



Guardian Angel Ambulance Services, Inc.

Revised Nov. 2011

411 West 8th Avenue
P.O. Box 435
West Homestead PA 15120

Phone: (412)-462-1400

Fax: (412)-462-4664

EMPLOYMENT APPLICATION

Thank you for your time and interest in Guardian Angel Ambulance Services, Inc. This Employment Application / Probationary form must be completed in it's entirety to be accepted by Guardian Angel Ambulance Services, Inc. (hereinafter called "the Company"). The mission of the Company is to provide quality, affordable and outstanding Healthcare to our patients. In order to provide this type of quality service, our employees need to be Physically Fit, Attentive, Detail Oriented, and have excellent Patient Awareness. With all of these factors taken into consideration, we can become the principal quality ambulance service in Western Pennsylvania, which is the goal of the Company.

Please PRINT Clearly

Personal Information

Applicant Name:

(Last) (First) (Middle)

Date:

Current Address:

City:

State:

Zip:

Telephone

Numbers - Home:

Cellular:

Other:

Social Security #:

Are you less than 18 years of age? ☐ Yes ☐ No

Are you 21 years of age or older? ☐ Yes ☐ No

Previous Address:

Position you are applying for?

Paramedic ☐

Paratransit ☐

Billing Clerk ☐

Other ☐

EMT ☐

Dispatcher ☐

Mechanic ☐

Hours you are applying for ?

Full Time ☐

Part Time ☐

Either Full/Part Time ☐

Have you ever worked for this Company previously? Yes ☐ No ☐

If so, date(s)

Reason(s) for leaving:

Guardian Angel Ambulance Services, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability or any other characteristic protected by law. We assure you that your opportunity for employment with this Company depends solely on your experience and qualifications.

Education and Certifications

	Name of School	Years Completed
Grade School:		
Middle School:		
High School:		
Trade School:		
College:		
Subject Studied / Major:		Degree:

Certification	Cert. Number	Expiration Date	Instructing Institution
CPR			
CPR Instructor			
EMT			
EMT-Paramedic			
National Registry			
EMT Instructor			
BTLS			
PALS			
ACLS			
APAM			
BTLS/PALS/ACLS Instructor			
PHRN			
EVOC			
EMD / APCO			
HazMat Awareness			
Other: _____			

Do you currently have Medical Command Authorization? Yes ☐ No ☐ Facility:

Have you had Medical Command privileges previously? Yes ☐ No ☐ Facility:

Health and Physical Status

(Please answer the following truthfully, an affirmative answer is not generally terms for rejection.)

Can you perform the essential duties and responsibilities of the position with or without reasonable accommodations? Yes ☐ No ☐

Do you believe that you are physically fit and capable of the doing the job? Yes ☐ No ☐

Have you had a physical examination conducted in the last three (3) years? Yes ☐ No ☐

If yes, by whom? _____ Date: _____

Reason: _____

Are you presently under a physicians care for any chronic or serious illness? Yes ☐ No ☐

(If yes please explain on back)

Do you now or have you ever had a problem with alcohol / controlled substance abuse? Yes ☐ No ☐

Employment History

Please provide information covering your complete employment experience including time spent in military service, if any. Be accurate and account for all of your time. Indicate all periods of employment, beginning with the most recent employer.

Are you currently employed? Yes ☐ No ☐ If not, how long since leaving last employment?

Name of Present or Last Employer:

Address:

Name of Supervisor: Phone #:

Date of Hire: Leaving Date: Reason for Leaving:

Description of Duties / Responsibilities:

Please check any of the following that were a problem or concern: (Check all that apply)

- ☐ Punctuality ☐ Supervisors ☐ Neatness ☐ Hygiene ☐ Duties
☐ Co-Workers ☐ Personal Safety ☐ Transportation ☐ Work Environment

Name of Previous Employer:

Address:

Name of Supervisor: Phone #:

Date of Hire: Leaving Date: Reason for Leaving:

Description of Duties / Responsibilities:

Please check any of the following that were a problem or concern: (Check all that apply)

