



Job Application

We are an Equal Opportunity Employer and committed to excellence through diversity.

The application must be fully completed to be considered. Please complete each section, even if you attach a Resume.

Section 1: APPLICATION

Personal Information

Name:	Last	First	Middle	Social Security #	DOB
Address		City	State	Zip	
Phone number		Email address			
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you 18 years or older Yes <input type="checkbox"/> No <input type="checkbox"/>	
If selected for employment, are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Position

Position you are applying for ATTENDANT	Available start date	Desired pay
Employment desired: Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/>		

Education

School name	Location	Years attended	Degree/Certificate	Major

Employment History (start with last first)

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

References (business and professional only)

Name	Company/Address	Phone	Years Acquainted

Section 2: JOB DESCRIPTION

ATTENDANT-PROVIDER

QUALIFICATIONS:

- Must be at least 18 years of age
- Have a sympathetic attitude towards the care of the client
- Be able to read, write, and comprehend English
- Be able to carry out directions
- Show a high level of maturity and be able to deal effectively with the demands of the job
- Not be listed in the Employee Misconduct Registry or the Nurse Aide Registry
- Not have been convicted of an unemployable felony or misdemeanor during a Criminal History Check

RESPONSIBILITIES:

- Provides safe and effective personal care to the assigned clients.
- Follows Universal Precautions and washes hands before and after the task.
- Completes all work assignments, and accurately performs all assigned responsibilities
- Understands and adheres to established policies and procedures of the Agency (for example, the token device must stay in the individual's home)
- Maintains acceptable attendance status.
- I am willing to accept another client if and, when my current client loses their eligibility, transfer, and/or term with the agency or if the client expires.
- No Call, no show, is not allowed and it can terminate my employment at any time.
- I do not have the right to change my schedule. I do not have the right to keep an individual token device (It is fraud).
- Reports incomplete work assignments to the supervisor.
- Appearance is clean and well-groomed.
- Maintains cleanliness in a work environment.
- Demonstrates sound judgment and decision-making.
- Reports directly to the supervisor.
- Payday is the 10th and 25th of each month

I have read the above job description and fully understand the conditions set forth therein, and if employed as an Attendant – Provider, I will perform these duties to the best of my knowledge and ability. I understand that I will not get paid if I **do not** clock in or out properly through any one of the three (3) devices approved via the Texas HHSC login devices. (Smartphone, landline phone, or Texas EVV small device). My hours of service are based on the hours properly recorded (logging in and out) in any of the three approved logging-in devices. The compensation of **\$11.00** an hour is acceptable if you sign the job description. I acknowledge this is a temporary position and based on the patient's/client's needs. Therefore, whenever I am no longer interested in the job for whatever reason, or the client that hires me does not need my services, I agree to notify the supervisor in writing with the reason.

Employee's name (Print): _____

Date: _____

Signature: _____

**PROVIDER/CLIENT INTERPERSONAL RELATIONSHIP POLICIES
AND ACKNOWLEDGEMENT**

- Nations Pioneer Health Services knows that providers and clients develop a mutual understanding. We are therefore NOT liable for any monetary/personal items loaned/borrowed between the client and provider, and vice versa. Hence under NO CIRCUMSTANCES should there be any monetary/personal items loaned or borrowed between both parties. Our agency will NOT refund or replace any items.
- Attendant is advised to do ONLY tasks as listed on the individual's Service Plan.
- It is forbidden for you to transport your client in your own vehicle to and from places. Our agency is not liable for any accidents that may arise when transporting your client in your own vehicle
- You are allowed to escort your client to and from places, but only through other transportation resources. (For example: Metrolift, Uber, or Lyft)

Employee's name (Print): _____

Signature: _____ Date: _____

Section 3: **CONFIDENTIALITY AGREEMENT**

Confidentiality and Non-Disclosure Agreement

To ensure the Agency is in compliance with the HIPAA regulations and to ensure the protection of Protected Health Information (PHI) and the prevention of unauthorized use the Agency will authorize those persons allowed to have access to PHI. The Agency must also ensure that what PHI is used by such authorized persons must be what is minimally necessary to perform / carry out the job duty / function.

