

**POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL
SERVICES**

3040 Memorial Blvd., Tobyhanna, PA 18466

Phone: 570-839-8485

Fax: 570-839-0777

APPLICANTS

Please include a copy of the following with your application:

-Driver's License

-Social Security Card

-All Certifications for position you are applying for.

Thank you

PMREMS

**POCONO MOUNTAIN REGIONAL EMERGENCY
MEDICAL SERVICES**

Coolbaugh Twp Emergency Services Station
3040 Memorial Blvd
Tobyhanna, PA 18466
570-839-8485

APPLICATION FOR EMPLOYMENT

Pocono Mountain Regional Emergency Medical Services (PMREMS) considers applications for employment without regard to race, color, religion, sex, national origin, age (over 40), disability, veteran status, citizenship or any other characteristic protected by law.

-PMREMS IS A DRUG-FREE WORKPLACE-

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Date: _____

Social Security Number: _____-_____-_____

Address: _____

City: _____ Township _____

State _____ Zip _____

Telephone Number: _____ Other Number _____

Are you at least 18 years of age? Yes No

Date Available to start: _____

How did you find out about this position? _____

Do you have any relatives or friends working/volunteering here? _____

Please List: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____

Prior position(s) here: _____

Reason(s) for leaving: _____

Do you have a valid Driver's License? Yes No Class

Issued by what state? _____ Driver's License #: _____

List all moving violations (convictions) and accidents in the last five years:

Have you ever been convicted, pled guilty, or no contest to a felony misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license evoked or suspended? Yes No

If yes, explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?

Yes No

If yes, explain: _____

A conviction will not necessarily disqualify you from employment

PAST EMPLOYMENT

Have you ever been:

Placed on probation or terminated
for excessive absenteeism?

Yes

No

Disciplined or fired for insubordination? Yes

No

Disciplined or fired for violation
Of safety rules?

Yes

No

Disciplined or fired for assault
Or fighting?

Yes

No

Disciplined or fired for harassment? Yes

No

Disciplined or fired for patient abuse? Yes

No

Disciplined or fired for alcohol or drug
Related activity at work?

Yes

No

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? Yes No

If not, highest grade completed: _____

Have you received your GED? Yes No

COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? Yes No

Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? Yes No

Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____

(continue from previous page)

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____

Address: _____

Occupation: _____ Years Known: _____

Telephone Number (Include Area Code): _____

Name: _____

Address: _____

Occupation: _____ Years Known: _____

Telephone Number (Include Area Code): _____

Name: _____

Address: _____

Occupation: _____ Years Known: _____

Telephone Number (Include Area Code): _____

List two personal references that have known you for at least three years outside work.

Name: _____

Address: _____

Occupation: _____ Years Known: _____

Telephone Number (Include Area Code): _____

Name: _____

Address: _____

Occupation: _____ Years Known: _____

Telephone Number (Include Area Code): _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be 'at will' and either I or the company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____

**Pocono Mountain Regional Emergency Medical Services
Staff Confidentiality Agreement**

It is imperative that our personnel maintain the confidentiality of patient information that we receive in the course of our operations. PMREMS expressly prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) within the organization should be limited to acceptable uses only. Acceptable uses of PHI include, but are not limited to, exchange of patient information required for the treatment of the patient, billing, and other health care operations, peer review, internal audits, and quality assessment and improvement activities.

I understand that PMREMS provides services to patients that are private and confidential and that I occupy an important part in maintaining the privacy rights of PMREMS's patients. I understand that it is necessary, in the rendering of PMREMS services, that patients provide personal information in the form of electronic, oral, written or photographic media and that this information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies, practices and procedures instituted by PMREMS during my entire employment or association with PMREMS. If I, at any time, knowingly or inadvertently, violate the patient confidentiality policies, practices and procedures, I agree to notify the Privacy Officer of PMREMS immediately. I understand that a violation of patient confidentiality may result in the suspension or termination of my employment or association with PMREMS. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This does not constitute a contract for continued employment.

I have read, and I understand all privacy policies and procedures that have been provided to me by PMREMS. I agree to obey all policies and practices or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or membership or association with PMREMS. This is not a contract of employment and does not alter the nature of the existing relationship between PMREMS and me.

