

EDINBURG COMMUNITY UNIT SCHOOL DISTRICT #4

100 East Martin Street * Edinburg, IL 62531

Mr. Fred Lamkey, Superintendent

Mrs. Michelle Reiss, Principal

Phone: (217) 623-5603 * Fax: (217) 623-5604

Phone: (217) 623-5733 * Fax: (217) 623-5750

Employee Record

Name: _____ SS# _____

Address: _____

City/State/Zip: _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Emergency Contact Information

Name: _____ Relationship: _____

Primary Number: (____) _____ Secondary Number: (____) _____

Secondary Emergency Contact Information

Name: _____ Relationship: _____

Primary Number: (____) _____ Secondary Number: (____) _____

Signature: _____ Date: _____

The Mission of the Edinburg Community Unit School District is that the staff, faculty, and administration of the Edinburg School system are committed to producing globally competitive citizens who are prepared for life in the 21st century, to enable students to develop into lifelong learners, to enhance and to promote education, and to provide a safe and positive environment for all students.

Edinburg Community Unit School District #4
100 East Martin Street
Edinburg, Illinois 62531
217-623-5603

Fred Lamkey, Superintendent

Michelle Reiss, Principal

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY BACKGROUND CHECK
TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name _____
Last First M.I. (Maiden)

Residence Address: _____

City/State/Zip: _____

Date of Birth: ____/____/____ Place of Birth _____ State: ____ Sex: ____

Race: _____ Height: Ft. _____ In. _____ Weight: _____ Hair: _____ Eyes: _____

*Race Codes: White-W Black-B Asian/Pacific Islands-A American Indian-I Unknown-U

Social Security #: _____ Driver's Lic#: _____ DL State: ____

Applicant Authorization: Without reservation and in accordance with Illinois School Code, I authorize Edinburg Community Unit School District #4 to procure my criminal history record.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE

Submit Fingerprints to FBI **YES** No

Purpose Applicant Fingerprinted: CSE NSE ORI: IL011004S SBD ORI: SB0110004

Officer's Badge Number: _____ Date: _____ Time: _____

Requestor's Name: Edinburg CUSD #4

ISP TCN Tracking #: _____ COST CENTER: 5899

Proof of Identification:

Dr. Lic. State ID Military ID FOID Student ID Passport Other _____

Bill to: EDINBURG COMMUNITY UNIT SCHOOL DISTRICT #4

Contact Name: Fred Lamkey Phone #: 217-623-5603

LiveScan response files to be e-mailed according to current setup.

Employer Authorization: _____ Date: _____

Pat Quinn
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 1/2009

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

EDINBURG CUSD #4

PAYROLL DIRECT DEPOSIT REQUEST

BANK INFORMATION:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Bank Name: _____

Bank Routing Number: _____

Account Number to be credited: _____

Please check one: Checking Savings

Employee name (please print): _____

Employee signature: _____ Date: _____

***** Please attach a voided check *****

Direct Deposit Information:

1. Checks are direct deposited into your account by 10:00am the day of payroll
2. You will receive a Direct Deposit Voucher with the same information as your regular check
3. Easy and convenient for summer checks, no waiting on your check to arrive in the mail
4. Direct Deposit Vouchers are mailed directly to your home during summer.

Sign up today by filling out the form above and returning to the
District Bookkeeper.

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.
Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 _____
 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 _____
 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld (deducted) from your pay. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 _____
 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____
 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 _____
 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 _____
 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld (deducted) from your pay. 9 _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. ----- ✂

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

Name

Street address

City State ZIP

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
 3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

Your signature Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 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 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. 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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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 \$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.)	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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	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.
 • 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; 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. 1545-0074 <h1 style="margin: 0;">2016</h1>
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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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 ▶ <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)

EDINBURG COMMUNITY UNIT SCHOOL DISTRICT #4
100 East Martin Street
Edinburg, IL 62531
Phone: (217) 623-5603 Fax: (217) 623-5604

SCHOOL EMPLOYEE'S PHYSICAL EXAMINATION RECORD
(To be filed with the School Board at the beginning of employment)

NAME OF EMPLOYEE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Is employed by EDINBURG COMMUNITY UNIT SCHOOL DISTRICT #4 to perform the duties of

PHYSICIAN'S CERTIFICATE

I hereby certify that I have given the above named school employee a thorough physical examination and find same to be physically fit to perform the duties assigned and to be free from communicable disease.

