

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 2015. 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** _____

B Enter "1" if:
 { • 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** _____

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** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$65,000 (\$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 \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

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** _____

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
		► 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.		2015
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 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2015, 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 ►		7		
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 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 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 \$4,000 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 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.

COLORADO DEPARTMENT OF REVENUE

Consent for Release of Tax Account Information



Instructions to Applicant: Complete the top section of this form and return to the hiring authority. Please indicate the status of your **3 most recent tax years** by completing all lines that apply. Please indicate the tax year(s) in the space provided for the line(s) that apply to your situation. The timely filing and payment of taxes is a condition of employment and outstanding tax issues could result in being disqualified for consideration of the position.

Position type:	
<input type="checkbox"/> Permanent	<input checked="" type="checkbox"/> Temporary
<input type="checkbox"/> Agency Temps/Contractor	
Applicant name (please print)	SSN
SSN tax return(s) filed under if different from above (e.g., joint filing)	
1. I filed a Colorado income tax return(s) and have no outstanding Colorado income tax liability for tax year(s)	
2. I filed a Colorado income tax return(s) and have an outstanding Colorado income tax debt for tax year(s)	
3. I have not filed a Colorado income tax return(s) for tax year(s) listed below for the following reason(s)	
Tax year _____	Explanation _____
Tax year _____	Explanation _____
Tax year _____	Explanation _____

I hereby authorize the Colorado Department of Revenue to conduct an tax account evaluation for the purpose of confirming that I have filed required Colorado income tax returns and paid required income taxes. I understand that filing Colorado income tax returns and paying income tax obligations when due is a condition of employment for all positions in the Department of Revenue and that an unsatisfactory income tax account evaluation could lead to my being disqualified as a job applicant and the removal of my name from the eligible list of applicants for this position. I hereby release the Colorado Department of Revenue and its authorized representatives from any liability or damage connected with conducting the income tax account evaluation and obtaining said income tax account records information. The information I provided above is true, correct, and complete to the best of my knowledge and belief.

Applicant's signature _____ Date _____

ATTENTION HIRING AUTHORITY		
Please send completed and signed form to the Taxpayer Service Protests Section, 1375 Sherman St., Room 542, Denver, CO 80261, OR Fax: 303-866-4118. Incomplete or unsigned requests cannot be processed. The Protests Section will notify the hiring authority listed below of the results of the evaluation within two (2) working days.		
Requesting Hiring Authority (please print)	Work address/Phone/Fax number	Date requested
FOR TAXPAYER SERVICES PROTESTS SECTION USE ONLY		
Satisfactory Income Tax Account Evaluation <input type="checkbox"/>	Unsatisfactory Income Tax Account Evaluation <input type="checkbox"/>	
Protests Section Manager		Date
Route a copy of this completed form to the requesting hiring authority above and to the OHR Selections/Exam Unit.		

IT IS AGAINST DEPARTMENT POLICY TO HIRE AN APPLICANT BEFORE THEY HAVE SUCCESSFULLY PASSED ALL PRE-EMPLOYMENT CHECKS.

I-9	W-4	Word Processing	Spreadsheet	Data Entry	Typing	Spell	Math	File	Comp	OA Rate	Ref.	
Social Security Number		Last Name		First Name		MI	Today's Date		I am applying for		Citizen of the U.S.?	
Address						Apt #	Home Phone		<input type="checkbox"/> Perm Work <input type="checkbox"/> Temp Work <input type="checkbox"/> Both		Yes _____ No _____	
City				Zip		Alternate Phone		EDUCATION		# YEARS	DEGREE	
Permanent Address (If different)				Email Address				High School				
								Bus. Tech				
								College				
Main Cross Streets Nearest Your Home			Reliable Transportation Available?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Hourly Salary Range		Name Of College
Emergency Contact and Phone Number						Major						
						Are You Over 18 Years Of Age <input type="checkbox"/> Yes <input type="checkbox"/> No						
						If Not, Please Provide Date of Birth						
Job Choice			Job Location Choice			1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?						
1. _____			2. _____			2. BONDED?						
Why are you Working Temp?			Check Day or Days Available for Work						3. HOW WERE YOU REFERRED TO JOB STORE?			
			Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> <input type="checkbox"/> Full Day <input type="checkbox"/> Mornings Only <input type="checkbox"/> Weekends <input type="checkbox"/> Nights Only <input type="checkbox"/> Afternoons Only <input type="checkbox"/> Hours Available									
How long will you be available?			What date are you available to start work? _____						Able to work in Non-Smoking env. <input type="checkbox"/>			
Available for same day assignments? _____									Smoking env. <input type="checkbox"/>			

