any, be terminated at any time without any previous notice.

I have read and understand the above.

Applicant Signature

Date



YMCA of Georgia's Piedmont Statement of Job Applicant

In the YMCA of Georgia's Piedmont efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent to and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check and a physician's statement showing me to be in good health.

I authorize the YMCA of Georgia's Piedmont to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the YMCA from any liability re: sharing with third parties any child abuse information gathered in this background check or observed during my employment with the YMCA.

In the event of my employment by the YMCA of Georgia's Piedmont, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, including, but not limited, to babysitting or inviting children to my home.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely "employment at will," giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment. Any misrepresentation or omission of facts discovered after employment may be cause for termination of employment with the YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Applicant Signature: _____ Date: _____



YMCA of Georgia's Piedmont Release of Information

I hereby authorize any person, educational institution or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the YMCA of Georgia's Piedmont, any former employers, educational institutions and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I hereby authorize that a photocopy of this release be considered as valid.

Applicant Signature

Date

Applicant Printed Name

Release for Criminal Background Check

I, _____, authorize the YMCA of Georgia's Piedmont to conduct a criminal background check for hiring and periodically for the duration of my employment with this company. This includes, and is not to, employment, criminal, educational and credit history. I authorize all agencies who may have information relevant to this investigation to disclose said information to the YMCA of Georgia's Piedmont and/or its agents. I release all persons or agencies from any liability from disclosure of background information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Company

Social Security Number

Date of Birth

Print name

Date

Current Physical Address

City, State Zip

Signature

YMCA Mission Statement: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all."



**YMCA of Georgia's Piedmont
Pre-employment Drug Screen Consent Form**

I have applied for employment with the YMCA of Georgia's Piedmont. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the YMCA of Georgia's Piedmont for any job position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the YMCA of Georgia's Piedmont for screening purposes to conduct such screening and to provide the results to the YMCA of Georgia's Piedmont, and I release the YMCA of Georgia's Piedmont and any person affiliated with the YMCA of Georgia's Piedmont and any such institution or person conducting the screening, from liability therefore.

Applicant Signature

Date

Applicant's Printed Name



YMCA of Georgia's Piedmont

Personal/Professional Reference Form

Applicant name: _____ Date: _____

Reference name: _____ Phone #: _____

- What is your relationship to the applicant?
- How long have you known the applicant?
- How well do you know the applicant?
- How would you describe the applicant's ability to relate to children and/or youth?
- How would you describe the applicant's ability to relate to adults?
- How would you describe the applicant's leadership abilities?
- How would you describe the applicant's personality and character?
- What are the applicant's strengths?
- Would you describe the applicant as reliable and punctual?
- Have you witnessed applicant dealing with any type of conflict? How did the applicant manage the process?
- Why do you think the applicant would be a good choice for this position?
- Is there any further information you could provide that would enable us to make an informed decision regarding this applicant?

Reference completed by: _____ Date: _____



YMCA of Georgia's Piedmont
Personal/Professional Reference Form

Applicant name: _____ Date: _____

Reference name: _____ Phone #: _____

- What is your relationship to the applicant?
- How long have you known the applicant?
- How well do you know the applicant?
- How would you describe the applicant's ability to relate to children and/or youth?
- How would you describe the applicant's ability to relate to adults?
- How would you describe the applicant's leadership abilities?
- How would you describe the applicant's personality and character?
- What are the applicant's strengths?
- Would you describe the applicant as reliable and punctual?
- Have you witnessed applicant dealing with any type of conflict? How did the applicant manage the process?
- Why do you think the applicant would be a good choice for this position?
- Is there any further information you could provide that would enable us to make an informed decision regarding this applicant?

Reference completed by: _____ Date: _____



YMCA of Georgia's Piedmont
Personal/Professional Reference Form

Applicant name: _____ Date: _____

Reference name: _____ Phone #: _____

- What is your relationship to the applicant?
- How long have you known the applicant?
- How well do you know the applicant?
- How would you describe the applicant's ability to relate to children and/or youth?
- How would you describe the applicant's ability to relate to adults?
- How would you describe the applicant's leadership abilities?
- How would you describe the applicant's personality and character?
- What are the applicant's strengths?
- Would you describe the applicant as reliable and punctual?
- Have you witnessed applicant dealing with any type of conflict? How did the applicant manage the process?
- Why do you think the applicant would be a good choice for this position?
- Is there any further information you could provide that would enable us to make an informed decision regarding this applicant?

