



# RETURNING EMPLOYEE ORIENTATION PACKET

## ATTENTION RETURNING EMPLOYEE

The following are instructions that will assist you in filling out the required returning employee paperwork in this packet. Please print the packet and complete the forms ensuring that your signature is completed in all required areas. You should only return the pages indicated below.

- DECATUR PARK DISTRICT RETURNING EMPLOYEE APPLICATION** – complete in full, sign and date.
- EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (FEDERAL W-4)**
  - Complete name, address, city, state, zip, and Social Security Number.
  - Check your marital status in Section 3.
  - Write in your total allowance you are claiming on line 5.
  - Sign and date.
- ILLINOIS WITHHOLDING ALLOWANCE CERTIFICATE (IL-W-4)**
  - Complete name, address, city, state, and zip.
  - Write in your total allowance you are claiming on line 1.
  - Sign and date.
- DIRECT DEPOSIT AUTHORIZATION (OPTIONAL)** – Complete in full, sign, and date.
- EMERGENCY CONTACT INFORMATION** – Complete in full, sign, and date.
- CONDITIONAL OFFER OF EMPLOYMENT** – Sign and date.
- DRIVING & CRIMINAL BACKGROUND CHECK** – Complete in full, sign and date.
- EMPLOYEE PASS FORM** – Complete and give to Supervisor
- I-9** – This form is not included, but on your first day of employment you will be required to provide proper I-9 documentation to verify your employment eligibility. Please see the document enclosed that shows a list of acceptable documents.

**Please complete all forms and return to your supervisor.**



# Returning Employee Application

Revised 1/5/17

DECATUR PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Decatur Park District is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, religion, sex, sexual orientation, gender identity, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. Those applicants requiring reasonable accommodation to the application/interview process should notify the Human Resource Manager at 217-422-5911.

Position/Job Title Re-applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Department: \_\_\_\_\_

Last Name		First Name			Middle Initial
Permanent Address		Apt	City	State	Zip Code
Decatur Address (For college students living in Decatur)		Apt	City	State	Zip Code
Home Phone		Cell Phone			
E-mail					

Hours Available to Work (please enter the times during the day you are available to work):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

If you are seeking part-time or seasonal employment, are you able to work the entire season?  Yes  No

Date available to begin work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you must cease employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for ceasing employment: \_\_\_\_\_

Do you have a maximum number of hours you can work this year?  Yes  No \_\_\_\_\_ Hours

Are you willing to work overtime if required?  Yes  No

If required to drive, is your Drivers License in good standing?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever been convicted of any felony?  Yes  No

Have you ever been convicted of a misdemeanor crime involving criminal sexual conduct, or any crime related to drugs or any other illegal substances?  Yes  No

If yes, please explain: \_\_\_\_\_

*The district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants offered employment, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.*

## EMPLOYMENT HISTORY

Are you currently employed?

Yes  No

Beginning with most recent employment; list all positions you've had **since last working for the Park District.**

Employer	Telephone (    )	Dates Employed		Work Performed & Job Duties
		From	To	
Job Title				
Immediate Supervisor	Title	Hourly Rate/Salary		
		Starting	Final	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:				

Employer	Telephone (    )	Dates Employed		Work Performed & Job Duties
		From	To	
Job Title				
Immediate Supervisor	Title	Hourly Rate/Salary		
		Starting	Final	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:				

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?

Yes  No

## APPLICANT'S CERTIFICATION, AGREEMENT AND RELEASE

I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the Park District which may allegedly arise from such investigation. I further understand that if any false information, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Park District's rules and regulations, and I agree that my employment is "at-will" and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the Park District's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice at any time by the Park District.

I understand that a successful criminal background check is a condition of employment or volunteering with the Decatur Park District. I consent to the Decatur Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI. I understand I will be provided a copy of the criminal background check if any convictions are reported and it is my duty under the law to notify the Decatur Park District within 7 working days if the information is inaccurate or incomplete. I hereby fully release and discharge the Decatur Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

To further improve our risk management program, we annually require a check of employee driving records. All new or current full-time and part-time employees responsible for operating agency vehicles or who drive in the course of employment will have their driving record abstract requested through the Secretary of State's office. I authorize the Decatur Park District to review my driving record through the Secretary of State's office and I understand that a poor driving record may disqualify me from operating agency vehicles or drive as a part of my employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS & PAPERWORK TO YOUR SUPERVISOR**

# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	<b>G</b> _____
<b>H</b>	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.) ▶	<b>H</b> _____

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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="font-size: 2em;">2017</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 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, 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) _____

# 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

**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.

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.



# Direct Deposit Authorization (Optional)

## BEFORE YOU ENROLL IN DIRECT DEPOSIT:

- You must already have an account set up at your Bank or Credit Union
- Find out if they accept direct deposits, then notify them of your intentions
- Complete this form and return with your Returning Employee Application Packet.

