



Application for Employment

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applications requiring reasonable accommodation to the Application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for _____ Date of Application _____

Name: _____
Last First Middle

Address: _____
Street Apt. # City State/Province Zip Code

Telephone#: () - Mobile/Beeper/Other Phone#: () - Social Security#: _____

Email Address: _____

If necessary, best time to call you at home is _____ AM PM _____

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ AM PM _____

In case of emergency, please contact _____ Telephone#: _____

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If No, please explain _____

Have you submitted an application here before? _____ Yes No

If Yes, give date(s) _____ From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ___ / ___

Type of employment desired _____ Full-time Part-time Shift _____ Days Nights

Will you relocate if job desires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirement of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If No, please explain _____

Have you ever been convicted of a crime in the last seven (7) years? _____ Yes No

If Yes, please explain _____

Conviction will **not** necessarily bar employment. Each instance & explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Referral Source Online Advertisement Employee Relative Walk-in

Online Search Print Advertisement Other

Name of source (if applicable) _____

An Equal Opportunity Employer

Employee History

Provide the following information for your past and current employees, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer:	Tel #:()	Summarize the type of work performed and job responsibilities
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

SKILLS & QUALIFICATIONS – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background – IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. Dates attended. C. Year graduated, if completed.
D. Type of degree or diploma earned, if any. E. Major field of study.

A. SCHOOL(S) ATTENDED	B. DATES	C. YEAR GRADUATED	D. TYPE OF DEGREE	E. MAJOR

References:

List name and telephone number of 3 (three) business/work references who are not related to you.

NAME	TELEPHONE #	YEARS KNOWN

I understand that if I am employed, any misinterpretation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.
I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.
The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.
This application is current for 60 (sixty) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.
I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____



Affirmative Action Questionnaire

Maximum Cleaning and Staffing is required to report the composition of its employment force to the government. The form allows individuals to self-identify their ethnicity and race and to select more than one race and/or ethnicity. This allows individuals to more accurately reflect their racial and ethnic background by not limiting them to only one racial or ethnic category. The information on this form will be filed separately from the main application form and will not be accessible to those processing your application. Safeguards are used to prevent the discriminatory abuse of this information. It will be available only to the person responsible for government reporting purposes. Your voluntary cooperation will be appreciated.

Last Name: _____ First: _____ MI: _____

Position Applying For: _____ Gender: Male Female Date of Birth: _____

Ethnicity: Non-Hispanic/Latino Hispanic/Latino. If "yes", choose one:
 Mexican, Mexican American, Chicano
 Puerto Rican
 Cuban
 Other Hispanic or Latino - Please specify: _____

The question above is about ethnicity, not race. If you marked "Non-Hispanic/Latino", please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

What is your race? (Choose one or more)

- Black or African American
 Caucasian/White

American Indian or Alaska Native

- American Indian - Please specify tribe: _____
 Other Native American - Please specify: _____

Asian

- Chinese Filipino Korean Vietnamese
 Cambodian Japanese Laotian Other Asian - Please specify: _____

Native Hawaiian or other Pacific Islander

- Native Hawaiian Pacific Islander - Please specify: _____

VETERAN STATUS: Are you a veteran of the U.S. armed forces: Yes No

If YES, please check one of the following

- Disabled Veteran/Vietnam-era Vietnam-era Veteran Spouse of Disabled Veteran
 Other Veteran Disabled Veteran
 Newly Separated Veteran: Discharged from active duty within the last 12 months (Date of Discharge __/__/____).

DISABILITY STATUS: Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities?

Yes No If yes, please check one of the following:

- Ambulatory/Mobility Mental/psychological
 Visual Multiple disabilities
 Hearing Other

Do you have a physical, mental, or health condition that has lasted six or more months which limits the kind or amount of work you can do at a job?

Yes No

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement therapy or surgical means.

REFERRAL INFORMATION: How did you find out about this opening?

- Walk-in Newspaper - Print name: _____ Internet - Please specify site: _____
 Announcement Friend Other - please specify: _____

Signature of Applicant _____ Date _____

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment at **Maximum Cleaning and Staffing**, I hereby authorize **Maximum Cleaning and Staffing**. ("Company") and (Drug testing lab) to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of Maximum Cleaning and Staffing as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the Disclosure concerning my rights.
2. All reports are confidential, and provided to Maximum Cleaning and Staffing for employment decisions only. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Maximum Cleaning and Staffing.
5. I further release all of the above, including Maximum Cleaning and Staffing, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

For the benefit of Maximum Cleaning and Staffing and employees, Maximum Cleaning and Staffing has a policy of performing pre-employment background screening on job applicants as a condition of employment. This policy is a business practice that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). Maximum Cleaning and Staffing may obtain a consumer credit report and/or an investigative consumer report on you as an applicant or during the course of employment.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Maximum Cleaning and Staffing.
3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c) (3).

