

Employment Application

Nurses At Heart



Position Desired

Applicant Must Complete

Position Desired:

Date Available:

Type of Employment Desired:

Part Time

Full Time

Personal Information

Please note: Print in ink or type. Complete all sections.

Last Name:

First Name:

M.I.

Street Address:

City:

State/Zip

Home Phone: ()

Alternate Phone: ()

E-mail Address:

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

Class:

CDL? Yes No

Do you have relatives working for _____ (agency name)? Yes No

If Yes- Employee's Name

Have you ever served in the military? Yes No

Do you speak any other language(s)? Specify _____

Do you have the legal right to obtain employment in the United States? Yes No

Can you perform the essential functions and responsibilities of the position for which you are applying? Yes No

If not, explain:

Do you require any special accomodation to perform required duties? Yes No

If yes, explain:

Have you ever worked for _____ (name of agency)? Yes No

If so, give date(s) of employment and position(s) held:

Yes No

Do any of your relatives work for for _____ (name of agency)? Yes No

for? If Yes, State their name

Yes No

List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation? Yes No

If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office.

You must provide at least three current reference letters and/or the name of individuals with whom a reference interview can be conducted. Please give the full name, mailing address, and phone number of three references who have knowledge of your background and qualifications the field.

1. _____
2. _____
3. _____

Education & Skills

Level of education completed: High School GED College 0-3 yrs Degree: Assoc
 Bachelor Masters

If degree, specify major:

Software Applications:

Typing WPM:

You may attach a copy of your resume to this application; however we require that the experience fields be completed on the application.

Experience

List last 5 years of work experience

From: / To: / Beginning Salary \$ Ending Salary \$

Name of Employer: May we contact? Yes No

Address: City: State/Zip:

Supervisor's Name: Phone Number: ())

Title and Duties Performed:

Reason for Leaving:

Experience

From: / To: / Beginning Salary \$ Ending Salary \$

Name of Employer:		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:	City:	State/Zip:	
Supervisor's Name:		Phone Number: ()	
Title and Duties Performed:			
Reason for Leaving:			
<p>I agree to carry out the designated responsibilities to the best of my ability. I have read the position description. I am aware there is a conditional period of 3 months prior to permanent employment.</p> <p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorized investigation of statements made in this application and understand that false information may be grounds for denial of my position and/or dismissal if I am employed</p>			
SIGNATURE OF APPLICANT		DATE	



BACKGROUND CHECK RELEASE FORM

Employer Name _____

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release _____ (Your Agency name), and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name (Print) _____

First Middle (full name) Last Maiden

Print All Former Names Used:

(1) _____

(2) _____

Social Security Number: _____ - _____ - _____ SX: _____ Race: _____ D/O/B: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number: _____ State of Issuance: _____

May we contact Your Employers: _____ May We contact Your Supervisors: _____

Comments: _____

Signature: _____ Date: _____

Print Residences in the previous 10 years (City & State)

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

Using the numbers below, please indicate whether you have been convicted of any crimes listed below: 1. Homicide/Murder 6. Destruction of Property 11. Fraud 2. Rape or Molestation 7. Drug Trafficking/Use or Possession 12. Prostitution 3. Burglary/Robbery/Larceny 8. Child Abuse/Domestic Violence 13. Other 4. Threats of Harassment 9. Public Intoxication/Drunk & Disorderly Conduct 5. Assault or Fighting 10. Theft/Receiving Stolen Goods Number of Violation (s) _____

Status/Disposition _____

Applicant Signature: _____

Date: _____

Nurses At Heart



Drug Testing Consent Form

I have applied for employment with _____ (name of agency) in a position that requires me to operate an automobile. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by _____ for driver related position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by _____ for screening purposes to conduct such screening and to provide the results to _____, and I release _____ and any person affiliated with _____ and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: _____

Applicant's name: _____

Date: _____

Employee Name: _____

ANNUAL TUBERCULOSIS QUESTIONNAIRE

For personnel who have a known positive PPD and previously negative chest x-ray, you are requested to complete this questionnaire with either a yes or no.

HAVE YOU NOTICED ANY OF THE FOLLOWING?

