

## Employment Application

Acrobat Outsourcing is an equal opportunity employer dedicated to non-discrimination in all employment practices. Acrobat Outsourcing selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), color, religion, gender, national origin, ancestry, marital status, sexual orientation, disability or any other status protected by applicable law.

Full Name Acquino Foster Date: 11/14/19  
Home Telephone (923) 519 4832 Other Telephone (923) 772 0525  
Present Address 178 Outwater Ln Garfield NJ 07026  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address Acquino.Foster@gmail.com

Position applying for: \_\_\_\_\_ Salary desired: 10.00  
Are you currently registered with any staffing and/or employment agencies? If so, please list \_\_\_\_\_

Are you applying for: Full-time work? Yes ☒ No \_\_\_\_\_ Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Temporary work, e.g., summer or holiday work? Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
How did you find out about our open position? (Please check ☒ in proper name of source):  
Referral ☒ Name of Referral Tanisha Callender Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐  
Other Web Posting ☐ Other Source ☐  
Could you work overtime, if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_ If hired, on what date could you start working? 11/18/19

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM		9-4	9-4	9-4	9-4	9-4	
PM							
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: _____							

Have you ever applied to or worked for Acrobat Outsourcing before? Yes \_\_\_\_\_ No ☒ If yes, when? \_\_\_\_\_  
Do you have friends or relatives working for Acrobat Outsourcing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state name and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes ☒ No \_\_\_\_\_

If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No \_\_\_\_\_

State age if you are under 18 \_\_\_\_\_. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No \_\_\_\_\_

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) \_\_\_\_\_

Pursuant to any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Delaware Tech Center	Teterboro, NJ	Diploma	Y
Do you have any special licenses, certificates or special training? If so please list under "Special."			
Are you computer literate? If so, list software knowledge under "Special."		YES <u>YES</u>	NO <u>NO</u>
Are you proficient with Point of Sales Systems? If so, please list which ones under "Special."		YES	NO <u>NO</u>
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES <u>YES</u>	NO
Special:			

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes ☐ No ☒ If so, may we contact your current employer? Yes ☐ No ☐

Name and Address of Employer Bergen County Action Program

Type of Business Home Energy Telephone No. (201) 342-7459 Supervisor's Name Claudia Vasquez  
Your Position and Duties Clerical, Processing Clients for the Home Energy Program

Dates of Employment: From 2004 To 2011

Reason for Leaving: Said to go

Name and Address of Employer Path Mark

Type of Business Grocery store Telephone No. ( ) N/A Supervisor's Name   
Your Position and Duties Dei Associate

Dates of Employment: From 2004 To 2004

Reason for Leaving: Got sick

Name and Address of Employer

Type of Business  Telephone No. ( ) Supervisor's Name   
Your Position and Duties

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been fired from any previous place of employment? If so, please explain: \_\_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military?  
If so, describe: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Tanisha Powell

Telephone No. (862) 291 9149

Address 115 Sussex St Haverhill MA 01830

Occupation: sales

Relationship: Friend

Number of Years Acquainted: 8 yrs

Name: Cheryl Person

Telephone No. (201) 421 0260

Address 151 West Englewood Ave #13 Englewood NJ 07631

Occupation: Receptionist

Relationship: Friend

Number of Years Acquainted: 2 yrs

Name: Wayne Clarke

Telephone No. (201) 214 3413

Address 362 Mt Prospect Ave Newark NJ 07104

Occupation: Medical Assistant

Relationship: Friend

Number of Years Acquainted: 6 yrs

**Please Read Carefully, Initial Each Paragraph and Sign Below**

*[Signature]*

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

*[Signature]*

I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

*[Signature]*

I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

*[Signature]*

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

*[Signature]*

Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

**Applicant's Signature**

*[Signature]*

**Date**

11/14/19

## Absenteeism & Tardiness Policy

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## Policy

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**Illness:** If you are sick, you are required to contact your Staffing Manager at Acrobat Outsourcing no less than 3 hours before your scheduled shift.

**NO CALL/NO SHOW:** Grounds for automatic termination.

**Clocking IN/OUT:** You are required every time to clock in and out of your shift. If there is no timesheet present at the time of clocking in/out, you must notify your staffing manager immediately.

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## Disciplinary Action

**First Occurrence:** Verbal Warning from Staffing Manager.

**Second Occurrence:** Employee will receive a written counseling form and placed on suspension. Any additional occurrences may result in further disciplinary action up to and including termination.

