





## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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 \_\_\_\_\_

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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.

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Applicant Signature

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Date

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Applicant Printed Name



**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



## 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**  
**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?
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- 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.**

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Employee Signature

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Date

## Youth Protection Policy

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

Our organization provides our youths with the highest quality services available. We are committed to creating an environment for youths that is safe, nurturing, empowering, and that promotes growth and success.

No form 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 allegation of abuse will be taken seriously. Our organization will fully 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 are subject to a mandatory criminal background check.
2. Any volunteers that have the opportunity to be alone with youths at any time are subject to a mandatory criminal background check.
3. Youth will be treated with respect at all times.
4. Staff and volunteers will not neglect the health, basic care and well-being of youths.
5. Youths will be treated fairly regardless of race, sex, age, or religion.
6. Staff and volunteers will adhere to uniform standards of displaying affection as outlined by our organization. (See table addressing Physical Contact)
7. Staff and volunteers will avoid affection with youth that cannot be observed by others.
8. Staff and volunteers will not comment on youth's bodies in a derogatory or inappropriate way.
9. Staff and volunteers will not have sexually oriented materials, including printed or online pornography, on our organization's property.
10. Staff and volunteers will not have secrets with youth and will only give gifts with prior permission.
11. Staff and volunteers will not engage in inappropriate electronic communication with youth.
12. 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 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 names.

- 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. *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.
  - 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.
  - Sexualized bullying – when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

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.

13. All staff must follow state specific mandatory reporting requirements. Staff will be trained to be aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse. Staff will:
  - a. Will complete assigned online trainings for youth protection prior to hire as well as all other trainings assigned by supervisor. All trainings will be documented.
  - b. The YMCA is a mandatory reporting agency.
  - c. Follow up to ensure that appropriate action has been taken. An incident report will be filed that indicates whether DSS was called or was not called.
14. Staff and volunteers will report concerns or complaints about other staff, volunteers, adults, or youths their direct supervisor. A YMCA director will contact the Department of Social Services.
15. 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 outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for termination.

16. 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.

**Communicating with Registered Sex Offenders**

Upon discovery that a YMCA member, program participant or volunteer is a Registered Sex Offender, the Branch Director will immediately send a certified letter to the individual terminating all membership and facility privileges.

**Physical Contact:**

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

The organization’s policies for appropriate and inappropriate physical interactions are:

<i>Appropriate Physical Interactions</i>	<i>Inappropriate Physical Interactions</i>
<ul style="list-style-type: none"> <li>• Side hugs</li> <li>• Shoulder-to-shoulder or “temple” hugs</li> <li>• Pats on the shoulder or back</li> <li>• Handshakes</li> <li>• High-fives and hand slapping</li> <li>• Verbal praise</li> <li>• Pats on the head when culturally appropriate</li> <li>• Touching hands, shoulders, and arms</li> <li>• Arms around shoulders</li> <li>• Holding hands (with young children in escorting situations)</li> </ul>	<ul style="list-style-type: none"> <li>• Full-frontal hugs</li> <li>• Kisses</li> <li>• Showing affection in isolated area</li> <li>• Lap sitting</li> <li>• Piggyback rides</li> <li>• Tickling</li> <li>• Allowing a youth to cling to an employee’s or volunteer’s leg</li> <li>• Any type of massage given by or to a youth</li> <li>• Any form of affection that is unwanted by the youth or the staff or volunteer</li> <li>• Compliments relating to physique or body development</li> <li>• Touching bottom, chest, or genital areas</li> </ul>



**Verbal Interaction:**

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

Our organization’s policies for appropriate and inappropriate verbal interactions are:

<i>Appropriate Verbal Interactions</i>	<i>Inappropriate Verbal Interactions</i>
<ul style="list-style-type: none"><li>• <b>Positive reinforcement</b></li><li>• <b>Appropriate jokes</b></li><li>• <b>Encouragement</b></li><li>• <b>Praise</b></li></ul>	<ul style="list-style-type: none"><li>• Name-calling</li><li>• Discussing sexual encounters or in any way involving youths in the personal problems or issues of staff and volunteers</li><li>• Secrets</li><li>• Cursing</li><li>• Off-color or sexual jokes</li><li>• Shaming</li><li>• Belittling</li><li>• Derogatory remarks</li><li>• Harsh language that may frighten, threaten or humiliate youths</li><li>• Derogatory remarks about the youth or his/her family</li></ul>

### **Electronic Communication:**

Any private electronic communication between staff and youths, including the use of social networking websites like - Facebook, Instagram, Snapchat, instant messaging, texting, etc. - is prohibited. All communication between staff and youths must be transparent.