The information on this card is true and accurate to the best of my knowledge. I understand that any falsification or omission will lead to immediate termination. I authorize JOB STORE to obtain employment references and do a thorough background investigation as it pertains to work record, driving record, credit history, and pre-employment drug screening. I also authorize JOB STORE to release this information to other firms or persons upon request. I understand JOB STORE is an equal opportunity employer and will not discriminate because of sex, age, race, creed, national origin, or physical handicap. I agree to notify JOB STORE if I accept employment with any company to which I have been referred by JOB STORE. I understand that it is my responsibility to inform my HR coordinator if I cannot handle any of the essential functions of the job to which they are referring me.

Date

Signature





STATE OF COLORADO
DEPARTMENT OF REVENUE
MARIJUANA ENFORCEMENT DIVISION



RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I _____ not being a member of the Marijuana Enforcement Division of the State of Colorado, have made a voluntary request to participate in Compliance Check Investigations and to work directly with a Criminal Investigator assigned to the Marijuana Enforcement Division and to accompany a member or members of the Division during the performance of their official duties, and

WHEREAS, the Marijuana Enforcement Division of the State of Colorado is willing to allow me to volunteer to be involved in the Compliance Check operation and to accompany a member or members of said Division during the performance of their duties, I do hereby agree:

1. That I am aware that the work of the Marijuana Enforcement Division is inherently dangerous and that I may be subject to the risk of death, personal injury or damage to my property by accompanying a member or members of the Division during the performance of their duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with by illustration only, the use of weapons; unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution or the escape of radioactive substances or sustain injury, death, or damage in any other way while accompanying a member or members of the Division during the performance of their official duties.
2. That the State of Colorado, Barbara Brohl, Executive Director of the Department of Revenue, Lewis Koski, Director of the Marijuana Enforcement Division, their sureties, all members of the Marijuana Enforcement Division, their sureties, and each of them, shall not be responsible or liable for death, injury, damage, loss or expense, either to me or my property incurred while volunteering my services and assigned to the Marijuana Enforcement Division or while accompanying any member or members of said Division during the performance of their official duties.
3. For myself, my heirs, executors, administrators and assigns to defend, indemnify and hold harmless the State of Colorado, Department of Revenue, Marijuana Enforcement Division, Barbara Brohl, Executive Director of the Department of Revenue, Lewis Koski, Director of the Marijuana Enforcement Division, all members of the Marijuana Enforcement Division, their sureties and actions, suits, debts, claims, demands, damages or liability or expenses of every kind and nature including expert and legal fees incurred or arising by any reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the Marijuana Enforcement Division or while accompanying any member or members of said Division during the performance of their official duties.

I hereby represent that I have read and understand the contents of this document and sign the same of my own free will.

CAUTION

READ THIS DOCUMENT IN FULL BEFORE SIGNING

Date: _____

Name: _____

Date of Birth: _____ Driver's License Number: _____

Address: _____

Phone Number(s): _____

Social Security Number: _____

Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____ Age: _____

Have you ever been convicted of a Felony? _____ If > yes, explain below:

Signature _____

NOTARY

This document has been subscribed and affirmed to before me in the County of _____,

State of Colorado, this _____ day of _____,

Official Signature of Notary _____

My commission expires on _____

Screened: _____ Date: _____ By: _____

Case Report Number: _____

Revised 9/12/13



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: _____

3-D Barcode
Do Not Write in This Space

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)*

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		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
The Job Store Inc. 7100 E. Hampden Ave.			Denver	CO 80224

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.