## FILLING OUT HIS FORM:

1. You must complete this form to add, change or delete direct deposit information. No verbal changes accepted.
2. Identify and print the correct Routing/Transit Number and Account Number for each account.
3. You must have a primary account that you would like your check deposited into.
4. You may select up to 2 additional accounts, at the same bank or other banks, to distribute your check into. With these accounts you can select a flat dollar amount or a percentage of your check to be deposited.
5. Once you select your direct deposit options below, you will not be paid by check for any portion of your pay. You will receive a check stub each payday.

Print Name: \_\_\_\_\_

### PRIMARY ACCOUNT

Institution: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City/State: _____	Deposit Type: Net Deposit
Account Number: _____	Reason: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
Routing/Transit Number (9 digits): _____	

### SECONDARY ACCOUNT (Optional)

Institution: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City/State: _____	Amount \$ _____ or Percent _____%
Account Number: _____	Reason: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
Routing/Transit Number (9 digits): _____	

### SECONDARY ACCOUNT (Optional)

Institution: _____	Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City/State: _____	Amount \$ _____ or Percent _____%
Account Number: _____	Reason: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
Routing/Transit Number (9 digits): _____	

I hereby authorize the Decatur Park District and the financial institution(s) listed above to initiate electronic credit entries and if necessary, debit entries or adjustments for any credit entries made in error. This authority will remain in effect until I have notified the Payroll Department in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Emergency Contact Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FIRST CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

Other Telephone: (     ) \_\_\_\_\_

## SECOND CONTACT:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

Other Telephone: (     ) \_\_\_\_\_

## OPTIONAL

Existing medical conditions, illnesses, or allergies: \_\_\_\_\_

\_\_\_\_\_

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**RETURN THIS PAGE WITH YOUR PAPERWORK**



# Conditional Offer of Re-Employment

The offer of re-employment with the Decatur Park District is conditional and contingent upon the successful completion of all pre-placement screening requirements of the position for which you are now applying.

Please note the pre-placement screening items below that you may be required to pass prior to being rehired.

- Reference Checks
- Education History
- Physical Examination
- Drug Screen
- Criminal Background Check
- Driver Abstract Check

I authorize the investigation of all information pertaining to the above pre-placement screening items listed above as may be necessary in arriving at an employment decision. I understand and acknowledge that my employment with the Decatur Park District is **at-will**, which means that I have the right to terminate my employment with the District at any time, without notice or reason, and the Decatur Park District retains the same right. I also understand and acknowledge that this letter is not intended to create nor shall it create an employment contract, either express or implied, between the District and myself. I further understand and acknowledge that no conditions or promises made during the application or interview process are applicable unless made in writing at the time of my acceptance of this job offer.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS PAGE WITH YOUR PAPERWORK**





# Driving & Criminal Background Check

I understand that a successful driving and criminal background check is a condition of employment or volunteering with the Decatur Park District.

I consent to the Decatur Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI, and my driving record through the Secretary of State's office.

I understand I will be provided a copy of the criminal background check if any convictions are reported and my duty under the law to notify the Decatur Park District within 7 working days if the information is inaccurate or incomplete.

I understand that a poor driving record may disqualify me from employment or operating Park District vehicles as part of my employment.

I hereby fully release and discharge the Decatur Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

**PLEASE PRINT**

Last Name	First Name	Middle Name	Maiden Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Race

Driver's License Number	Driver's License State	Driver's License Class	Expiration Date
-------------------------	------------------------	------------------------	-----------------

I have read and fully understand this release form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS PAGE WITH YOUR PAPERWORK**

# DECATUR PARK DISTRICT

## Employee Pass Form

Seasonal / Part time #2 / Seasonal Union Employees

Employee is to complete the top portion of the Employee Pass Form and give it to their Supervisor.

Employee Name *(Please print)* \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birthdate \_\_\_\_\_

I understand the pass will be revoked if any misuse occurs. I also understand the pass will be VOID at the end of my employment with the Decatur Park District.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### To be filled out by Supervisor

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Department

Supervisor should submit this form to Karen Musick at the Administration Office.

Employees can obtain their employee pass at the DISC, Monday thru Friday from 9:00 am to 5:00 pm.

**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.

<p align="center"><b>LIST A</b></p> <p align="center"><b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p align="center"><b>OR</b></p>	<p align="center"><b>LIST B</b></p> <p align="center"><b>Documents that Establish Identity</b></p>	<p align="center"><b>AND</b></p> <p align="center"><b>LIST C</b></p> <p align="center"><b>Documents that Establish Employment Authorization</b></p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		<p>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</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>		<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>		<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(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.</p>		<p>4. Voter's registration card</p>	<p>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</p>
<p>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</p>		<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
		<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
		<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
		<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
		<p>9. Driver's license issued by a Canadian government authority</p>	
		<p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
		<p>10. School record or report card</p>	
		<p>11. Clinic, doctor, or hospital record</p>	
		<p>12. Day-care or nursery school record</p>	

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

Refer to the instructions for more information about acceptable receipts.