



# STUDENT EMPLOYMENT

## NEW HIRE PACKET

1. Complete the top portion of the first page in this packet.
2. Take this entire packet to the department you are applying for work.
3. Once hired, complete the rest of the packet and return to the Supervisor hiring you.



# GENEVA COLLEGE

## STUDENT EMPLOYMENT APPLICATION

### Applicant Information

SEMESTER: FALL  SPRING  SUMMER  CALENDAR YEAR: \_\_\_\_\_  
PLEASE PRINT

Department in which you are applying: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street City State Zip Code

Geneva Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  If no, give date of birth: \_\_\_\_\_ Social Security last 4#'s: XXX-XX-\_\_\_\_\_

Do you currently attend Geneva College? Yes  No  Geneva Student I.D. #: \_\_\_\_\_ Geneva Box #: \_\_\_\_\_

Enrollment Status: Full-Time  Part-Time  Number of Credits anticipated during term of employment for which you are applying \_\_\_\_\_

Fall Class Status: Fr  So  Jr  Sr  Grad  Major: \_\_\_\_\_

Have you been granted Work-Study Funds in your Financial Aid Award Letter? Yes  No  Don't Know

Do you live in the Beaver Falls School District during the school year? Yes  No

Note: If you live on campus, you MUST answer yes, Beaver Falls resident wage tax will be withheld from your pay unless you complete a Certificate of Wage Tax Exemption.

Are you authorized to work in the U.S.? Yes  No  If no, will you require sponsorship? Yes  No

Have you completed a New Hire Packet or received a paycheck for work from Geneva in the past? Yes  No

If yes, which department and when? \_\_\_\_\_

Earliest Date you can begin working? \_\_\_\_\_ Are you able to work the entire semester? Yes  No

Please list any unique/specific skills and/or experience you possess that you think the department you are applying for could utilize.

Have you ever been convicted or plead guilty to a felony or misdemeanor? (Do not include minor traffic violations.) Yes  No

If yes, list the date of the conviction(s), the name/location of the court in which convicted, and a description of the nature of the crime. Attach additional pages if necessary.

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission of information will be grounds for immediate dismissal. I further authorize the College to investigate and/or verify any information on this application or other supporting documents.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY HIRING SUPERVISOR

PLEASE PRINT

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

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Account #: \_\_\_\_\_

Wage Rate (Check One):  \$7.25- Minimum Wage  Other: \$ \_\_\_\_\_

(Please explain rationale if wage rate is other than minimum wage)

Duties: \_\_\_\_\_

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

Human Resources Approval \_\_\_\_\_

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

Payroll: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING YOUR FORM W-4**

To complete the Form W-4 you only need to fill out the bottom portion of the page, numbers 1-5, and sign at the bottom.

- 1. Print you first name, middle initial and last name.  
Write in your home address including number and street name.**
- 2. Fill in your Social Security number.**
- 3. Check the appropriate boxes.**
- 4. If your last name is different than the name on your Social Security Card, check the box.**
- 5. Write in the total number of allowances that you are claiming.**

**\*\*Read and understand the statement\*\***

**\*\*Be sure to sign the document\*\***

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not 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>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- 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 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2012</span>
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. <b>Note.</b> 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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 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						

**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.

**HOW TO FILL OUT YOUR I-9 FORM**  
**(Department of Homeland Security)**

Fill only Section 1 of this form.

1. **First Line** - Print your name – last name, first name and middle initial.
2. **Second Line** - Print your address: street name, number, and apartment number.  
In the next box, fill in your date of birth: Month/Date/Year
3. **Third Line** – Print the rest of your address: City, State and zip code
4. **Fourth Line** – Read the statement about false information. In the next box, check whether you are a Citizen or a National of the U.S., a Permanent Resident (also write in your Alien #, if applicable), or an Alien authorized to work until (and fill in the date and your Alien or Admission #).
5. **Fifth Line** – Sign your name in the space provided. In the next box, write the date: Month/Date/Year.

You will also need to bring two original forms of eligible i.d. to the hiring supervisor. Acceptable forms are found on the back side of the I-9 form. An example would be a driver's license and social security card.