By signing this agreement, I agree to comply with the Agency's policies and procedures pertaining to PHI. Failure to do so will result in progressive disciplinary action including termination as applicable.

Date

Authorized Person

Date

Agency Representative

NPHS Inc. Provider

Section 4:
**POLICY MANUAL ORIENTATION/
EMPLOYEE COMPLIANCE**

4.57 - EMPLOYEE POLICIES AND PROCEDURES / POLICY MANUAL ORIENTATION

I understand that copies of policy and procedure manuals are available and that it is my responsibility to read, understand and conform to all applicable Agency policies including personnel policies. It is also my responsibility to comply with periodic changes and revisions.

I have read the Agency's Policy and Procedure on Abuse, Neglect and Exploitation and agree to Comply with and am bound by the Policy.

I understand that information contained in any Agency manual does not constitute a contractual relationship between the Agency and its employees, nor is it an expression of my term of employment.

I affirm that I have auto insurance coverage as required by this state and the Agency and I agree to keep it fully in force on any vehicle I use for the conduction of Agency business during the term of my employment. The Agency has the right to request proof of insurance at any time during the term of employment and that I am required to follow all Agency requirements and state and local laws.

I understand that only the Agency has the authority to admit clients and will supervise with appropriate personnel all services provided.

As a caregiver, I will carry out the plan of treatment, submit time sheets, clinical and progress notes as appropriate and, at a minimum, on a weekly basis, I will participate in developing and reviewing plans of care, periodic client evaluations and care conferences, discharge planning and schedule coordination. I will provide services within the geographic area covered by the Agency. I will attend required staff meeting and in-service training. Home health aides are required to have 12 hours of in-service training annually.

I understand that I must remit documentation of services performed prior to payment for those services and that payroll procedures require timely and accurate completion of documentation that must be submitted prior to payment for services provided.

I understand that all information, both written and verbal, regarding client and employee health conditions is strictly confidential and protected under federal and state law. The presence of a communicable of venereal disease; testing, results of known infection by HIV, Hepatitis, Tuberculosis; information concerning child abuse, mental health, drug or alcohol abuse is protected under specific law. All information in connection with the examination, care or provision of services to any client will not be disclosed without the individual's written consent except as may be necessary to provide services as required by law. Information may be used in statistical or other summary form of for clinical purposes only if the identity of the individual is not disclosed. I understand the violation of client / employee confidentiality is subject to civil and criminal penalties.

If I mistakenly exceed my accrued or earned sick or vacation leave balance, I authorize the Agency to deduct any amount from my pay- check (s) to correct my accrued or earned sick or vacation leave balance.

Employee Signature

Date

Personnel 04.09 Form: **EMPLOYEE COMPLIANCE/ ACKNOWLEDGEMENT FORM**

The employee handbook describes important information about Nation's Pioneer Health service, Inc. and I understand that I should consult the Human Resource Department regarding any questions not answered in the handbook. I have entered my employment relationship with Nations Pioneer Health services, Inc., voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Nations Pioneer Health Services, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