Reference completed by: _____ Date: _____



**YMCA of Georgia's Piedmont
Board of Directors Policy
“Drug Free Workplace”**

The Board of Directors of the YMCA of Georgia's Piedmont believes it is the right of every employee and volunteer to work or volunteer in an environment void of controlled substances (drugs) or alcohol. Further, the Board recognizes that controlled drug and alcohol use at the work site, on YMCA property, or at satellite facilities seriously impairs not only his/her effectiveness on the job, but also his/her own health. Therefore, it is our resolve to be officially known to all as a “Drug Free Workplace”.

Each employee and the public is hereby notified, by this policy, that unlawful manufacturing, dispensing, possession, distribution or use of a controlled substance or alcohol is strictly prohibited at the YMCA or at any YMCA function held away from YMCA property. Any employee or volunteer of the YMCA and shall be subject to such discipline as the Executive Director and Board of Directors determine. Penalties will include, but are not limited to: verbal and/or written reprimands, suspension from duty, requirement to participate satisfactorily in a substance abuse or rehabilitation program, dismissal from duty, and criminal prosecution.

Employees suspected of possessing, selling or distributing drugs will be reported to the proper law enforcement authorities. Should an employee be in possession of an illegal controlled substance or involved in any substance abuse on the job, that employee will be subject to disciplinary actions, which may result in immediate discharge. Should an employee be injured on the job, the YMCA reserves the right to have that employee submit to drug screening to determine if substance abuse caused the accident.

As a condition of employment with the YMCA of Georgia's Piedmont, I agree to abide by the terms and conditions of this policy as listed in the above paragraphs.

Employee Signature

Date

Youth Protection Policy

YMCA OF GEORGIA'S PIEDMONT

The following policies are intended to assist staff and volunteers in making decisions about interactions with youths. For clarification of any guidelines, or to inquire about behaviors not addressed here, contact your supervisor.

We are committed to creating an environment for youths that is safe, nurturing, empowering, and promoted growth and success. No forms of abuse will be tolerated, and confirmed abuse will result in immediate dismissal from our organization. All reports of suspicious or inappropriate behavior with youths or allegations of abuse will be taken seriously. Our organization will full cooperate with authorities if allegations of abuse are made that require investigation.

The Youth Protection Policy outlines specific expectations of the staff and volunteers as we strive to accomplish our mission together:

1. All staff and volunteers are subject to a mandatory criminal background check.
2. Staff and volunteers will not neglect the health, basic care and wellbeing of youths and will treat youths with respect at all times. This includes fair treatment regardless of race, sex, age or religion.
3. Staff and volunteers will adhere to uniform standards of displays of affection as outline by our organization. (See section addressing Physical and Verbal Interactions.)
4. Staff and volunteers will avoid affection with youth that cannot be observed by others.
5. Y Staff should not have any forms of communication, outside of Y work time, with minors (anyone under the age of 18) who participate in Y programs, are members, or are introduced through any affiliation with the Y.
6. Staff and volunteers will not have sexually oriented materials, including printed or online pornography, on our organization's property.
7. Our organization will not tolerate the mistreatment or abuse of one youth by another youth. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior.

Bullying is aggressive behavior that is intentional, is repeated over to time, and involves an imbalance of power or strength. Bullying can take on various forms including:

- a) ***Physical Bullying:*** when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
- b) ***Verbal Bullying:*** when someone uses their words to hurt another, such as by belittling or calling another hurtful name
- c) ***Nonverbal or Relational Bullying:*** when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
- d) ***Hazing:*** an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
- e) ***Sexualized Bullying:*** when bullying involves behaviors that are sexual in nature, which include but are not limited to sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.
- f) ***Cyberbullying:*** the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs).