- ☐ Punctuality ☐ Supervisors ☐ Neatness ☐ Hygiene ☐ Duties
☐ Co-Workers ☐ Personal Safety ☐ Transportation ☐ Work Environment

Name of Previous Employer:

Address:

Name of Supervisor: Phone #:

Date of Hire: Leaving Date: Reason for Leaving:

Description of Duties / Responsibilities:

Please check any of the following that were a problem or concern: (Check all that apply)

- ☐ Punctuality ☐ Supervisors ☐ Neatness ☐ Hygiene ☐ Duties
☐ Co-Workers ☐ Personal Safety ☐ Transportation ☐ Work Environment

Drivers Information

Do you have a current and valid State of Pennsylvania Drivers License? Yes ☐ No ☐

If Drivers license is from another state, please indicate which state: _____

Drivers License # (OLN):

Expiration Date:

Do you have a CDL certified license? Yes ☐ No ☐

If yes, what level / class?

Have you been convicted of any moving violations in the past five (5) years? Yes ☐ No ☐

If yes, please explain:

Have you ever been convicted, pled guilty or no contest to a DUI/DWI offense? Yes ☐ No ☐

If yes, please explain:

Have you ever been denied a drivers license or permit? Yes ☐ No ☐

If yes, please explain:

Has your Drivers License ever been revoked or suspended? Yes ☐ No ☐

If yes, please explain:

Have you been involved in any Motor Vehicle Crash in the past five (5) years? Yes ☐ No ☐

If yes, please explain:

Have you ever operated an Emergency Vehicle? Yes ☐ No ☐ If yes, how many years?

Have you ever completed an Emergency Vehicle Operators Course (EVOC)? Yes ☐ No ☐

If Yes, when? Where?

If No, is there any reason preventing you from taking an EVOC class in the future? Yes ☐ No ☐

If yes, please explain:

For Insurance purposes, Guardian Angel Ambulance Services, Inc. is required to have a background check conducted of your Driving Record during the application/hiring process. The Company will also conduct a general background check including your previous employers. If there are employers that you would not desire the company contact, please indicate who those employers are by listing the names below and explain why.

Please complete the authorization below to allow the background check to be conducted.

I, _____, hereby give Guardian Angel Ambulance Services, Inc. the authorization to complete a background check of my Driving Record and previous employment .

☐ I do not authorize the following previous employers to be contacted:

Reason(s):

Signature: _____ Date: _____

References

Name: Profession:

Phone Number: Relationship: Years Known:

Name: Profession:

Phone Number: Relationship: Years Known:

Name: Profession:

Phone Number: Relationship: Years Known:

General Information

If you meet the required qualifications for the position, on what date will you be available?

If selected for the position, what type of transportation will you use to get to work?

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare and/or Medicaid? Yes ☐ No ☐

If yes, please explain:

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor? Yes ☐ No ☐

If yes, please explain:

Do you currently or have you ever worked for an Ambulance Service before? Yes ☐ No ☐

Do you currently or have you ever worked for a Transport Service before? Yes ☐ No ☐

Do you currently serve as a volunteer for any Local Non-Profit Municipal Service? Yes ☐ No ☐

If yes, Name of Service(s):

Do you currently have medical Health Care Insurance? Yes ☐ No ☐

When the Company is able to offer Health Insurance would you be interested? Yes ☐ No ☐

In case of an Emergency, whom should the company notify? Name:

Address:

Phone(s): Relationship:

Additional Skills and Training

Patient and Equipment Handling

Do you know how to operate the following equipment?

Stryker Stretcher Model MX-Pro	Yes <input type="checkbox"/>	No <input type="checkbox"/>	VHF Hospital Radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Long Spine (Back) Board	Yes <input type="checkbox"/>	No <input type="checkbox"/>	UHF Dispatch Radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reeves Stretcher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Portable Suction Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kendrick Extrication Device (KED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Portable Oxygen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kendrick Traction Device (Splint)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CPAP Device	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stair Chair / Stretcher Chair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pulse Oximeter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Philips Monitor/Defibrillator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Short Backboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LTV 1000 Ventilator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Scoop Stretcher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Patient Care Reports (PCRs)

Have you ever completed a computerized tripsheet (Patient Care Report)? Yes ☐ No ☐

If yes, what programs do you have experience using? emsCharts ☐ EMMA ☐
QuickTrip ☐ Other ☐ _____

When returning a patient from Out Patient Services, what is the most important item needed on the tripsheet for billing purposes?