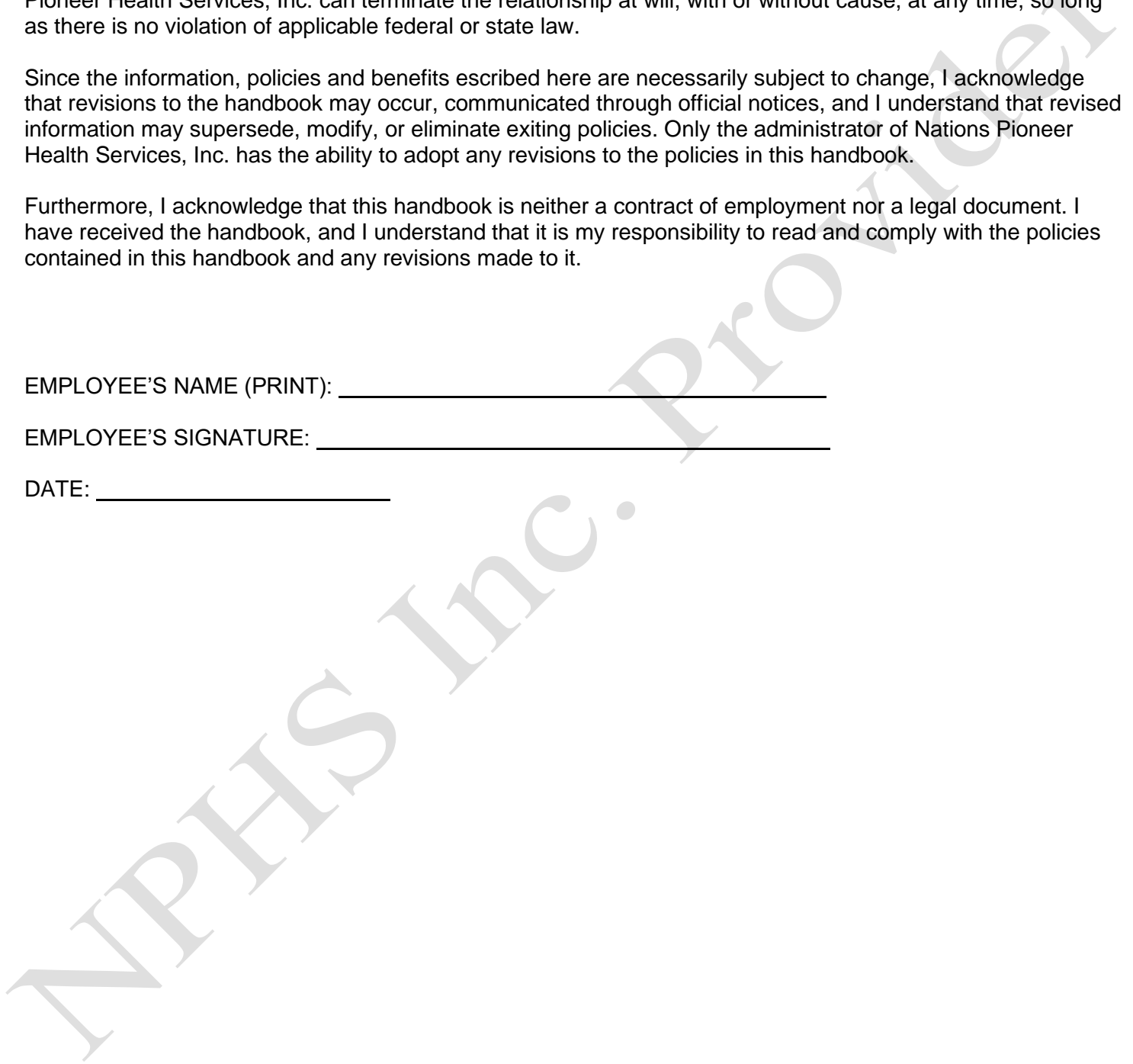
Since the information, policies and benefits escribed here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, communicated through official notices, and I understand that revised information may supersede, modify, or eliminate exiting policies. Only the administrator of Nations Pioneer Health Services, Inc. has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S NAME (PRINT): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____



Section 5:
**DISCIPLINARY ACTION AND
EMPLOYEE COUNSELLING**

Personnel 04.23: **DISCIPLINARY ACTION AND EMPLOYEE COUNSELING**

POLICY:

The Agency recognizes the value of its employees and strives to provide appropriate training and counseling in order to retain qualified staff. If, however, the employee's supervisor determines that an employee has not maintained acceptable performance or has violated Agency policy, the employee may receive counseling by his/her supervisor the Director of Clinical Services or the Administrator. If during the counseling sessions the employee perceives that a problem has occurred with the process, the employee may discuss the problem with the Director of Clinical Services or the Administrator.

