



**1048 North Highway 123
Karnes City, Texas 78118**

hr@wybran.com

(830) 780-3808

Fax: (830) 780-3880

**A COPY OF A PICTURE I.D. (DRIVERS LICENSE) AND
SOCIAL SECURITY CARD ARE REQUIRED FOR EMPLOYMENT.**

Applicant Name: _____

Position: _____

Driver's License Endorsements: _____

Class: _____

Date of Application: _____

Applicant Name: _____ Date: _____

Company: WyBran, Inc.

Address: 1401 Sherrill Drive, Batesville, AR 72501

In compliance with the Federal and State equal employment opportunities law, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____ DEPARTMENT: _____

SIGNATURE OF INTERVIEWING AGENT: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

(ANSWER ALL QUESTIONS PRINT PLEASE)

Position applied for: _____

Last name: _____ First name: _____ SS#: _____

Home Phone: _____ Mobile Phone: _____

List your addresses for the past 3 years

Current Address: _____ City: _____

State: _____ Zip Code: _____ How long: _____

Previous Address

Address: _____ City: _____ State: _____ Zip: _____

How long: _____

Address: _____ City: _____ State: _____ Zip: _____

How long: _____

Address: _____ City: _____ State: _____ Zip: _____

How long: _____

Address: _____ City: _____ State: _____ Zip: _____

How long: _____

Do you have a legal right to work in the United States? YES or NO

Date of Birth: _____ (required for Commercial Drivers) Can you provide proof of age? YES or NO

Have you worked for this company before? YES or NO If yes, what were your dates of employment? _____

Rate of Pay: _____ Position: _____ Reason for leaving: _____

Are you now employed? YES or NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? YES or NO If yes, name of bonding company: _____

Have you ever been convicted of a felony? YES or NO (if yes, please explain on a separate sheet of paper. Conviction of a crime is NOT an automatic bar to employment-all circumstances will be considered.)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? YES or NO

If yes, please explain below if you wish:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

EMPLOYER	DATE
Name: _____	From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip: _____	
Salary/Wage: _____	
Contact Person: _____	Phone number: _____
Reason for leaving: _____	
Were you subject to FMCR'S while employed? YES or NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES or NO	

The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,000 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), (3) is of any size and is used to transport hazardous material in a quantity required place carding. *Includes vehicles having GCWR of 26,000lbs or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in the quantity requiring place carding.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS SPILLS
Accident: _____	_____	_____	_____	_____
Accident: _____	_____	_____	_____	_____
Accident: _____	_____	_____	_____	_____

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if non, write NONE.

Locations	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach sheet if more space is required)

Experience and Qualifications-Driver
List all driver licenses or permits held in the past 3 years

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES or NO
 B. Has any license, permit or privilege ever been suspended or revoked? YES or NO
 If the answer is YES to either A or B, please give details below.

Driving Experience (Check YES or NO)		Equipment Type	DATES		Approx. No. of Miles Total
Class of equipment	From		To		
Straight Truck YES or NO	_____	_____	_____	_____	_____
Tractor and Semi-Trailer YES or NO	_____	_____	_____	_____	_____
Tractor- Two Trailers YES or NO	_____	_____	_____	_____	_____
Tractor- Three Trailers YES or NO	_____	_____	_____	_____	_____
Motorcoach- School Bus YES or NO (More than 8 passengers)	_____	_____	_____	_____	_____
Motorcoach- School Bus YES or NO (More than 15 passengers)	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

List states operated in for the last five years:

Which safe driving awards do you hold and for whom?

Experience and Qualifications- Other

Show and tricking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

Education

Highest Grade Completed: _____ Last school attended & location (city & state) _____

To Be Read and Signed By Applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25 (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until the employee documents successful completion of the return-to-duty process.

Prospective Employee Name: (print)

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES or NO
- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? YES or NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver's signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work such carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (print): _____

Social Security Number: _____

Driver's License: State: _____ Number: _____ Class: _____

Endorsement(s): _____

Restrictions: _____ Type: _____ Issuing State: _____

Day	1	2	3	4	5	6	7
Date							
Hours Worked							

TOTAL HOURS: _____

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ am/pm ON _____ DAY MONTH YEAR
TIME

Signature: _____

Driver Certification for other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carriers Safety Regulations include time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?	YES	NO
At this time do you intend to work for another employer?	YES	NO
While still employed by this company?	YES	NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Signature: _____ Date: _____

EMERGENCY CONTACTS AND PERSONAL REFERENCES

Spouse and other individuals over the age of 18 that are living with you

Name	Phone
Address	City, State, Zip
Name	Phone
Address	City, State, Zip

Relatives or friends not living with you

Name	Phone
Address	City, State, Zip
Name	Phone
Address	City, State, Zip

Any others that need to be contacted in case of an emergency

Name	Phone
Address	City, State, Zip
Name	Phone
Address	City, State, Zip

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it: you must notify the state. If a multiple license has not been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any Revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing. The following license is the only one I will possess.

Driver's License No. _____ State Expiration Date: _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (printed): _____

Driver's signature: _____ Date: _____

WyBran, Inc.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 39.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

Print Name: _____ SS#: _____

Federal Motor Carrier Safety Regulations require previous employers on this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Federal Motor Carrier Safety Administration.

TO: Former Employers Name: _____ Date: _____
Mailing Address: _____
City/State/Zip: _____
Telephone #: _____ Fax #: _____

Signature: _____ Date: _____

I, _____, do hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug test, with confirmed results, and/or my refusal to submit to any alcohol and drug test and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my applications for employment with said company. I, hereby, release the above named company, and it's employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned persons and/or company.

REQUEST FROM:

WyBran, Inc. 1401 Sherrill Drive, Batesville, AR 72501 (830) 780-3808
Fax: (830) 780-3880 Email: hr@wybran.com

Name of Applicant: _____ Date: _____

Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO
If NO, please explain: _____

If employed as driver, please answer the following: Company driver: _____ Owner operator: _____ Other: _____

Type of truck(s) and/or truck/tractor operated: _____

Commodities transported: _____

Accidents? YES or NO If YES, Please give date(s) and brief description of each accident: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES or NO if NO please explain: _____

Comments: _____

Inquiry for Alcohol and Controlled Substance Information, Preceding 2 Years

Alcohol test with result of 0.04 or greater? YES or NO if YES, please give date(s): _____

Verified positive controlled substances test result? YES or NO if YES, please give date(s): _____

Refusal to be tested? YES or NO if Yes, please give date(s): _____

Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information

Signature: _____ Title: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO _____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Zipcode) (Signature)

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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 individual(s). 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000/Single or \$160,000/Married.

Future developments. Information about any future developments affecting Form W-4 such as legislation enacted after its release, it will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent.</p> <p>B Enter "1" if:</p> <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. <p>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.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).</p> <p>F Enter "1" if you have at least \$2,000 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.)</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. <p>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.)</p>	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
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For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

Separate 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2014	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck					
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)		Date			
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee	Date (mm/dd/yyyy)
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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.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

3-D Barcode
Do Not Write in This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State <input type="text"/> Zip Code

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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	Date (mm/dd/yyyy)	Print 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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		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		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.