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER OR STATE ID# STATE ISSUE E-MAIL ADDRESS

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? YES NO

Please List Other Names Used: _____ Please List Other SS Number Used: _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report TODAY'S DATE

I understand that in CALIFORNIA, MINNESOTA, or OKLAHOMA if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes please send me a copy of my Report.



Maximum Cleaning and Staffing

Authorization and Release

To the employee:

From time to time Maximum Cleaning and Staffing client facilities will request to audit the employee files of employees who have worked in their facility. These audits are intended only to verify that Maximum Cleaning and Staffing and consequently their employees are, and have been, in compliance with Regulations and Accepted Industry Standards with regard to, but not limited to, annual in-services and health exams. In order for Maximum Cleaning and Staffing to comply with these hospital audits the employee (you) must sign an Authorization allowing these facilities access to your Personnel file. Since compliance by Maximum Cleaning and Staffing with these audit requests are mandatory, it is necessary for Maximum Cleaning and Staffing to require that ALL EMPLOYEES sign this Authorization and Consent as a condition of employment. This Authorization is required due to the "AMERICAN DISABILITY ACT" which prohibits employers from disclosing medical information about their employees without their knowledge and consent.

I hereby authorize Maximum Cleaning and Staffing, and its employees and representatives to provide any information it deems appropriate regarding me to all hospitals and any of their employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information, I hereby fully waive any rights or claims I have against Maximum Cleaning and Staffing, its employees, or representatives from any and all liability, claims, or damages that may directly or indirectly result from the disclosure or release of any information, whether such information is favorable or unfavorable.

Date

Signature

Print Name



Maximum Cleaning and Staffing

In-Service Acknowledgement

ACKNOWLEDGEMENT OF RECEIPT OF HIRING POLICY AGREEMENT

I have received, reviewed and understand my job description for Maximum Cleaning and Staffing given to me at the time of orientation. I agree to abide by the job description as terms of my continued employment with Maximum Cleaning and Staffing.

Initials ____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF PERSONNEL MANUAL

This is to acknowledge that I have received a copy of the Personnel Manual and understand that it contains important information on Maximum Cleaning and Staffing's general personnel policies and my duties and obligation as an employee. I will familiarize myself with the manual and understand that I am governed by its contents. I further understand that the company may change, rescind or add any policies, benefits, or practices described in the handbook from time to time in its sole and absolute discretion with or without prior notice.

Initials ____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF FACTS ABOUT WORKERS COMPENSATION BENEFITS

I have received, reviewed and understand Facts about Workers Compensation Benefits given to at the time of my application. I have been informed that I have the right to choose a personal physician to treat me in the event of an injury occurring while providing services for Maximum Cleaning and Staffing I agree to abide by the Worker Compensation policies and procedures outlined in the personnel manual.

Initials ____ Date: _____

Employee
Signature: _____

Date: _____



Maximum Cleaning and Staffing

Consent for Drug Screening

I, _____, give my consent to be screened for drugs prior to being hired for employment with Maximum Cleaning and Staffing. I understand the need to screen for use of drugs or illegal substances to ensure that only the highest quality of nurses are hired by Maximum Cleaning and Staffing.

I likewise consent to be screened for drugs any time and at any hospital that I shall be assigned to Maximum Cleaning and Staffing.

I am fully aware that if my Drug Screen Result is positive, I will be ineligible to work with Maximum Cleaning and Staffing.

I hold Maximum Cleaning and Staffing free from any liability should results of my drug screening influence future employment.

Name: _____ Witness: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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

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

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

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

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

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

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

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

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

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

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

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

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

All documents must be unexpired

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
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		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
4. Employment Authorization Document that contains a photograph (Form I-766)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		3. School ID card with a photograph
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Voter's registration card
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. U.S. Military card or draft record
		5. Native American tribal document
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		6. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document
	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

▶ **Do not send this form to the IRS. Keep this form for your records.**

To be completed by new employee. Affidavit is not valid unless employee signs it.

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name _____ Social security number ▶ _____

First date of employment ____ / ____ / ____ Name of employer _____

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

Employee's signature ▶ _____ Date ▶ ____ / ____ / ____

Instructions to the Employer

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form W-11 to confirm that an employee is a qualified employee under the HIRE Act. You can use another similar statement if it contains the information above and the employee signs it under penalties of perjury.

Only employees who meet all the requirements of a qualified employee may complete this affidavit or similar statement. You cannot claim the HIRE Act benefits, including the payroll tax exemption or the new hire retention credit, unless the employee completes and signs this affidavit or similar statement under penalties of perjury and is otherwise a qualified employee.

A "qualified employee" is an employee who:

- begins employment with you after February 3, 2010, and before January 1, 2011;
- certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more than 40 hours during the 60-day period ending on the date the employee begins employment with you;
- is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including downsizing); and
- is not related to you. An employee is related to you if he or she is your child or a descendent of your child,

your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest.

If you are an estate or trust, see section 51(i)(1) and section 152(d)(2) for more details.



Do not send this form to the IRS. Keep it with your other payroll and income tax records.