What is the basic function of attendant one (1)?

Fire Service

Describe any EMS/Fire Service related training that you may have obtained:

List any EMS/FIRE/PROFESSIONAL Affiliations:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Military Service

Are you currently in the U.S. Armed Services? Yes ☐ No ☐ Branch?

Dates of previous military duty? From: To:

List any duties or special training in the service that may be relevant to the position being applied for:

Authorization / Acknowledgement / Agreement

I certify that the information provided by me on this Employment Application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealment of material fact. I authorize Guardian Angel Ambulance Services, Inc. to investigate the truth of this information and of any other information I may supply during an interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information that Guardian Angel Ambulance Services, Inc. may solicit from it or them. I further authorize Guardian Angel Ambulance Services, Inc. to investigate my criminal history and other aspects of my personal background, including my character and general reputation. If my Application is denied in whole or part because of information contained in a criminal history report, Guardian Angel Ambulance Services, Inc. will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Guardian Angel Ambulance Services, Inc. I further release the company from all liability from any damage that may result from the utilization of such information. (as is allowed by law)

I understand and agree that Guardian Angel Ambulance Services, Inc. acceptance of this employment application does not constitute any promise, expressed or implied, that I will be selected. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. I further understand that Guardian Angel Ambulance Services, Inc. does not guarantee anyone an employment position for any specific length of time.

I further understand and agree that any offer of employment with Guardian Angel Ambulance Services, Inc. will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical, psychological and polygraph examinations and physical agility and drug testing.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for Guardian Angel Ambulance Services, Inc. in any way. Additionally, I understand and agree to notify Guardian Angel Ambulance Services, Inc. should any changes occur to my status or position that could be considered a conflict of interest with regard to my employment.

I hereby acknowledge that I have read this section of the Employment Application and fully understand the meaning and effect of signing this form.

I am aware that should investigation disclose any willful misstatement, falsification or concealment, my Application will be rejected, my name removed from the eligibility list, and if already employed, I may be dismissed from service.

Before signing this Application, check it over to make sure that you have answered all questions correctly, and make certain that you have not omitted anything. You should also direct questions of any areas that are not completely understood to a manager or administrator for clarification.

Signature of Applicant

Date

Witness Signature

Date

Wage Garnishment Addendum

I understand that, should Guardian Angel Ambulance Services, Inc. receive a court order or any other legal wage garnishment order for Child Support, PHEAA Government (school) loans, Local, State, or Federal Tax Levi, or any other type of mandatory wage garnishment, Guardian Angel Ambulance Services, Inc. is required by law to follow such order and remit collected wage garnishments to the agency as instructed in the order.

Please indicate below by checking the appropriate box or boxes that may apply to your situation for any wage garnishments which you are aware of currently:

- ☐ Child Support Pennsylvania _____ Other State _____
(Indicate County) (Indicate State)
- ☐ PA Higher Education Assistance Agency (PHEAA)
- ☐ Local, State or Federal Tax Levi _____
(Explain which type / agency)
- ☐ Other _____
(Describe Garnishment)

By my signature below, I acknowledge that I understand the above statements and have provided to the best of my knowledge any information regarding any known wage garnishments.

Printed Name: _____

Signature: _____ Date: _____

Drug Testing Acknowledgement and Consent

I acknowledge that I have applied for employment with Guardian Angel Ambulance Services, Inc. of a position that may require me to operate an Emergency Vehicle or Wheelchair Van, or to directly deal with an emergency situation either in person or via telephone. As a condition for my application being considered, I understand and agree to undergo substance screening as requested. I understand that if my test results are positive, I shall not be considered for employment and if already employed my employment may be immediately terminated.