1. Unexplained Fevers	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Night Sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Unintentional weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Bloody Sputum	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you completed INH therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a BCG vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you had an x-ray while employed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature

Date

Follow-up needed

___ Yes ___ No

Comments: _____

Agency Representative: _____ *Date* _____



NURSES AT HEART's ACKNOWLEDGEMENT FORM Joint Commission Mandated Educational In-Services

SECTION B: Facility Core Topics

Please initial and date each line to acknowledge that you have read and understood the materials presented on the topics listed below.

- AMBER Alerts (Child Abduction) & SILVER Alerts
- Applicants and Employees with Disabilities
- Communication with Limited English Proficiency (LEP) Patients
- Deficit Reduction Act / False Claims Acts / Anti-Kickback Statute / Stark Law
- Equal Employment Opportunity / Nondiscrimination / Non-harassment
- Globally Harmonized Systems
- Handling Disruptive Events
- Hazardous Materials, Waste & Chemicals, and Material Safety
- Meal Breaks and Rest Periods
- Medical Equipment Safety & Utility Systems
- Obtaining Security Services
- Occurrence & Claim Reporting
- Payment Card Industry (PCI)
- Prisoner Patient Population
- Professional Misconduct Reporting & the Impaired Professional
- Quality, Safety, and Performance Improvement
- Security & Waste Management
- The Emergency Medical Treatment & Active Labor Act (EMTALA)
- Treating Patients with Respect / Ethics / Complaint Process
- Joint Commission Readiness

I understand that as an employee of NURSES AT HEART, I have been fully oriented on the Mandated In-services in Section B, as required by the Joint Commission.

Signature _____

Title _____

Print Name _____

Last 4 of Social Security # _____

Date _____

Nurses At Heart



NURSES AT HEART'S ACKNOWLEDGEMENT FORM

Joint Commission Mandated Educational In-Services

SECTION A: Staffing Agency Core Topics

Please initial and date each line to acknowledge that you have read and understood the materials presented on the topics listed below.

- _____ Hand Hygiene
- _____ HIPAA
- _____ Fire Safety
- _____ Electrical Safety
- _____ Drug Abuse Policy & Procedures
- _____ National Patient Safety Goals
- _____ OSHA: Occupational Safety & Health
 - _____ Bloodborne Pathogens
 - _____ Tuberculosis
 - _____ Influenza
 - _____ Hepatitis A
 - _____ Hepatitis B
 - _____ Hepatitis C
 - _____ HIV/AIDS and Confidentiality Regulations
 - _____ Infection Control (Universal Precautions)
- _____ Advance Directives
- _____ Age-Specific Care
- _____ Blood Glucose Monitoring & Management
- _____ Body Mechanics (Back Safety)
- _____ Clinical Documentation
- _____ Conscious Sedation
- _____ Diversity and Inclusion
- _____ Domestic Violence
- _____ Emergency Preparedness Plan
- _____ End-of-Life Care
- _____ Latex Allergies & Sensitivities
- _____ Medical Errors & Sentinel Events
- _____ Multicultural Aspects / Spiritual Diversity of Patient Care
- _____ Pain Management
- _____ Patient Abuse (Including Child Abuse and Elder Abuse)
- _____ Patient Rights
- _____ Restraints
- _____ Sexual Harassment in the Workplace
- _____ Workplace Violence – No Weapons Policy
- _____ Staffing Agency Policy & Procedures

I understand that as an employee of NURSES AT HEART, I have been fully oriented on the Mandated Educational In-services in Section A, as required by the Joint Commission.

Signature _____

Title _____

Print Name _____

Last 4 of Social Security # _____

Date _____

EMPLOYEE STATEMENT OF CONFIDENTIALITY

CONFIDENTIALITY STATEMENT

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- Employees discussing or revealing PHI or other confidential information to friends or family members.
- Employees discussing or revealing PHI or other confidential information to other employees without a legitimate need to know.
- The disclosure of a patient's presence in the office, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by employees can subject each individual employee and the practice to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

Employee Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment with **[insert name of agency]** is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed.

I am familiar with the guidelines in place at **[insert name of agency]** pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of **[insert name of practice/health care facility]** is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of **[insert name of agency]** are grounds for disciplinary action, up to and including immediate dismissal.