X Signature \_\_\_\_\_

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## Injury Reporting Acknowledgement

Acrobat Outsourcing is committed to providing and maintaining a safe work environment. All employees play an important role in the safety and protection of other employees, clients, guests, and property. You must always set a good example to other employees and client's employees by following proper procedures. You must immediately report unsafe conditions as well as accidents. If your branch is located in Orlando, Atlanta or Auburn, all personnel injuries, regardless of severity, should be reported immediately to 1-800-252-5275 and give the nurse the Acrobat code: DS9800. If your branch is in another Acrobat location the injury must be reported immediately to 1-800-252-5275 and give the nurse the Acrobat code: 981100. Additionally, you must notify your supervisor or Acrobat representative. Furthermore, the injury will be investigated and you will be asked details about how the injury occurred.

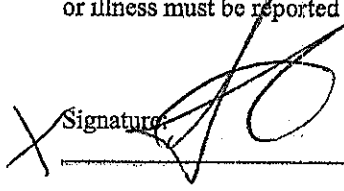
Acrobat Outsourcing reserves the right to test any employee, subject to state law and/or other contractual obligations, including but not limited to preemployment (including newly hired, rehired or reinstated employees), job transfers, reasonable cause, accidents with property damage or in this case, injuries requiring professional medical treatment. In compliance with all applicable laws, separation of employment may result after:

- a positive test for any drug not prescribed by a physician
- a deliberately tampered with or adulterated sample;
- a refusal to take the test.

Asking another person to take the test, or taking the test for another employee will result in Separation of Employment for all employees involved in the incident.

Please note, providing false information, or omitting pertinent information regarding a work-related injury will lead to termination. Any employee discovered to be making a fraudulent report will be reported to the Department of Insurance Regulation and prosecuted to the full extent of the law.

I, the undersigned employee, have read and understand employee injury reporting process. I understand that any work-related injury or illness must be reported immediately to 1-800-252-5275 and the Acrobat supervisor.

Signature: 

## Unlawful Harassment & Sexual Harassment Policy

Acrobat Outsourcing is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, Acrobat Outsourcing expects that all relationships among persons in the office will be business-like and free of bias, prejudice, and harassment.

Acrobat Outsourcing has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination, and retaliation. Acrobat Outsourcing will make every reasonable effort to ensure that all concerned are familiar with these policies and are aware that any complaint in violation of such policies will be investigated and resolved appropriately.

Any employee who has questions or concerns about these policies should talk with the Director of Human Resources or a member of Acrobat Outsourcing management.

These policies should not, and may not, be used as a basis for excluding or separating individuals of a particular gender, or any other protected characteristic, from participating in business or work-related social activities or discussions. In other words, no one should make the mistake of engaging in discrimination or exclusion to avoid allegations of harassment. The law and the policies of Acrobat Outsourcing prohibit disparate treatment on the basis of sex or any other protected characteristic, with regard to terms, conditions, privileges, and perquisites of employment. The prohibitions against harassment, discrimination, and retaliation are intended to complement and further those policies, not to form the basis of an exception to them.

### Equal Employment Opportunity

It is the policy of Acrobat Outsourcing to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law. Acrobat Outsourcing prohibits any such discrimination or harassment.

### Retaliation

Acrobat Outsourcing encourages reporting of all perceived incidents of discrimination or harassment. It is the policy of Acrobat Outsourcing to promptly and thoroughly investigate such reports. Acrobat Outsourcing prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

### Sexual Harassment

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, "sexual harassment" is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Title VII of the Civil Rights Act of 1964 recognizes two types of sexual harassment: a) quid pro quo and b) hostile work environment. Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

### **Harassment**

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law, or that of his or her relatives, friends or associates, and that: a) has the purpose or effect of creating an intimidating, hostile or offensive work environment, b) has the purpose or effect of unreasonably interfering with an individual's work performance, or c) otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on the employer's premises or circulated in the workplace, on company time or using company equipment by e-mail, phone (including voice messages), text messages, social networking sites or other means.

### **Individuals and Conduct Covered**

These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or by someone not directly connected to Acrobat Outsourcing (e.g., an outside vendor, consultant or customer).

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings, and business-related social events.

### **Reporting an Incident of Harassment, Discrimination or Retaliation**

Acrobat Outsourcing encourages reporting of all perceived incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe that they have been the victim of such conduct should discuss their concerns with their immediate supervisor, any member of Acrobat Outsourcing management, Human Resources or any ombudsman. Acrobat Outsourcing also encourages employees to report any activity to (866)326-4571. See the complaint procedure described below.

In addition, Acrobat Outsourcing encourages individuals who believe they are being subjected to such conduct to promptly advise the offender that his or her behavior is unwelcome and to request that it be discontinued. Often this action alone will resolve the problem. Acrobat Outsourcing recognizes, however, that an individual may prefer to pursue the matter through complaint procedures.