Your paperwork cannot be processed until the supervisor is shown the original documents needed.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**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)
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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)
Geneva College, 3200 College Avenue, Beaver Falls, PA 15010		

**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)
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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): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
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	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

**SIGN AND READ  
THE  
FOLLOWING THREE PAGES**

- 1. Worker's Compensation Notification  
This form gives you instructions if you are hurt while working. Read both sides and sign the form.**
- 2. Substance Abuse Policy  
Please read and sign this form.**
- 3. Student Confidentiality Agreement  
Please read and sign this form.**

## **WORKERS' COMPENSATION EMPLOYEE NOTIFICATION**

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered. If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by the same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **Workers' Compensation Information**

1. The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
2. Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
3. You should report immediately any injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers Compensation for additional general information at:

Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800)482-2383; telephone number outside of this Commonwealth (717)772-4447; TTY(880)362-4228 (for hearing and speech impaired only); [www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers' Compensation Act.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers' Compensation Act.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## SUBSTANCE ABUSE POLICY

Geneva College is committed to providing a safe work environment and to fostering the well being and health of its employees. The College's long-standing policy has been to prohibit the use of illegal drugs, alcoholic beverages, and abuse of ethical substances on College property. That commitment is jeopardized when any College employee uses drugs or alcoholic beverages on the job, comes to work under their influence, or possesses, distributes or sells illegal drugs in the workplace. Therefore, the College has established the following policy:

- It is a violation of College policy for any employee to possess, sell, trade, or offer for sale illegal drugs or alcoholic beverages on the job, or otherwise engage in the use of such substances during work hours.
- It is a violation of College policy for anyone to report to work under the influence of illegal drugs or alcoholic beverages.
- It shall be a condition of employment for employees to submit to drug testing under the following circumstances:
  - When drug screening is part of a pre-employment physical exam;
  - When there is reasonable suspicion that an employee is not fit-for-duty or is engaging in inappropriate behavior;
  - When an employee is involved in a workplace near-accident or an on-the-job accident that resulted from the employee's human error or carelessness, or when the medical attention is required for bodily injury.
- Employees must notify the College, in writing, of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- It is a violation of College policy for anyone to use ethical drugs improperly (However, nothing in this policy precludes the appropriate use of ethical medications).
- Any employee who uses legally prescribed medications that may cause side effects must report that usage to their supervisor prior to the start of work. A determination will be made as to whether the employee can perform the essential functions of the job in a safe and appropriate manner.
- Any employee who uses an over-the-counter medication and experiences side effects while on the job, must report those side-effects to their supervisor immediately. A determination will be made as to whether the employee can continue to perform the essential functions of the job in a safe and appropriate manner.
- Violations of any part of this policy are subject to redemptive discipline up to and including termination.

As a condition of employment, I have read this policy and agree to abide by its' terms.

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Name (Please Print)

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Signature

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Date

## Student Confidentiality Agreement

In the carrying out of my duties as a student employee of Geneva College, both the College and I recognize that I will periodically be exposed to sensitive information. It is also recognized that the management of data, including personal information, grades, budgets, programs and policies is necessary to the operation of my department and of the College as a whole. I agree that all such information must be kept private and confidential for the protection of the College, protection of the persons or topics being addressed, and not least of all because Federal and/or State law protects such information.

I hereby reaffirm my personal integrity and commit myself to acting responsibly in my relations to the College. I covenant and promise that I will share with no one outside my department any personal, private or otherwise privileged information that I learn in the course of my work, except what is needed in the actual discharge of my duties. If there is doubt in my mind whether a certain matter is to be protected, I will discuss its character with my supervisor before making a disclosure. Failure to comply with this agreement may result in immediate employment termination or disciplinary action.

This responsibility to maintain confidentiality extends beyond my term of employment.

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Print Name

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Employee Signature

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Date

## **DIRECT DEPOSIT FORM**

**You can conveniently have your paycheck directly deposited into your bank account.**

**You MUST attach a voided check or have a bank specification sheet from your bank attached.**

**Complete the following form if you wish to have direct deposit.**

DIRECT DEPOSIT FORM

ID\_\_\_\_\_

NAME\_\_\_\_\_

SSN\_\_\_\_\_

Account #\_\_\_\_\_

Name(s) on the account\_\_\_\_\_

Check one:

\_\_\_\_\_Checking Account

\_\_\_\_\_Savings Account

Bank Name\_\_\_\_\_

Bank City, State\_\_\_\_\_

Bank Phone (\_\_\_\_)\_\_\_\_\_

(A copy of a voided check or a bank specification letter for this account must be attached for direct deposit.)