Date

Signature of Employee

Print Name

Supervisor

EMPLOYEE HANDBOOK "RECEIPT AND ACKNOWLEDGMENT"

Instructions:

1. Please read this "Employee Handbook Receipt and Acknowledgement" page.
2. Complete the Acknowledged and Agreed section below, including your signature.
3. Remove this page and return it to your AGENCY Recruiter.

I have received a copy of the Employee Handbook for Agency and I understand that I am responsible for reading, becoming familiar with and abiding by its contents.

I understand that any of the provisions of this Employee Handbook may be changed, modified or deleted

By Nurses At Heart Nursing Staffing Agency

I understand that neither this Handbook nor any other written or oral communications by a management representative, in any way, creates a contract of employment. I understand and agree that my employment relationship with AGENCY is based upon my Agency Employment Agreement.

I understand that no person other than the Chief Operating Officer of AGENCY is authorized to make any agreements that differ from the provisions of this Employee Handbook and if such agreement is made, it must be in writing by the Chief Operating Officer.

Acknowledged and Agreed

Employee Name (please print): _____

Employee Signature: _____

Date: _____

Please remove this page and return it to your AGENCY Recruiter.

EMPLOYEE SETUP SHEET

Company Name: Nurses At Heart Nursing Staffing Agency, LLC

NAME: _____

SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACTIVE OR TERMINATED _____

DATE OF BIRTH ____/____/____

HIRE DATE ____/____/____

HOURLY RATE/SALARY \$ _____

TAX WITHHOLDING

SINGLE OR MARRIED _____

NUMBER OF EXEMPTIONS _____

DIRECT DEPOSIT BANK INFORMATION

BANK NAME _____

ROUTING NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

CERTIFIED NURSING ASSISTANT SKILLS CHECKLIST

Print Name _____ Date _____

Self	Rating Key:
0	No experience (please print)
1	Minimal experience/works with supervision
2	Independent/works without supervision in most cases
3	Senior/works at a supervisory or teaching level

Has knowledge of and can provide care and assist patients with the following tasks:

	0	1	2	3
AMBULATION				
1. Crutches				
2. Walker				
3. Cane				
4. Gait belt				
PERSONAL CARE				
1. Bath:				
a. Bed				
b. Tub				
c. Shower				
2. Skin Care:				
a. Back rub				
b. Decubitus prevention/care				
3. Dress:				
a. Assist as needed				
b. Use of assistive devices				
4. Hair Care				
5. Nail Care (fingers & toes)				
a. Clean/file/trim with clippers				
6. Oral Hygiene:				
a. Mouth care				
b. Brush teeth				
c. Denture care				
7. Shaving: Safety razor/electric razor				

2. Non-verbal with cognitively impaired patients				
RANGE OF MOTION EXERCISES				
1. Active				
2. Passive				
3. Combination				
TAKE & RECORD VITAL SIGNS				
1. Temperature				
a. Oral				
b. Rectal				
c. Ear canal				
2. Pulse:				
a. Apical				
b. Radial				
c. Pedal				
	0	1	2	3
3. Respirations				
4. Blood Pressure				
5. Height				
6. Weight				
a. Standing				
b. Bed scale				
c. Chair scale				
SAFETY DEVICES				
1. Vest restraint				
2. (Soft) wrist / ankle restraint				
3. Padded side rail				
4. Side rails				
MENTAL HEALTH & SOCIAL SERVICE NEEDS				
1. Demonstrates principles of behavior management				
2. Provides emotional support to patient				
3. Encourages family support				
4. Encourages patients to make personal choices				
5. Respects patient's rights & dignity, including privacy & confidentiality				
6. Encourages self-care as ability allows				
7. Knowledge of adult, child and elder abuse reporting statutes				
8. Knowledge of domestic violence and violent injury reporting statutes				