Signature: _____ Date: _____

Printed Name: _____

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

 You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">A REQUESTER INFORMATION</td> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i></td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) () _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> <tr> <td colspan="2">SIGNATURE <u>X</u></td> </tr> <tr> <td colspan="2">NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY		ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i>		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED) () _____		RELATIONSHIP TO DRIVER (REQUIRED) _____		SIGNATURE <u>X</u>		NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">B END USER OF INFORMATION BEING REQUESTED</td> </tr> <tr> <td colspan="2">NAME/COMPANY</td> </tr> <tr> <td colspan="2">ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i></td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) () _____</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) _____</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">D AFFIDAVIT OF INTENDED USE</td> </tr> <tr> <td colspan="2">Intended Use of the Information Requested: CHECK ONLY ONE</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <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. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) </td> </tr> <tr> <td colspan="2">I hereby Certify that _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">PRINTED NAME OF REQUESTER</td> </tr> <tr> <td colspan="2"> 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. </td> </tr> <tr> <td colspan="2"> _____ SIGNATURE OF REQUESTER </td> </tr> <tr> <td colspan="2">Title _____</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY		ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i>		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED) () _____		RELATIONSHIP TO DRIVER (REQUIRED) _____		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <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. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)		I hereby Certify that _____		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.		_____ SIGNATURE OF REQUESTER		Title _____	
A REQUESTER INFORMATION																																													
NAME/COMPANY																																													
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i>																																													
CITY	STATE ZIP CODE																																												
DAYTIME TELEPHONE NUMBER (REQUIRED) () _____																																													
RELATIONSHIP TO DRIVER (REQUIRED) _____																																													
SIGNATURE <u>X</u>																																													
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD																																													
B END USER OF INFORMATION BEING REQUESTED																																													
NAME/COMPANY																																													
ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i>																																													
CITY	STATE ZIP CODE																																												
DAYTIME TELEPHONE NUMBER (REQUIRED) () _____																																													
RELATIONSHIP TO DRIVER (REQUIRED) _____																																													
D AFFIDAVIT OF INTENDED USE																																													
Intended Use of the Information Requested: CHECK ONLY ONE																																													
<input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <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. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)																																													
I hereby Certify that _____																																													
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.																																													
_____ SIGNATURE OF REQUESTER																																													
Title _____																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C DRIVER INFORMATION</td> </tr> <tr> <td>NAME: LAST</td> <td>FIRST INITIAL</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2">CITY</td> </tr> <tr> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="2">PHONE NUMBER () _____</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH DAY YEAR</td> <td></td> </tr> </table>	C DRIVER INFORMATION		NAME: LAST	FIRST INITIAL	ADDRESS		CITY		STATE	ZIP CODE	PHONE NUMBER () _____		DATE OF BIRTH	DRIVER NUMBER	MONTH DAY YEAR		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">E DRIVER RELEASE</td> </tr> <tr> <td colspan="2">I _____ hereby request</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF DRIVER</td> </tr> <tr> <td colspan="2">the Department of Transportation to furnish a copy of my PA Driver's Record to _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME OF PERSON/COMPANY</td> </tr> <tr> <td colspan="2">SIGNATURE OF DRIVER <u>X</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">DATE</td> </tr> </table>	E DRIVER RELEASE		I _____ hereby request		NAME OF DRIVER		the Department of Transportation to furnish a copy of my PA Driver's Record to _____		NAME OF PERSON/COMPANY		SIGNATURE OF DRIVER <u>X</u>		DATE															
C DRIVER INFORMATION																																													
NAME: LAST	FIRST INITIAL																																												
ADDRESS																																													
CITY																																													
STATE	ZIP CODE																																												
PHONE NUMBER () _____																																													
DATE OF BIRTH	DRIVER NUMBER																																												
MONTH DAY YEAR																																													
E DRIVER RELEASE																																													
I _____ hereby request																																													
NAME OF DRIVER																																													
the Department of Transportation to furnish a copy of my PA Driver's Record to _____																																													
NAME OF PERSON/COMPANY																																													
SIGNATURE OF DRIVER <u>X</u>																																													
DATE																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">F MICROFILM</td> </tr> <tr> <td>TYPE OF DOCUMENT</td> <td>DATE OF VIOLATION</td> </tr> <tr> <td colspan="2">(see list of available documents below)</td> </tr> <tr> <td colspan="2"> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice </td> </tr> </table>	F MICROFILM		TYPE OF DOCUMENT	DATE OF VIOLATION	(see list of available documents below)		Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">NOTARIZATION</td> </tr> <tr> <td colspan="2">SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</td> </tr> <tr> <td colspan="2">SIGNATURE OF PERSON ADMINISTERING OATH <u>X</u></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">S E A L</td> <td style="text-align: center; vertical-align: middle;">SIGN IN PRESENCE OF NOTARY</td> </tr> </table>	NOTARIZATION		SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR		SIGNATURE OF PERSON ADMINISTERING OATH <u>X</u>		S E A L	SIGN IN PRESENCE OF NOTARY																												
F MICROFILM																																													
TYPE OF DOCUMENT	DATE OF VIOLATION																																												
(see list of available documents below)																																													
Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																																													
NOTARIZATION																																													
SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR																																													
SIGNATURE OF PERSON ADMINISTERING OATH <u>X</u>																																													
S E A L	SIGN IN PRESENCE OF NOTARY																																												
MESSANGER NO.																																													

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.
(\$5.00 fee)

3 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
(\$5.00 fee)

10 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
(\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.
(\$10.00 fee)

MICROFILM

DOCUMENT..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
(\$5.00 fee)

CERTIFIED COPY

OF DOCUMENT..... Copies of documents from the microfilm file that have been certified by the Department.
(\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our Web site at www.dmv.state.pa.us and click on "Online Business Services" for more information.

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 for information about Form W-4, at 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.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
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	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "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	G	<u> </u>
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	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
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)	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 both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <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.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)