Cyberbullying can involve:

- Sending mean, vulgar, or threatening messages or images.
- Posting sensitive, private information about another person.
- Pretending to be someone else in order to make that person look bad.
- Intentionally excluding someone from an online group.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youths, staff and volunteers.

8. The YMCA is a mandatory reporting agency. All staff must follow state specific mandatory reporting requirements. Staff will be trained to be aware of and understand their legal and ethical obligations to recognize and report suspicions of mistreatment and abuse. Staff will:
- a. Complete assigned online training for youth protection prior to hire as well as all other training assigned by the supervisor. All training will be documented.
 - b. Staff and volunteers will report concerns or complaints about other staff, volunteers, adults, or youths to their direct supervisor. A YMCA Director will contact the Department of Social Services.

- c. Follow up with your direct supervisor to ensure that appropriate action has been taken. An incident report will be filed that indicates whether DSS informed.
9. Our organization cooperates fully with the authorities to investigate all cases of alleged abuse. Any staff or volunteer shall cooperate to the fullest extent possible in any external investigation by authorities or internal investigation conducted by the organization. Failure to cooperate fully may be ground for termination.
 10. Staff and volunteers will not be eligible for hire or allowed to volunteer if convicted of youth abuse, indecency with a youth, or injury to a youth.

Physical Interactions:

Our organization’s physical interactions policy promotes a positive, nurturing environment while protecting youths and staff. Any inappropriate physical interactions by staff towards youths in the organizations programs will result in disciplinary action, up to and including the termination of employment.

The organization’s policies for appropriate and inappropriate physical interactions are included but not limited to the following:

Appropriate Physical Interactions	Inappropriate Physical Interactions
<ul style="list-style-type: none"> • Side Hugs • Shoulder to shoulder or “temple” hugs • Pats on the shoulder or back • Handshakes • High fives • Verbal praise • Touching hands, shoulders and arms • Holding hands while escorting or arm guiding, when needed 	<ul style="list-style-type: none"> • Full frontal hugs • Kisses • Showing affection in isolated areas • Lap sitting • Piggyback rides • Tickling • Allowing a youth to cling to an employee’s or volunteer’s leg • Any type of massage given by or to a youth • Any form of affection that is unwanted by the youth • Touching the bottom, chest or genital areas

Verbal Interactions:

Staff and volunteers are prohibited from speaking to youth in a way that is, or could be construed by any observer, as harsh, coercive, threatening, intimidating, shaming, or derogatory. Staff and volunteers must not initiate sexually oriented conversations with youths.

Our organization's policies for appropriate and inappropriate verbal interactions are included but not limited to the following:

Appropriate Verbal Interactions

- Positive reinforcement
- Appropriate jokes
- Encouragement
- Praise

Inappropriate Verbal Interactions

- Name calling, shaming and belittling
- Discussing sexual encounters or in any way involving youths in the personal problems or issues of staff/volunteers
- Secrets
- Cursing, off-color or sexual jokes
- Derogatory remarks towards the youth and/or family
- Harsh language that may frighten, threaten or humiliate youths
- Any comments related to physique or body development

Electronic Communications:

Any private electronic communication between staff/volunteers and youths, including the use of social networking website, such as Facebook, Instagram, Snapchat, instant messaging, texting, gaming platforms, etc is prohibited. All communication between staff and youths must be transparent. The following are examples of appropriate and inappropriate electronic communication:

Appropriate Electronic Communications

- Sending and replying to parents is preferred, however if communication is necessary with youth then supervisor or parent must be copied
- Communicating through "organization group pages" or other approved public forums

Appropriate Electronic Communications

- Any form of cyberbullying
- Conversations or comments of sexual nature
- Inappropriate or unsuitable private messages between staff/volunteers with youth
- Posting pictures of organization participants on personal social media platforms
- Private messages between staff/volunteers with youth which includes sharing personal emails or usernames
- "Friending", "following", or making comments on pictures on social media

If you do encounter any online material that is potentially damaging to the organization's reputation you should report it immediately to your supervisor.