NUTRITION / HYDRATION				
1. Feeding techniques				
	0	1	2	3
2. Assist with eating				
3. Use of feeding assistive devices				
4. Measure & record intake				
5. Encourage fluids				
BASIC INFECTION CONTROL PROCEDURES				
1. Hand washing				
2. Universal precautions				
3. Use of warm & cool applications				
ASSISTING OR CARE OF PATIENT WITH BOWEL & BLADDER ELIMINATION				
1. Bedpan / urinal				
2. Bedside commode				
3. Care of incontinent patient				
4. Stoma care				
5. Bowel / bladder training				
6. Measure & record output				
URINARY CATHETER CARE				
1. Perineal hygiene				
2. Foley catheter				
3. Supra pubic catheter				
TRANSFER TECHNIQUES				
1. Use of transfer gait belt				
2. Weight bearing				
3. Non-weight bearing				
4. Mechanical lift				
5. Wheelchair				
TURNING / POSITION PATIENT				
1. Supine				
2. Side-lying				
3. In chair				
4. In bed				
5. Use of lift sheet				
COMMUNICATION				
1. Verbal				

SAFETY / EMERGENCIES				
1. Recognizes & reports safety hazards				
2. Recognizes & reports emergencies and responds appropriately				
3. Handles O2 safely				
4. Observes, reports & documents changes in body functions, behavior				
CARE OF PROSTHETIC DEVICES				
1. Limbs				
2. Eye glasses				
3. Hearing aids				
SPECIMEN COLLECTION				
1. Urine				
2. Stool				
3. Sputum				
UNDERSTAND AND CAN PERFORM				
1. Binders & Bandages				
a. ACE bandages				
b. Support stockings				
2. Care of the deceased				
	0	1	2	3
ASSIST THE CARE OF PATIENT WITH				
1. Diabetes				
2. Cancer				
3. Heart Disease				
4. O2 therapy				
5. Respiratory disease				
6. Terminal				
7. Infectious diseases				

To the best of my knowledge, information provided on this CNA Skills Checklist is true and accurate. My signature indicates that I have read this document in its entirety and understand its contents.

Print Name: _____

Signature: _____

Date: _____

**HOME HEALTH AIDE/CERTIFIED NURSING ASSISTANT COMPETENCY TEST
WRITTEN EXAMINATION**

Name: _____ Date: _____

ROLE OF THE HOME HEALTH AIDE/CERTIFIED NURSING ASSISTANT

An Aide may perform certain duties. Mark the following True or False for tasks you may legally perform as a Home Health Aide/Certified Nursing Assistant. T = True F = False

- _____ 1. Reinforce a dressing
- _____ 2. Apply a hot pack
- _____ 3. Give an enema
- _____ 4. Administer medication
- _____ 5. Change a sterile dressing
- _____ 6. Assist with change of a colostomy bag
- _____ 7. Give a rectal suppository
- _____ 8. Give a tubal feeding
- _____ 9. Give insulin
- _____ 10. Cut nails

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE
CORRESPONDING LETTER.**

1. As a Home Health Aide/Certified Nursing Assistant, you:

- a. Work alone
- b. Work as part of the health care team
- c. May become the leader of the health care team
- d. Will never get any further training after orientation

2. When you work in the home, you will be:

- a. Responsible for making decisions without any help
- b. Working under the supervision of a professional supervisor
- c. Away from your office and have no way to contact your employer
- d. Responsible for calling the physician with information

3. As a Home Health Aide/Certified Nursing Assistant, it is your responsibility to:

- a. Plan the client's care
- b. Do only the tasks that the Registered Nurse or Therapist assigns to you
- c. Try to do your best, but not ask for any help
- d. Compare assignments with your co-workers

4. A patient has cancer which has spread, and the doctor says he is not likely to live long. The patient asks you several questions about how long he will live. What should you do?

- a. tell the patient what you think
- b. explain to the patient that he should ask his nurse and doctor
- c. tell the patient he is going to live a long time
- d. tell the patient that doctors don't know everything

I. COMMUNICATION

Mark the following True or False T = True F = False

- _____ 1. In the home, it is important to be a good listener.
- _____ 2. Always tell the patient what you are going to do before starting a procedure.
- _____ 3. You only communicate through words.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. Which of the following is important in communicating with people?