I hereby authorize any physician, laboratory, hospital or medical profession retained by Guardian Angel Ambulance Services, Inc. to conduct such substance screening and to provide the written results to Guardian Angel Ambulance Services, Inc. I release Guardian Angel Ambulance Services, Inc. and any person(s) affiliated with said organization and any such institution, agency or person conducting the screening, from any and all liability thereof.

Printed Name: _____

Signature: _____ Date: _____

NON-DISCLOSURE FORM

The protection of confidential business and trade secrets is vital to the interests and the success of Guardian Angel Ambulance Services, Inc. Such confidential information includes, but is not limited to, the following examples:

Compensation Data / Information

Customer Lists and/or Contacts

Customer Preferences

Financial Information

Marketing Strategies

Pending Projects and Proposals

Any Company Computer Generated Data

All employees are required to follow a non-disclosure agreement as a condition of employment. Employees who improperly use or disclose trade secrets or confidential business information will be subject to disciplinary action, up to and including termination from employment and possible legal action, even if they do not actually benefit from the disclosed information.

Signature

Date

Corporate Signature

Date

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes information about Guardian Angel Ambulance Services, Inc. and I acknowledge and understand that I should consult the General Manager regarding any questions not answered in the handbook or areas that need clarification. I have entered into my employment relationship with Guardian Angel Ambulance Services, Inc. voluntarily and acknowledge that there is no specified length of employment assumed, promised or expected. Accordingly, either Guardian Angel Ambulance Services, Inc. or I 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 Laws.

Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the employee handbook may occur, except to Guardian Angel Ambulance Services, Inc.'s policy of employment — At Will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this employee handbook is neither a contract of employment nor a legal document. I have received the handbook (or have been provided the ability to access the handbook on-line) and I understand that it is my responsibility to read and comply with the policies contained within this handbook and any revisions that are made to it.

Signature

Date

Employee Name Printed

Handbook # *(if copy provided)*

Maintaining Reasonable Availability

If hired by Guardian Angel Ambulance Services, Inc., all Paratransit Drivers, First Responders, Emergency Medical Technicians, Paramedics and PHRNs must maintain reasonable availability, which may include any shifts including weekends and holidays.

Maintaining reasonable availability is defined as being available to work a minimum of two (2) hours after the designated end of your shift. For example, if you are hired and assigned a shift from 0800 (8am) to 1600 (4pm), you must continue to be available until 1800 (6pm) at a minimum if needed and requested.

Applicants who do not agree or cannot meet this operationally necessary requirement will not be considered for employment.

Completion of Patient Care Reports

If hired by Guardian Angel Ambulance Services, Inc., all First Responders, Emergency Medical Technicians, Paramedics and PHRNs must complete and submit their patient care reports (PCRs) within twenty-four (24) hours from the time that services were rendered in accordance with the law.

However, Guardian Angel Ambulance Service, Inc. requires that all employees complete and submit all of their paperwork, including patient care reports (PCRs), at the end of their shift. Employees that do not comply with this requirement will be subject to disciplinary action up to and including termination.

My signature below indicates that I have read, understand and agree to comply with all of the policies and requirements indicated in the above statements.

Signature

Date

Please Print Name

**Form I-9, Employment
Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
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 (month/day/year)

REQUEST FOR DRIVER INFORMATIONThe most current version of this form can be found at www.dmv.state.pa.us

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS


 Bureau of Driver Licensing
 P.O. Box 68695
 Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)
☐ 3 YEAR DRIVER RECORD: \$5.00 FEE
☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes Only*)

- ☐ FULL HISTORY: \$5.00 FEE
☐ CERTIFIED DRIVER RECORD: \$10.00 FEE
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT's website at www.dmv.state.pa.us