Updated Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, Job Store, Inc. (herein referred to as "Company"), to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (herein referred to as "Bank") indicated below. Further I authorize Bank to accept and to credit my credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Print Employee Name _____

Account # _____

Routing # _____

Social Security #: _____ - _____ - _____

Bank Name: _____

Circle Option: **Checking** Savings Pay Card

If selecting a checking deposit, I will staple a voided check stub hereto.

If selecting a savings deposit, I will staple a deposit slip with the appropriate routing number hereto. I understand some banks list a faux routing on deposit slips and it is my responsibility to review that the routing does not state this on the deposit slip.

If selecting a pay card, I do not need to attach anything hereto. However, I do understand it is my responsibility to review the terms and conditions of the pay card as it is an option.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it. Further, I acknowledge it is my responsibility to make appropriate changes to information listed with the employer.

Employee Signature _____

Date _____

Direct Deposit Cancellation Form

In canceling my direct deposit account information, I understand that I must provide updated account information or select the pay card option. This is due to the policy listed within my handbook and additionally reiterated hereto that direct deposit is a requirement of my employer, Job Store, Inc.

Employee Signature _____

Date _____



Colorado State Patrol
 1341 Sherman Street Denver, CO 80203
 Phone: (303) 866-3660 Fax: (303) 866-2427

APPLICATION FOR BACKGROUND CHECK

A background check is mandatory for contractors/vendors. If a background check is requested, please provide the phone number of the director or immediate supervisor requesting the access code.

Applicant Name: _____ Last 4 Numbers of SSN: _____
 DOB: ____/____/____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Department: _____ Division: _____
 Work Address: _____ Room Number: _____
 Work Phone: () _____ Emergency Contact Phone: () _____
 Applicant Driver's License information: State _____ Drivers License # _____
 Company Name: _____ Company Phone: () _____
 Company Supervisor Name: _____ Supervisor's Phone: () _____

I hereby authorize the Colorado State Patrol (hereinafter referred to as "CSP") to conduct a standard criminal history check on me. This standard history check is designed to reveal if I have ever been subject to a criminal conviction, in which case a more complete criminal background investigation may be conducted on me.

This release is executed with full knowledge and understanding that this criminal history information is for the official use of the CSP only. Consent is granted to the CSP to furnish such information to the supervisor requesting said history in connection with my application for employment. Such information will be treated confidentially by the CSP, the requesting supervisor, and their staff at all times except as may otherwise be required by law.

Applicant Signature _____ Date: _____

(State Patrol use only)
Passed Background Check
 ___ Yes ___ No IBM: _____

If application is also for a SECURITY ACCESS CODE, please fill out the following section:

Building(s) Requested: ALL BLDGS TUNNELS ALL BLDGS & TUNNELS CAPITOL HOUSE OFFICES
 CAPITOL CAPITOL ATTIC ROTUNDA TUNNEL DOOR CAPITOL EXTERIOR TUNNEL DOOR
 ANNEX ANNEX - SUBBASEMENT PIERCE POWER PLANT CENTENNIAL HUMAN SERVICES
 LSB STATE SERVICES STATE OFFICE BUILDING 1570 GRANT WELLNESS CENTER
 NORTH CAMPUS: West East North
 700 KIPLING 690 KIPLING 690 STAIR/ELEV FLR 1-4 690 STAIR/ELEV FLR 1-3 690 STAIR/ELEV 2ND FLR

The following information will be used in case the applicant requests information about the access code:
 Mother's Maiden Name: _____ Unique Password: _____ Code Expiration Date: _____

I understand that the access code to be issued to me will be my private access code. I accept full responsibility for its use and will not share, assign, or divulge my code to any other person. I understand that if I abuse my code in any way, my code will be revoked for an undetermined amount of time.

Applicant Signature _____

Supervisor/Authorized Individual (PRINT) _____ Supervisor/Authorized Individual Signature _____ () _____ Phone _____

OFFICE USE ONLY
 ACCESS CODE: _____ IBM: _____ DATE: _____