PROCEDURE:

1. The Director of Clinical Services or the Administrator are responsible for ensuring that all Agency policies and statutory requirements are observed.
2. Depending on the situation, the Director of Clinical Services or the Administrator will be present for the counseling session and involved in the formulation of the Employee Counseling Statement. The counseling session, including documentation, must include a definitive plan for correcting the action and a time frame in which this is to be accomplished. The Employee Counseling Statement must be signed by the supervisor and employee and reviewed by the Director of Clinical Services or the Administrator.
3. The Director of Clinical Services or the Administrator will assist in the monitoring of the plan of corrective action and advise the supervisor, when necessary, of any problem areas.
4. The Director of Clinical Services or the Administrator will be available to the supervisor or employee in the event of a disagreement pertaining to the counseling or the plan of correction. If the disagreement cannot be solved, the employee may appeal in writing to the Administrator within one week.
5. The Director of Clinical Services or the Administrator will prepare a summary report and have the employee sign the report.
6. The Administrator will review all the information and discuss the issue with all involved.

Employee Signature

Date

Section 6: CRIMINAL HISTORY BACKGROUND CHECK

Personnel Section 04.06 Form: **Criminal History Check, Employee Misconduct Registry, Nurse Aide Registry Notification and Statement of Employability**

By execution of this document, I acknowledge that I have been informed by the Agency that a criminal history check will be performed on my name. I have informed this Agency of all names (for example, maiden name, aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary pending the results of the criminal history check. I also understand that if I have been convicted of the following offenses, that I may not be employed by this Agency. I also understand that the Agency will search the Employee Misconduct Registry and the Nurse Aide Registry (if applicable) to determine whether any acts of abuse, neglect or exploitation has occurred and whether my name is designated on either registry. If my name is designated on either registry, I understand the Agency must deny me employment.

A. I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide)
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint)
- An offense under Section 21.11 Penal Code (indecent with a child)
- An offense under Section 22.011, Penal Code (sexual assault)
- An offense under Section 22.02, Penal Code (aggravated assault)
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual)
- An offense under Section 22.041, Penal Code (abandoning or endangering child)
- An offense under Section 22.08, Penal Code (aiding suicide)
- An offense under Section 25.031, Penal Code (agreement to abduct from custody)
- An offense under Section 25.08, Penal Code (sale or purchase of a child)
- An offense under Section 28.02, Penal Code (arson)
- An offense under Section 29.02, Penal Code (robbery)
- An offense under Section 29.03, Penal Code (aggravated robbery); or
- An offense under Section 21.08, Penal Code (indecent exposure)
- An offense under Section 21.12, Penal Code (improper relationship between educator and student)
- An offense under Section 21.15, Penal Code (improper photography or visual recording)
- An offense under Section 22.05, Penal Code (deadly conduct)
- An offense under Section 22.021, Penal Code (aggravated sexual assault)
- An offense under Section 22.07, Penal Code (terroristic threat)
- An offense under Section 33.021, Penal Code (online solicitation of a minor)
- An offense under Section 34.02, Penal Code (money laundering)
- An offense under Section 35A.02, Penal Code (Medicaid Fraud)
- An offense under Section 36.06, Penal Code (obstruction or retaliation)
- An offense under Section 42.09, Penal Code (cruelty to livestock animals)
- An offense under Section 42.092, Penal Code (cruelty to non-livestock animals); or
- An offense that the Agency determines to be a contraindication to employment with the consumers the Agency serves.
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed in this section.

Employee Initial

B. I have not been convicted of the following crimes within five years of this date:

- An offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony
- An offense under Section 30.02, Penal Code (Burglary)
- A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable by a felony
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony
- An offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.
- An offense under Section 37.12, Penal Code (false identification as a police officer); or
- An offense under Section 42.01(a) (7), (8) or (9) Penal Code (disorderly conduct).

I understand that all information obtained by this Agency regarding my criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation, and that the information is true and complete to the best of my knowledge.