- a. Courtesy
- b. Tact
- c. Listening
- d. All of the above

2. Body Language is:

- a. A way of communicating feelings by using the body, facial expressions and the eyes
- b. Only used by clients to tell their doctors what is causing them problems
- c. Only used by persons who are deaf and mute
- d. The newest dance craze

3. Aide care for a conscious patient should be preceded by:

- a. Asking the patient for his permission to go ahead with the procedure
- b. Telling the patient you would like to have his cooperation
- c. Giving an explanation of what is going to be done
- d. Explaining to the patient that the doctor ordered this done

II. OBSERVATION, REPORTING AND DOCUMENTATION

Mark the following True or False T = True F = False

- _____ 1. If you do not chart a task that you do for a patient, legally, it was not done.
- _____ 2. If the patient has a new area of skin breakdown, and the Nurse is coming in two days, you do not need to report the skin breakdown to your supervisor.
- _____ 3. A rapid pulse and shortness of breath in a patient usually indicates the patient is excited and does not need to be reported to the Nurse.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. The patient tells you he has not moved his bowels in three days. What should you do?
- a. Tell him not to worry about it
 - b. Tell him to take a laxative
 - c. Report it to the nursing supervisor
 - d. Pretend you didn't hear him
2. After arriving to care for Mr. Jones he complains he has had sever cramping pain in the calf Of his left leg for the last three hours. You call your supervisor and then record on your progress note the following:
- a. "States he has leg cramps"
 - b. "complains of pain"
 - c. "left leg hurts a lot"
 - d. "States he has sever cramping pains in the calf of his left leg for three hours"
3. Objective observation means
- a. using all your senses(seeing, hearing, touching etc)in detecting changes in the patient's condition
 - b. signs and symptoms described by the patient
 - c. deciding what the patient need
 - d. describing objects in the patient's room

III. READING AND RECORDING TEMPERATURE, PULSE AND RESPIRATIONS

Mark the following True or False T = True F = False

- _____ 1. Always report a pulse rate if the beats per minute are under 60 or over 100.
- _____ 2. The temperature of an unconscious patient should be taken orally since they are not moving about.

_____ 3. Recording a patient's "TPR" or vital signs is not important as long as you remember what they were.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. For which, if any, of these body areas is 99.6 degrees F. a normal temperature?

- a. Axilla
- b. Mouth
- c. Rectum
- d. None of the above

2. When taking a patient's pulse, you should take it for:

- a. 15 seconds
- b. 1 full minute
- c. 5 seconds
- d. 2 minutes

3. When a patient's respirations are being counted, it is best that the patient:

- a. Tries to breathe evenly
- b. Tries to breathe as deeply as he can
- c. Sits up straight
- d. Not be aware that the respirations are being counted

IV. BODY FUNCTIONS AND CHANGES

Mark the following True or False T = True F = False

_____ 1. Diarrhea can cause dehydration and other serious complications and should be reported.

_____ 2. If a person complains of pain, it is important to have the patient describe the pain and then report it to the nurse and record it in your notes.

_____ 3. It's normal for most people to complain of pressure, swelling or bloating in their ankles, feet, stomach or legs.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. If you notice the patient's catheter is not draining, the first thing you should do is:

- a. Call your supervisor
- b. Empty the drainage bag
- c. Check the tubing to see if it is kinked

d. Do nothing, this is the Nurse's problem

2. Which of the following is not recommended for promoting good daily bowel habits:

- a. Plenty of water
- b. Laxatives
- c. Exercise
- d. Well balanced meals

3. The patient's pulse has been between 90 and 110 beats per minute since his first Aide visit. Now you find it to be 58 beats per minute. What should you do next?

- a. Tell the patient he must be getting better
- b. Wait 15 minutes and take the pulse again
- c. Inform the supervisor right away
- d. Just record the pulse in the normal way

V. INFECTION CONTROL

Mark the following True or False **T = True F = False**

- _____ 1. Hand washing is the single best way to decrease the transfer of pathogens.
- _____ 2. Gloves should be worn when handling items soiled by body fluids.
- _____ 3. The catheter drainage bag must be lower than the bladder, but not on the floor.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. During a visit, you need to wash your hands after removing gloves:

- a. Before you give physical care to the patient
- b. After you pet the dog
- c. Before you leave the patient's home
- d. All of the above

2. In what situation should gloves be used?

- a. The patient is vomiting
- b. The patient has been incontinent of stool
- c. The patient has a drainage wound
- d. All of the above