The following are examples of appropriate and inappropriate electronic communication:

<i>Appropriate Electronic Communication</i>	<i>Inappropriate Electronic Communication</i>
<ul style="list-style-type: none"><li>• <b>Sending and replying to emails and text messages from youths ONLY when copying in a supervisor or the youth's parent</b></li><li>• <b>Communicating through "organization group pages" on Facebook or other approved public forums</b></li><li>• <b>"Private" profiles for staff and volunteers which youths cannot access</b></li></ul>	<ul style="list-style-type: none"><li>• Harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning or humiliating comments</li><li>• Sexually oriented conversations</li><li>• Private messages between staff and volunteers with youths</li><li>• Posting pictures of organization participants on personal social media sites</li><li>• Posting inappropriate comments on pictures</li><li>• "Friending" participants on social networking sites</li></ul>

### **Cell Phone Use:**

While assigned to work with youths, staff are not permitted to use electronic communications device 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.

Use of personal electronic communication devices to contact (via voice, text, or pictures/video) organization members and/or program participants for personal and/ or inappropriate reasons shall be grounds for discipline up to and including termination of employment.

### **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.

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Employee Name:

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Employee Signature:

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Date:

## Child Abuse Prevention CODE OF CONDUCT

<ol style="list-style-type: none"> <li>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.</li> <li>2. Staff shall never leave a child unsupervised.</li> <li>3. Restroom supervision: Staff will ensure:             <ul style="list-style-type: none"> <li>• The restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities.</li> <li>• 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.</li> <li>• Either 'line of sight' or 'line of sound' supervision is maintained while children are using the facilities.</li> <li>• No child, regardless of age, enters a bathroom alone on a field trip.</li> <li>• If staff are assisting younger children, doors to the facility must remain open.</li> </ul> </li> <li>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.</li> <li>5. Staff shall not abuse children including:             <ul style="list-style-type: none"> <li>• physical abuse – strike, spank, shake, slap;</li> <li>• verbal abuse – humiliate, degrade, threaten;</li> <li>• sexual abuse – inappropriate touch or verbal exchange;</li> <li>• mental abuse – shaming, withholding love, cruelty;</li> <li>• neglect – withholding food, water, basic care, etc.</li> </ul> <p>Any type of abuse will not be tolerated and may be cause for immediate dismissal.</p> </li> <li>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.</li> <li>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.</li> <li>8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.</li> <li>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.</li> <li>12. Staff must appear clean, neat, and appropriately attired.</li> <li>13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.</li> <li>14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.</li> <li>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.</li> <li>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.</li> <li>17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.</li> <li>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.</li> <li>19. Staff are not to transport children in their own vehicles.</li> <li>20. Staff may not date program participants under the age of 18 years of age.</li> <li>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).</li> <li>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.</li> </ol>
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I understand that any violation of this Code of Conduct may result in termination.

_____ Employee Signature	_____ Supervisor Signature	_____ Date
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*The Redwoods Group thanks and acknowledges the cooperation of the YMCA of the USA in helping to develop this critical personnel management tool.*

## Social Media

The YMCA of Georgia's Piedmont takes no position on your decision to start or maintain a blog or participate in other social networking activities. However, it is the right and duty of the organization to protect itself from unauthorized disclosure of information. The YMCA of Georgia's Piedmont social networking policy includes rules and guidelines for organization-authorized social networking and personal social networking and applies to all executive officers, board members, management and staff.