A REQUESTER INFORMATION NAME/COMPANY Guardian Angel Ambulance Services, Inc ADDRESS 411 West 8th Ave, P.O. Box 435 CITY STATE ZIP CODE West Homestead PA 15120 DAYTIME TELEPHONE NUMBER (REQUIRED) (412) 462-1400 RELATIONSHIP TO DRIVER (REQUIRED) Employer	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY Research Underwriters and their insurance carriers ADDRESS (P.O. Box not acceptable, need to provide physical location of business/residence) 4240 Greensburg Pike CITY STATE ZIP CODE Pittsburgh PA 15221 DAYTIME TELEPHONE NUMBER (REQUIRED) (412) 351-5800 RELATIONSHIP TO DRIVER (REQUIRED) Insurance Agent/Carrier
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH MONTH DAY YEAR DRIVER NUMBER	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (<i>Driver must complete Section E.</i>) <input type="checkbox"/> C = Credit Business (<i>Legitimate Business need in connection with a business transaction initiated by the driver.</i>) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (<i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i>) <input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Driver must complete Section E.</i>) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>) <input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver must complete Section E.</i>)
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to Guardian Angel Ambulance Services, Inc NAME OF PERSON/COMPANY X SIGNATURE OF DRIVER DATE	I hereby Certify that Guardian Angel Ambulance Services, Inc PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. X SIGNATURE OF REQUESTER
F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) Documents Available: • Citations • Suspension Credit Affidavits • Court Certifications • Suspension/Revocation Letters • Applications • Restoration Letters • License Renewals • Rescind Letters • Judgments • Department Hearing or Exam Notice	Title _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X SIGNATURE OF PERSON ADMINISTERING OATH SIGN IN PRESENCE OF NOTARY

MESSENGER NO.

Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 2013. 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: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	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 \$40,000 (\$10,000 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 2013	
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 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• 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.) ▶					
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 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2013 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 2013 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2013 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 \$3,900 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 2013. 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 2013. 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			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$5,000		0		\$0 - \$8,000		0	
5,001 - 13,000		1		8,001 - 16,000		1	
13,001 - 24,000		2		16,001 - 25,000		2	
24,001 - 26,000		3		25,001 - 30,000		3	
26,001 - 30,000		4		30,001 - 40,000		4	
30,001 - 42,000		5		40,001 - 50,000		5	
42,001 - 48,000		6		50,001 - 70,000		6	
48,001 - 55,000		7		70,001 - 80,000		7	
55,001 - 65,000		8		80,001 - 95,000		8	
65,001 - 75,000		9		95,001 - 120,000		9	
75,001 - 85,000		10		120,001 and over		10	
85,001 - 97,000		11					
97,001 - 110,000		12					
110,001 - 120,000		13					
120,001 - 135,000		14					
135,001 and over		15					

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$72,000		\$590	
72,001 - 130,000		980	
130,001 - 200,000		1,090	
200,001 - 345,000		1,290	
345,001 - 385,000		1,370	
385,001 and over		1,540	

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.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE,
P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL
BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

☐ M ☐ F

COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

☐

CHILD CARE

☐

VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).

☐

CWEP (Community Work Experience Program Participant)

☐

FOSTER CARE

☐

ADOPTION

☐

SCHOOL

SIGNATURE OF CAO REP

CAO PHONE NO

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

☐

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

☐

APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- ☐ Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- ☐ Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- ☐ Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- ☐ Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- ☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- ☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- ☐ Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- ☐ No record exists. Report attached.

FBI CLEARANCE

- ☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- ☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- ☐ Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- ☐ No record exists. Report attached.
- ☐ No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

PENNSYLVANIA STATE POLICE
 REQUEST FOR CRIMINAL RECORD CHECK

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

		-					-																
NAME/SUBJECT OF RECORD CHECK (FIRST)						(MIDDLE)						(LAST)											
MAIDEN NAME AND/OR ALIASES								SOCIAL SECURITY NUMBER								DATE OF BIRTH (MM/DD/YYYY)				SEX		RACE	

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information *contained in the files of the Pennsylvania State Police Central Repository only*

REASON FOR REQUEST: All requests \$10.00

MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA

◀◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶▶

☐ INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

☐ **ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED
FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY - 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546

1-888-QUERYPAPA (1-888-783-7972)

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

- ☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A
CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF
\$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE
- ☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY - NO FEE