Date of examination _____

Signed _____, MD

_____, Illinois

Sec. 24-5 of the Illinois School Code provides as follows: "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination made by a physician licensed in Illinois to practice medicine and surgery in all its branches. The examination may not be made more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee." (Amended by H.B. 514, effective July 12, 1961.)



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 07/06)

Please print or type — Use Black Ink.
Please do not use a highlighter anywhere on the form.

MEMBER INFORMATION (to be completed by member - please print or type)				<p>TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE</p> <p>If a copy of the Social Security card is not attached, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. (Do not staple card—use tape and please stay within this border.)</p>
1. Last Name	First	Middle Initial	Jr., Sr., II, etc.	
2. Social Security Number				
3. Mailing Address				
City	State	Zip + 4	County	
4. Home Telephone No. ()		5. Birth Date: month/day/year		
6. Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				7. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
8. Are you currently participating or have you previously participated in IMRF or any other Illinois Public Pension systems? <input type="checkbox"/> No <input type="checkbox"/> Yes [please check the box(es) to identify the pension system(s)]				
<input type="checkbox"/> IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chicago Public School Teachers' <input type="checkbox"/> Cook County Annuity & Benefit Fund <input type="checkbox"/> General Assembly Retirement System <input type="checkbox"/> Judges' Retirement System <input type="checkbox"/> Laborers' Annuity & Benefit Fund <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit <input type="checkbox"/> Metro Water Reclaim. Retirement System <input type="checkbox"/> Municipal Employees Annuity & Benefit Fund <input type="checkbox"/> Park Employees' Annuity & Benefit Fund <input type="checkbox"/> State Universities Retirement System <input type="checkbox"/> State Employees' Retirement System <input type="checkbox"/> State Teachers' Retirement System				
I certify this information is correct to the best of my knowledge and belief.				
Employee signature (write; do not print or type)			Date	
X				

EMPLOYMENT INFORMATION - ALL FIELDS MUST BE COMPLETED (to be completed by employer — please print or type)			
9. Employer Name		10. Employer IMRF I.D. Number	
11. Position Information			
Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE) Position Title(s)
mo day yr	mo day yr	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)	
		<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)	
*If date employed is earlier than participation date, explain in detail why the member was not enrolled immediately. The Illinois Pension Code does not recognize "probationary," "temporary," or "trial work period." Refer to Section 3 of the Authorized Agents Manual for details on participation requirements.			
12. Will employee work in a seasonal position? <input type="checkbox"/> No <input type="checkbox"/> Yes OR			
Is employee an elected official who will be paid irregularly? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If employee will hold a seasonal position and the seasonal employer is not a school district, park district, or recreation association, OR if employee is an elected official who will be paid irregularly, check the months the employee will not be paid:			
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
13. Is employee:		14. Elected official or appointed to elected office?	
A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22)		<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)	
B. Performing police duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B)	
C. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		16. For SLEP employers only: Was SLEP member appointed by:	
D. Performing teacher aide duties? <input type="checkbox"/> No <input type="checkbox"/> Yes (see instructions for examples)		<input type="checkbox"/> Sheriff <input type="checkbox"/> Merit Commission	
E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)			
I certify this information is correct to the best of my knowledge and belief, and that the person named above is employed in a position which qualifies him or her for membership in IMRF with the above employer.			
Authorized Agent signature (write; do not print or type)			Date
X			



New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN 37 - 6002587

Company Name EDINBURG UNIT SCHOOL DIST NO 4

Street Address 100 E MARTIN ST

Street Address

City EDINBURG State IL Zip Code 62531

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address

Street Address

City State Zip Code

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number Date of Hire (MM-DD-YYYY)

First Name MI Last Name

Street Address

City State Zip Code

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number Date of Hire (MM-DD-YYYY)

First Name MI Last Name

Street Address

City State Zip Code

Return your completed form either by FAX 1-217-557-1947
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794--9473
or report new hires online at <http://www.ides.state.il.us/employer/newhire/general.asp>



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---