3. when soiled linen is removed from the patient's bed, it should be

- a. shaken
- b. folded exactly hem to hem
- c. held away from one's uniform

- d. inspected for tears

VI. MAINTENANCE OF A CLEAN, SAFE ENVIRONMENT

Mark the following True or False **T = True F = False**

- _____ 1. A bedside call bell needs to be available so the bedbound patient can summon assistance.
- _____ 2. Bedrails should never be used to secure vest restraints.
- _____ 3. Smoking in bed is fine for anyone who is not confused.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. To prevent poisoning of people (including children) which of the following actions is best:
- a. keep poisons locked up or in places where children cannot reach them
 - b. keep an antidote ready in case someone takes poison
 - c. have an emergency number to call
 - d. store in cool, dry place
2. Part of your duties as a Home Health Aide/Certified Nursing Assistant are to assure safe home environment. This includes:
- a. Proper infection control with good hand washing
 - b. Electrical and fire safety
 - c. Moving things which may cause the patient to fall
 - d. All of the above
3. Bad breath or body odors on a home health aide will be LEAST likely to be noticed by the:
- a. patient
 - b. nurse
 - c. aide
 - d. patient's family

VII. EMERGENCY PROCEDURES

Mark the following True or False **T = True F = False**

- _____ 1. For an injury with profuse bleeding, apply pressure and call for assistance.
- _____ 2. If the patient begins to have a seizure, your first responsibility is to prevent the patient from injuring himself.

_____ 3. If the patient falls and complains of pain in his hip, you should help him to get up and walk to the bed.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. In case of fire in the home, what is the best procedure to follow:

- a. tell the patient to be calm, call the fire department and then take the patient out of the home
- b. get the patient and yourself out of the house and call the fire department
- c. try and put the fire out yourself
- d. call your supervisor and the fire department, then leave the house

2. A patient is choking on some object that is caught in his airway. Before first aid measures are applied, find out:

- a. If the patient's pulse rate is over 80
- b. If the patient can swallow clear fluids
- c. If the patient can speak or cough
- d. What medications the patient has taken in the past 24 hours

3. While giving a bath on a shower chair, the patient suddenly gasps and becomes unresponsive. The Home Health Aide/Certified Nursing Assistant should:

- a. Call for family assistance and continue with the bath
- b. Leave the patient and call 911
- c. Lower the patient to the floor, call for the family to call 911, determine if CPR is needed and initiate it if indicated
- d. Tell the family to stay with the patient while you call 911 and the supervisor

VIII. HUMAN DEVELOPMENT

Mark the following True or False **T = True F = False**

- _____ 1. Every patient is the same and has the same needs and wants.
- _____ 2. It is alright to use any item in the home without asking, as long as it is for the patient's personal care.
- _____ 3. You may use the telephone in the patient's home without asking permission.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. Patients may sometimes talk about religious beliefs with which you do not agree. What would be your best reaction?

- a. It is best to pretend to have the same beliefs as the patient
- b. you have the right to explain your own beliefs in detail
- c. when a person is sick, it is the best time to teach true religion
- d. each person has a right to his own beliefs which should be respected

2. A neighbor has asked you some questions about the patient you are presently taking care of: "Mrs. Collier is dying, isn't she?" How will you answer her?

- a. "Mrs. Collier is doing as well as can be expected."
- b. "I am sorry, but I cannot discuss Mrs. Collier."
- c. "Yes, it's too bad, but she's very ill."
- d. "How did you know about Mrs. Collier and her illness?"

3. The main purpose of having written client rights is to:

- a. protect the client from abuse or neglect by the homemaker/home health aide
- b. make sure the client is getting the services he/she is entitled to
- c. insure the homemaker/home health aide is doing the job correctly
- d. all of the above

IX. PERSONAL CARE

Mark the following True or False T = True F = False

_____ 1. It is important to keep a patient covered during a bedbath except for the part being washed.

_____ 2. Massaging of bony prominences helps to prevent skin breakdown by increasing the blood supply to the area.

_____ 3. When giving peri-care to a patient after a BM, wash using a front to back motion in order not to spread fecal material to other areas.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. Which of the following is the most appropriate practice to promote good skin care in the elderly?