Individuals who believe they have been the victims of conduct prohibited by this policy or believe they have witnessed such conduct should discuss their concerns with their immediate supervisor, Human Resources, any member of Acrobat Outsourcing management or any ombudsman. Individuals may also report suspicious activity to (866) 326-4571.

Acrobat Outsourcing encourages the prompt reporting of complaints or concerns so that rapid and constructive action can be taken before relationships become irreparably strained. Therefore, while no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment.

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. Employees will be provided a Harassment Reporting Form. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Acrobat Outsourcing will maintain confidentiality throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself will be subject to disciplinary action. Acts of retaliation should be reported immediately and will be promptly investigated and addressed.

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling or disciplinary action such as a warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension without pay, or termination, as Acrobat Outsourcing believes appropriate under the circumstances.

If a party to a complaint does not agree with its resolution, that party may appeal to Steve Scher, Chief Executive Officer.

False and malicious complaints of harassment, discrimination or retaliation (as opposed to complaints that, even if erroneous, are made in good faith) may be the subject of an appropriate disciplinary action.

#### Acknowledgment

I have read and understand all above policies

X Signature \_\_\_\_\_

## Confidentiality & Non-Disclosure Agreement

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing. I understand that I am immune from civil or criminal liability for disclosing trade secrets for the purpose of reporting or investigating a suspected violation of law, or for disclosing trade secrets in a legal proceeding if the information is filed under seal.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

X Signature \_\_\_\_\_

Download Form



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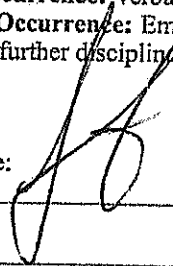
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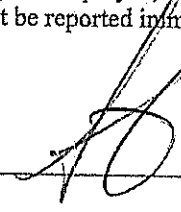
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X Signature \_\_\_\_\_

## Confidentiality & Non-Disclosure Agreement

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing. I understand that I am immune from civil or criminal liability for disclosing trade secrets for the purpose of reporting or investigating a suspected violation of law, or for disclosing trade secrets in a legal proceeding if the information is filed under seal.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

X Signature \_\_\_\_\_

Download Form



## Case Verification Number: 2019326205049ML

Report prepared: 11/22/2019

### Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Client Company ID: 139349

Client Company Name: Acrobat Outsourcing

### Employee Information

Name: Jacquelyn C. Foster

Date of Birth: 12/22/1979

U.S. Social Security Number: \*\*\*-\*\*-9945

Employee's First Day of Employment: 11/22/2019

Citizenship Status: U.S. Citizen

### Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: \*\*\*\*\*2792

Expiration Date: 11/30/2020

State: New Jersey

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Josephine Paik

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

# **!! Barnabas Health**

## **CONSENT FORM**

### **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I authorize COMPANY and the Absolute Background Search, Inc. to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes throughout the time of employment. In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 2003, Absolute Background Search, Inc. needs my authorization to obtain such a report. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all drug screening and background information requested by Absolute Background Search, Inc., or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

I acknowledge that I understand that I will have access to my completed report by logging back in to this applicant screening system any time within the next 60 days.

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

\*\*\* I, Sacacelynn Foster, CERTIFY THAT I HAVE RECEIVED A COPY OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and have read and understand the documents \*\*\*

\*This information will not be used for the purpose of discrimination. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

Signature: Sacacelynn Foster Date: 11/14/19

Print Name: Sacacelynn Foster Date of Birth: 12/22/79

Additional Names Used (Maiden): \_\_\_\_\_

Address: 123 Outwater Ln Social Security #: 144-709945

City: Galfield NJ State & Zip: 07026

Drivers License Number & State (if applicable): \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and

- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial <b>Jonathan C</b>		Last name <b>Foster</b>		2 Your social security number <b>144-70 9945</b>	
Home address (number and street or rural route) <b>177 outwater rd</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code <b>Garfield NJ 07026</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck		5 <b>-0-</b> 6 <b>\$</b>	
7 I claim exemption from withholding for 2018, 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.					
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		<b>11/14/2018</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

## New Hire Acknowledgement Form

### For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Gold Card / Direct Deposit Form
- ☐ Designation of Personal Physician / Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement

### For Employee

- ☐ New Hire Orientation Manual
- ☐ Workers' Compensation Pamphlet
- ☐ Sexual Harassment Pamphlet
- ☐ Unemployment (For Your Benefit) Pamphlet
- ☐ Safety & Sanitation Guidelines

### Inform

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Print Name

Signature

Date