A person convicted of an offense, may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date of the conviction. (This requirement only applies to those employees first employed by the facility or Agency on or after September 1, 2001). I understand that all information obtained by this Agency regarding my criminal history will remain confidential.

By signing this form, I certify that the information on this form contains no willful misrepresentation, and that the information is true and complete to the best of my knowledge.

Signature of Applicant

Date

Print Name

Section 7: **UNIVERSAL/STANDARD (glove) PRECAUTIONS**

IN-SERVICE TRAINING

I, _____ have attended the In-service on
Universal/Standard Precautions and Bloodborne Pathogens and I acknowledged and
understand my responsibilities in practicing these precautions for all patients.

Signature of employee

Date

Print employee's name

NPHS Inc. Provider

Section 8: OSHA TRAINING

I have read the information on the OSHA Bloodborne Pathogens Standard and understand the following information:

1. Exposure Control Plan
2. Universal / Standard Precautions
3. Hepatitis B Immunization Program
4. Post Exposure Evaluation and Follow- up

I have also viewed the video titled "Universal Precautions: AIDS and Hepatitis B Protection for Home Health Care".

Signature of employee

Date

Print employee name

Supervisor Signature/Date

Section 9: DRUGS AND ALCOHOL TESTING

I, _____,

- agree with the Agency to perform Drugs and Alcohol Testing on me, if the Agency suspect me using Drugs and Alcohol.

- do not agree the Agency to perform Drugs and Alcohol Testing on me, if the Agency suspects me using Drugs and Alcohol.

It will be the Policy of this Agency that any employee that refused Drugs and Alcohol Testing will be terminated immediately.

Employee's Signature

Date

Employer's Signature

Date

Section 10: ABUSE NEGLECT EXPLOITATION

**Abuse, Neglect, and Exploitation of the Patient Home Health Agency
Employees and Independent Contractors Acknowledge**

To be signed by each agency employees and independent contractors:

- On hire
- Annually

I _____ on this date _____ affirm
that I have read and understand this agency's policy on reporting of Abuse, Neglect, and
Exploitation of the Client. I agree to comply with, and be bound by, the policy.

Name of employee/contractor

Date

Supervisor Signature and Date

Section 11: EMERGENCY CONTACT

Authorization for Criminal History/Background Check

Have you ever been convicted of a crime, excluding misdemeanor and summary offenses, in the past 10 years, which has not been annulled or expunged or sealed by a court?
(A conviction does NOT necessarily disqualify a candidate from employment by Nation Pioneer Health Services Inc.)

YES NO

If yes, supply information

I authorize Nations Pioneer Health Services, Inc (NPHS) to do criminal history check, if applicable, by regulation

YES NO

Emergency Contact

In case of Emergency, notify

Name:		Last	First	Relationship	
Address			City	State	Zip
Phone number (Primary)			Phone number (Alternative)		



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

Section 10: **DISCLAIMER**

Signature Disclaimer

“I certify that the information contained in this application are true and complete to the best of my knowledge and understand if employed, falsified statement on this application may be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of the payment of my wages and salary, may be terminated, by either party, any time without notice and without cause”

Unfortunately, this position does not pay any overtime.

Name (please print)	Signature:
Date	

UPLOAD DOCUMENTS:

- Social Security Card:
- Driver's License or ID card :
- VOIDED Check:

Do Not Write Below This Line

Interviewed by: _____ Date: _____

Wage: _____ Date Reporting to work: _____

Employer Signature

Date

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

PERSONNEL FILE CHECKLIST

NAME: _____ POSITON: ATTENDANT

DATE HIRED: _____

- Application
- Job Description
- Confidentiality Agreement
- Policy Manual Orientation / Employee Compliance
- Disciplinary Action
- OSHA Training
- W-4 Form
- I-9 Form
- Universal Precautions
- Criminal History Check: **Date:** _____
- HIPPA Training
- Nurse Aide Registry/Misconduct/ Statement of Employability: **Date:** _____

- Drug / Alcohol Testing
- Infection Control
- Abuse Neglect Exploitation