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

Phone (\_\_\_\_)\_\_\_\_\_ or College Extension\_\_\_\_\_

.....

HUMAN RESOURCES USE ONLY

Group: DDP                      Priority\_\_\_\_\_                      Type\_\_\_\_\_

Bank Routing #\_\_\_\_\_                      Date in System\_\_\_\_\_

Apply Remainder?\_\_\_\_\_                      TITLE\_\_\_\_\_

## **TAX EXEMPTION CERTIFICATE**

**Unless you expect to earn more than \$12,000 within Beaver Falls this year, you must complete the following form so that you are not charged the Local Services Tax.**

- 1. Complete the top portion with your name, address, city/state/zip code and phone number.**
- 2. Sign and date the bottom of the back of the page.**

# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year \_\_\_\_\_

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

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

Soc Sec #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. \_\_\_\_\_ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
  
2. \_\_\_\_\_ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN \_\_\_\_\_ (municipality or school district) WILL BE LESS THAN \$ \_\_\_\_\_: Attach copies of your last pay statements or your W-2 for the year prior.  
  
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
  
3. \_\_\_\_\_ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
  
4. \_\_\_\_\_ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

**EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.**

Tax Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

### IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the combined rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.



## **NEW HIRE REPORTING FORM**

**The State of Pennsylvania requires that we report all newly hired employees. The following information is required for reporting to the State.**

**Please complete the section that reads “Required Employee Information”. DO NOT FILL IN THE DATE OF HIRE.**

**New Hire Reporting Form**

<b>Required Employer Information</b>		<i>Please mail or fax to:</i>	
FEIN:	<b>250965376</b>	Commonwealth of Pennsylvania New Hire Reporting Program PO Box 69400 Harrisburg, PA 17106-9400  FAX: 717-657-HIRE (717-657-4473)  VOICE: 1-888-PAHIRES (1-888-724-4737) <i>(for questions only)</i>  <i>This form may be duplicated</i>	
Employer Name:	<b>GENEVA COLLEGE</b>		
Address:	<b>3200 COLLEGE AVENUE BEAVER FALLS, PA 15010-3557</b>		
Contact Name:	<b>Human Resources</b>		
Contact Phone #:	<b>(724) 847-6560</b>		
<b>Required Employee Information (Please type or print legibly in black or blue ink.)</b>			
Employee Social Security #	Date of Birth (mm/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)	
First Name	Middle Name	Last Name	
Address			
City	State	Zip	

# **KEEP THIS IMPORTANT NOTICE**

## **403(b) RETIRMENT PLAN UNIVERSAL AVAILABILITY NOTICE**

Employees of Geneva College have the opportunity to save for retirement by participating in the College's 403(b) plan. Employees can participate in the 403(b) plan with pre-tax contributions by completing and submitting a salary reduction agreement to the Office of Human Resources and enrolling with one of the investment providers which the College has approved (currently only TIAA-CREF). The salary reduction agreement gives the College permission to take the elected dollar amounts or percentage from your paycheck and contribute those amounts to your 403(b) plan. The minimum contribution amount is \$200.00 per year.

For a list of investment options available through the plan and an application to open an account, please contact Joy Doyle in the Office of Human Resources. All Geneva College employees are eligible to participate. Employees may contribute up to the annual IRS limit each year. This amount changes annually; in 2009, it will be \$16,500. Employees who are at least 50 years old may also be able to make additional catch-up contributions. Also, eligible individuals may make an election to contribute special catch-up contributions. Contact the Office of Human Resources for additional information on the amount employees can contribute.

If you are already contributing to the College's 403(b) plan, you may change your contribution amount or percentage by completing a new salary reduction agreement and returning it to the Office of Human Resources. Employees who participate in the College's mandatory 403(b) retirement plan will need to complete an application to establish an account for the voluntary, tax-deferred annuity (TDA) 403(b) plan. 403(b) participants may change their elections as often as once per month.

For additional information, please visit the Office of Human Resources located in Old Main, call us at 724.847.6639, or email us at [jedoyle@geneva.edu](mailto:jedoyle@geneva.edu).

**CONGRATULATIONS!  
YOU HAVE COMPLETED THE FORMS  
REQUIRED FOR EMPLOYMENT.**

**This entire packet will need to be returned to the supervisor in the department you are applying to work in.**

**Be sure your packet is complete and you've signed the appropriate forms.**

**If you have any questions or need assistance, please call Human Resources at extension 6560.**