### General Provisions

- Material posted should not disclose organizational work-related information, especially confidential or privileged data, even when posted in your own time or using your personal internet access.
- Improper or unauthorized use of the organizational name or discussing sensitive or inappropriate workplace issues; which may bring you, your colleagues, the organization or its members/participants into disrepute is not permitted.
- If you publish to a social media site and in doing so mention the organization, its employees, members/participants, or if you or the posted material can be identified as being related to any of these parties in any way, you must make it clear that the views and opinions expressed are your own and not those of the organization.
- You must not publish unauthorized user-generated content, e.g. video footage or photographs of facilities or projects relating to our members or participants.
- Should you wish to set up a social networking site/blog bearing the organization's name and/or logo, e.g. for recruitment or professional purposes, you must first obtain the approval of the CEO and the site must subsequently adhere to this organization's guidelines and remain up to date.
- Y staff should not have contact of communication, outside of Y work time, with minors (this is anyone under age 18) who participate in Y programs, are members or introduced through any affiliation with the Y.
- Text messaging with youth is not permitted.
- Staff are not to share personal email addresses or instant message names or nicknames with youth. This includes any personal (non-Y) connection to the internet.
- Use of social networking sites to communicate with youth is only permitted if done through a Y-sponsored or approved site.

## **Reporting Violations**

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

## **Discipline for Violations**

The YMCA will investigate and respond to *all* reports of violations of the social networking policy and other related policies. Violation of the organization's social networking policy will result in disciplinary action up to and including immediate termination. Discipline or termination will be determined based on the nature and factors of any blog or social networking post. The YMCA reserves the right to take legal action where necessary against employees who engage in prohibited or unlawful conduct.

## **Acknowledgment**

Employees are required to sign a written acknowledgement that they have received, read, understood and agreed to comply with the company's social networking policy and any other related policy.

## **Terminated at Separation**

Before each user's last day of employment, he or she shall return or otherwise surrender possession of all organization technology resources (including computers, mobile devices, software programs, computer peripherals, electronically stored data, data storage devices, keys, written passwords and email contacts) in his or her possession, custody or control. 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.

**I have read and understand the organization's social networking policy and other related policies.**

Name: \_\_\_\_\_ (please print)

Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_



**Winder-Barrow Brad Akins YMCA  
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:
  - Relate to members/program participants in a manner, which is courteous, enthusiastic, and reflective of an attitude of concern at all times.
  - 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.
  - Read and sign the Code of Conduct regarding Child Abuse.
- 4) 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 Employee Agreement. I understand that violation of any of the conditions or statements in this document is grounds for dismissal. I understand this job is contingent on sufficient enrollment.**

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

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.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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, when to use the online estimator, and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### 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](http://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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. 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](http://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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

**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](http://www.irs.gov/W4App).

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

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
  
- 2 Enter: {
  - \$24,800 if you're married filing jointly or qualifying widow(er)
  - \$18,650 if you're head of household
  - \$12,400 if you're single or married filing separately
 } . . . . . 2 \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

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

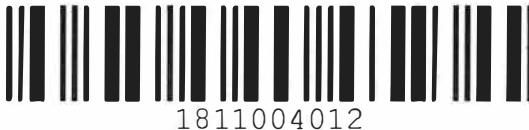
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



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

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1 [ ]
B. Married Filing Joint, both spouses working: Enter 0 or 1 [ ]
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 [ ]
D. Married Filing Separate: Enter 0 or 1 [ ]
E. Head of Household: Enter 0 or 1 [ ]

4. DEPENDENT ALLOWANCES [ ]

5. ADDITIONAL ALLOWANCES [ ]
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: [ ] Age 65 or over [ ] Blind
Spouse: [ ] Age 65 or over [ ] Blind Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_
B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600
Each Spouse \$3,000 \$ \_\_\_\_\_
C. Subtract Line B from Line A (If zero or less, enter zero).....\$ \_\_\_\_\_
D. Allowable Deductions to Federal Adjusted Gross Income .....\$ \_\_\_\_\_
E. Add the Amounts on Lines 1, 2C, and 2D .....\$ \_\_\_\_\_
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 maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) \_\_\_\_\_ TOTAL ALLOWANCES (Total of Lines 3 - 5) \_\_\_\_\_
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 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, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN: 20-1759275
YMCA of Georgia's Piedmont
50 Brad Akins Dr, Winder, GA 30680 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 3 - 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 number of allowances you are claiming in the brackets beside your marital status.

- A. Single – enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working – enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working – enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate – enter 1 if you claim yourself
- E. Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on 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 3-5.

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 2D, 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 3-7 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 for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, 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 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

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

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

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

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**