Cell Phone Use:

While assigned to work with youths, staff/volunteers are not permitted to use electronic communications devices except during approved breaks and emergency situations. Internet use, text messaging and/or emailing pictures while assigned to work with youths is strictly prohibited regardless of the type of device used and whether for business or personal reasons. Employees need to ensure that friends and family members are aware of this policy.

Acceptable Use of Cell Phones During Program Hours:

There are occasions in which staff will need to use personal or organization issued electronic communication devices. In these cases, staff will have explicit direction from supervisors governing use. Situations which may require use of organization issued or personal electronic communication devices include:

- a) Field Trips

- b) Off Site Programs
- c) Emergencies
- d) Planned Activity Approved by Supervisor

Gift Giving:

Molesters routinely groom youths by giving gifts, thereby endearing themselves to the youth. They might instruct the youth to keep the gifts a secret, which then starts teaching the youth to keep secrets from parents. For this reason, staff and volunteers should only give gifts to groups of youths, and only under the following circumstances.

1. Administration must be made aware of and approve the gift.
2. Parents must be notified when gifts are outside of normal programming rewards/incentives.

I attended an orientation that describes and explains the organizational policies for protections of minors adopted by the YMCA of Georgia's Piedmont on January 31, 2024. I understand and voluntarily agree to abide by these policies.

NAME: _____

SIGNATURE: _____

TITLE: _____ DEPARTMENT: _____ DATE: _____

Child Abuse Prevention CODE OF CONDUCT

<ol style="list-style-type: none"> 1. In order to protect organization staff, volunteers, and program participants – at no time during an organization program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them. 2. Staff shall never leave a child unsupervised. 3. Restroom supervision: Staff will ensure: <ul style="list-style-type: none"> • The restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. • Children are with an adult staff member and proceed in groups of three or more (e.g. 1 staff and 2 children or 2 staff and 1 child) when using the bathroom. • Either 'line of sight' or 'line of sound' supervision is maintained while children are using the facilities. • No child, regardless of age, enters a bathroom alone on a field trip. • If staff are assisting younger children, doors to the facility must remain open. 4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others. 5. Staff shall not abuse children including: <ul style="list-style-type: none"> • physical abuse – strike, spank, shake, slap; • verbal abuse – humiliate, degrade, threaten; • sexual abuse – inappropriate touch or verbal exchange; • mental abuse – shaming, withholding love, cruelty; • neglect – withholding food, water, basic care, etc. <p>Any type of abuse will not be tolerated and may be cause for immediate dismissal.</p> 6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. 7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. 8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture. 	<ol style="list-style-type: none"> 9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit. 10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff. 11. While the organization does not discriminate against an individual's lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the organization. 12. Staff must appear clean, neat, and appropriately attired. 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited. 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited. 15. Profanity, inappropriate jokes, sharing intimate details of one's personnel life, and any kind of harassment in the presence of children or parents is prohibited. 16. Staff must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted. 17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity. 18. Staff may not be alone with children they meet in organization programs outside of the organization. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval. 19. Staff are not to transport children in their own vehicles. 20. Staff may not date program participants under the age of 18 years of age. 21. Under no circumstance should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the organization). 22. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
--	---

I understand that any violation of this Code of Conduct may result in termination.

Employee Signature	Supervisor Signature	Date
--------------------	----------------------	------



YMCA of Georgia's Piedmont Terms of Employment

Employee Name: _____

Agreements:

- 1) The YMCA will provide Workman's Compensation Insurance and FICA/Medicare as provided by law.
- 2) The Employee agrees to fulfill the duties listed in the attached job description.
- 3) The Employee agrees to follow the Code of Ethics:
 - Provide a positive member experience by demonstrating our organization's core values: Caring, Honesty, Responsibility, Respect, and Faith.
 - Strive to be a role model in language, dress, attitude and conduct.
 - Notify the YMCA in advance, when it is unavoidable to miss work or be late.
 - Never act as an agent of the YMCA regarding business transactions or media inquiries outside the limits of the job description including social networking site for recruitment or professional purposes.
 - Material posted should not disclose organizational work related information, especially confidential or privileged data, improper or unauthorized use of the organizational name, or inappropriate workplace issues which may bring you, your colleagues, the organization or its members/participants into disrepute is not permitted.
 - If you do encounter any online material that is potentially damaging to the organization's reputation, you should report it immediately to the CEO.
 - Read and sign the Code of Conduct regarding Child Abuse.
- 4) Before last day of employment, employee shall return all organization technology and resources, including computers, mobile devices, electronically stored data, keys, passwords and email contacts. Upon separation of employment, the organization will terminate user access to organization technology resources. Any contacts (email addresses, phone numbers, etc) should be considered the property of the organization and must not be retained for personal use.
- 5) Full-time employees working 40 hours per week are eligible for the full benefit package as provided in the YMCA Personnel Policy.

I understand the above statements and agree to work for the YMCA under this Terms of Employment. I understand that violation of any of the conditions or statements in this document is grounds for dismissal.

Employee Signature: _____

Date: _____



YMCA of Georgia's Piedmont Payroll Change Form

Employee Name: _____ Date: _____

Department: _____

Action: New Employee Rate Change
 Change of Status Pay and Remove from Payroll

Type of Change: (if applicable)

Promotion Merit Increase
 Job Change Introductory Period Completed
 Other _____

Employment Status: Full Time Part Time Seasonal

Exempt Status: Exempt Non-Exempt

Comments: _____

Department & Act. #	Title	Pay Rate	Effective
_____	_____	_____	_____
_____	_____	_____	_____
_____	<u>Training Rate</u>	<u>Current rate/\$8.00</u> (circle lower rate)	_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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



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

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

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and Lower Paying Job Annual Taxable Wage & Salary (12 brackets). Rows list wage brackets from \$0-9,999 to \$525,000 and over.

Single or Married Filing Separately

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and Lower Paying Job Annual Taxable Wage & Salary (12 brackets). Rows list wage brackets from \$0-9,999 to \$450,000 and over.

Head of Household

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and Lower Paying Job Annual Taxable Wage & Salary (12 brackets). Rows list wage brackets from \$0-9,999 to \$450,000 and over.



2411004014

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

Enter letter below on Line 7.

- A. Single
- B. Married Filing Separate or Married Filing Joint, both spouses working
- C. Married Filing Joint, one spouse working
- D. Head of Household

4. DEPENDENT ALLOWANCES []

5. GEORGIA ADJUSTMENTS ALLOWANCE []
(See instructions for details. Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed for step 5)

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ _____

B. Georgia Standard Deduction (enter one): \$ _____

Single/Head of Household\$12,000

Married Filing Joint\$24,000

Married Filing Separate\$12,000

C. Subtract Line B from Line A (If zero or less, enter zero)\$ _____

D. Allowable Georgia Adjustments to Federal Adjusted Gross Income\$ _____

E. Add the Amounts on Lines C and D\$ _____

F. Estimate of Taxable Income not Subject to Withholding\$ _____

G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above _____

(This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C or D) _____ **TOTAL ALLOWANCES** (Total of Lines 4 - 5) _____
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here**
- b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105499, Atlanta, GA 30359

9. EMPLOYER'S NAME AND ADDRESS: _____ **EMPLOYER'S FEIN:** _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the letter on Line 7 according to your marital status.

- A. Single
- B. Married Filing Separate or Married Filing Joint, both spouses working
- C. Married Filing Joint, one spouse working
- D. Head of Household

Line 4: Enter the number of dependent allowances you are entitled to claim. The term "dependent" shall have the same meaning as in the Internal Revenue Code of 1986; provided, however, that any unborn child with a detectable human heartbeat, as such terms are defined in Code Section 1-2-1, shall qualify as a dependent minor.

Line 5: Complete the worksheet on Form G-4 if you claim Georgia adjustments Allowances. Enter the number from Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 4-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The servicemember maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 the employer should not report any of the wages as Georgia wages.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 4-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue. Employers should honor the properly completed form as submitted unless otherwise notified by the Department. Such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

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

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

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



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

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Supplement B, Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.