- a. Keep the skin clean and well moisturized
- b. Apply alcohol to bare areas of the skin
- c. Wash daily with scented soaps
- d. All of the above

2. If dentures are not worn when sleeping, where should you store them?

- a. Wrap in a washcloth
 - b. Put in a sterile container
 - c. Wrap in a gauze pad
 - d. Place in a clean container in clean water
3. If you do not know how to do an assigned task, you should
- a. call another aide and ask
 - b. ask the client if he/she knows how to do it
 - c. call the supervisor and ask for help
 - d. handle every situation by yourself

X. SAFE TRANSFER TECHNIQUES AND AMBULATION

Mark the following True or False T = True F = False

- _____ 1. Always transfer a patient towards his good side.
- _____ 2. There is no need to be near an object to pick it up, just reach.
- _____ 3. It's best to use a gait belt if a patient is unsteady.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. A patient lying on his back has slid down in bed and needs help in moving up again. To start this, the patient should, if possible:
- a. Raise himself on his elbows
 - b. Separate his legs widely
 - c. Arch his back
 - d. Flex his knees and push with his heels
2. Before helping a patient into or out of a wheelchair, which of these actions are necessary?
- a. Have the brakes unlocked and leave the foot pieces down
 - b. Lock the brakes and fold the foot pieces up
 - c. Have the brake unlocked and the foot pieces up
 - d. Lock the brakes and leave the foot pieces down
3. When assisting a patient to walk with his walker, you should:
- a. Clear a pathway and remove all safety hazards
 - b. Stay close to the patient's side
 - c. Stand on the other side of the room
 - d. A and B

XI. NORMAL RANGE OF MOTION

Mark the following True or False **T = True F = False**

- _____ 1. Passive range of motion exercises are for the prevention of contractures in patients with paralyzed limbs.
- _____ 2. During range of motion exercises, if you feel resistance or the patient complains of pain, you should continue anyway.
- _____ 3. It's best to have a pillow between the legs of a patient with a new hip replacement.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. To prevent bedsores in the elderly, you should:
- a. Change the patient's position every two hours if they are unable to do so themselves
 - b. Get the patient out of bed if they are allowed to do so
 - c. Ensure adequate nutrition with special emphasis on protein intake
 - d. All of the above
2. When turning a bedbound patient to rub his back, you find a slightly red area the size of a quarter at the base of the patient's spine. What would be the best thing to do for the patient before reporting the findings?
- a. omit the back rub
 - b. rub his back well and tape a large "donut" over the red area
 - c. apply an antiseptic to the spot
 - d. complete the backrub and leave the patient supported on his side
3. When positioning a patient with a fractured hip, it is best to:
- a. ask the patient to relax
 - b. turn the patient to the unaffected side with a pillow between his legs
 - c. turn the patient to the unaffected side without a pillow
 - d. ask the patient to bend his/her knees

XII. NUTRITION

Mark the following True or False **T = True F = False**

- _____ 1. Soy sauce is good to spice up a low salt diet.
_____ 2. A regular diet is a well-balanced diet with no restrictions.
_____ 3. Bread and potatoes are a good source of protein.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. Foods on a liquid diet would include:

- a. Chicken, eggs and toast
- b. Chopped and strained foods
- c. Broth, tea and jello
- d. Lightly seasoned foods

2. Foods that are high in Vitamin C include:

- a. Oranges, tomatoes and watermelon
- b. Potatoes, raisins and bananas
- c. Liver, beef and chicken
- d. Cheese, milk and cottage cheese

3. If there is 50cc left in a glass, and the glass holds 150cc you should record the intake as:

- a. 90cc
- b. 120cc
- c. 100cc
- d. 50cc

XIII. CULTURAL DIFFERENCES IN FAMILIES

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW, AND CIRCLE THE CORRESPONDING LETTER.

1. Patients sometimes express religious beliefs with which the Home Health Aide/Certified Nursing Assistant does not agree. In dealing with these situations, which of these understandings should the Aide use as a guide?

- a. Patients have a right to their own beliefs, which should be respected
- b. Patients should be told not to discuss their beliefs with Aides

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household; you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b) - Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address			Employee's Telephone Number

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<ol style="list-style-type: none"> 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. 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.