

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:

Do any of your relatives work for for ____ (name of agency)?

Yes No

for? If Yes, State their name

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.

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 Case 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 _____

SKILLS CHECKLIST

LONG TERM CARE RN/LPN

Name:	
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Please indicate 1, 2, 3, or 4 in boxes below using the following rankings:

1 = Clinicals Only 2 = Some Experience 3 = Experienced 4 = Can Perform Task Independently

UNIT / SKILLSSKILLS	Exp	UNIT / SKILLS	Exp
NEUROLOGICAL SYSTEM			
Neuro Assessment/Neuro Vitals		Pre / Post Neurological Surgery	
Halo Traction		CNS Infections	
Seizure Precautions		Parkinsons	
Caring for Patient with:		Alzheimers	
Spinal Cord Injury		Autonomic Dysreflexia	
Head Injury		Chronic C.V.A / T.I.A	
Rehabilitation of the Neuro Patient		Using Glasgow Coma Scale	
CARDIOVASCULAR			
Assessment:		Angina (Acute and Chronic)	
Capillary Refill		Assessing and Treating Orthostatic BP	
Edema		Assessing Abnormal Heart Tones	
Heart Tones		Antiembolic Devices	
Pulses			
PATIENTS WITH RESPIRATORY PROBLEMS			
Assessing the Respiratory System including:		Care of Ventilator Dependent Patient:	
Breath Sounds		Suctioning: Length of time suctioning	
Breathing Pattern / Effort		Hyperventilation	
Cough Effort		Ventilator Settings	
Skin and Nail Bed Color		Documentation	
Sputum (Color/Character)		Caring for a Patient with:	
Care and Maintenance of:		Respiratory Failure	
Acute Airway		Respiratory Infections	
Nasopharyngeal Airway		Status Asthmaticus	
Oropharyngeal Airway		Respiratory Distress Syndrome	
Administering and Monitoring O2 including:		Pulmonary Edema	
Nasal Cannula		Pulmonary Emboli	
Mask		Tension Pneumothorax	
O2 Sats		Tracheostomy	
Demonstrating proper use of Ambu Bag		Use of Incentive Spirometer	
GASTROINTESTINAL			
Assessing Bowel Sounds		Abdominal Wounds or Infections	
Identifying Abnormalities		Ileostomy/Colostomy	
Caring for Patient on Total Parenteral		Stool Tests	

Nutrition			
Inserting /Maintaining Feeding Tubes (NG)		I&O: Shift volumes and totals including marking and/	
Administering Tube Feedings		Or measuring amounts of urine, gastric fluid	
		NG drainage, emesis, diarrhea	
GENITOURINARY/RENAL			
Inserting/Maintaining Urinary Drainage		Caring for Patients with Chronic Renal Failure	
Tubes:			
Insertion of Foley		Caring for Patient receiving Dialysis	
Managing Urostomy		Assessing Fluid and Electrolyte Problems	
Managing Suprapubic Catheter		Knowledge of UA values	
Placing Condom Catheter		Collecting Specimens	
ENDOCRINE			
Caring for the Diabetic Patient:		Caring for the Diabetic Patient: (Cont'd)	
Checking Capillary Blood Glucose		Insulin Administration	
Diabetic Teaching		Hormone Therapy	
Treating Hypo/Hyperglycemia			

UNIT / SKILLS	Exp	UNIT / SKILLS	Exp
MUSCULOSKELETAL			
Traction		Crutch Walking/Walkers	
Braces		Arthroscopy/Arthrotomy	
Casts		Caring for Patients with:	
Collars		Joint/Bone Disorders	
Slings/Splints		Total Knee Replacement	
Skeletal and Skin Traction		Total Hip Replacement	
Beds:		Amputation	
Clinitron			
Roto Rest			
Circelectric			
VITAL SIGNS AND WEIGHTS			
Obtaining and Recording:		Recognizing Cardiac Arrest	
BP, Including Orthostatic		Cardioversion/Defibrillation	
Pulse, Radial		Activating Code Team	
Temperature, Oral		Bringing Emergency Equipment to Room	
Temperature, Rectal		DNR Status	
Temperature, Axillary		Applying Oximeter	
Temperature, Tympanic		Scale Use:	
Respirations		Standing	
Weight, Pounds and Kilograms		Chair	
Use of Electronic VS equipment:		Bed	
Automatic BP Machine (Dynamap)		Recoding and Reporting Information	
Electronic Thermometer			
HYGIENE/SKIN			

Risk Factors For Skin Breakdown		Bathing/Daily Hygiene: cont'd	
Observing, recording and reporting pressure points for redness of breakdown		Peri Care	
Recording and Reporting Hygiene/Skin//Breakdown		Foot care for Patients with Impaired Circulation of Sensation	
Bathing/Daily Hygiene:		Incontinence care	
Bathing (shower/tub/arjo)		Shaving and Precautions	
Use of Shower Chair		Use of Pressure and Friction Reduction Devices:	
Use of Bath/Shower Boat		Special Beds/Mattresses	
Oral care including patients who are NPO, Comatose, with dentures		Heels and Elbow Protection	
		Foot Cradles	
NUTRITION			
Estimating Intake		Counting Calories	
Setting up for Meals		Fluid Restriction	
Aspiration Precautions		NPO	
Nourishments		Recording and Reporting Nutritional Information	
Feeding Patients			
CARE ROUTINE			
New Admissions and Transfers:		Preparing for and Explaining Routines to Patient	
Room Preparation		Post Mortem Care	
VS. Height and Weight			
Inventory and Disposition of Belongings			
Room Orientation, Call Bell			
Basic Comfort Measures			

UNIT / SKILS		Exp	UNIT /SKILLS	Exp
SAFETY AND ACTIVITY				
Determining Patient ID			Ambulating with or without Device	
Identifying/Respond			Patient Safety	

ing to Safety Hazards		Module		
Determining Need for Additional Help		Reporting Broken Equipment		
Recognizing Abuse:		Use of Hoyer Lift (Dextra/Maxi)		
Substance Physical		Bed Operation		
Emotional		Use of Wheel Locks		
Maintaining Clean , Orderly work area		Use of Alarms (Bed, Patient, Unit)		
Handling Hazardous Materials		Use of Call Light		
Proper Body Mechanics		Application and Documentation of Restraints:		
ROM Exercises		Belt, Including Seat Belt		
Transfer to Bed, WC, Commode with or without device		Wrist/Ankle Vest		
Turning and Positioning		Use of Seizure Pads		
INFECTION CONTROL				
Proper Use of Specific Barrier Methods:		MRSA Precautions		
Gloves		Hand Washing		
Gown		Infectious/Hazardous Waste Disposal		
Mask/Goggles		Supply/Equipment Disposal		
Protective/Reverse Isolation		Use of Disposable Thermometer		
Brody Substance Isolation		Use of CPR Mask/Bag		
TB Precautions		Disposal of Sharpe		
LINES SKILLS				
Venipuncture for		Administering		

Specimen		Blood and Blood Products		
IV Therapy Including:			Obtaining Central Venous/Peripheral Venous Blood	
Starting IV			Using PICC, Hickman, Triple Lumen Caths	
Changing IV Sites			Set up and Monitoring for TPN	
Changing IV Dressings				
Changing IV Tubing				
Administering Fluids on Continuous IV Pumps				
Setting Up and Monitoring PCA				
MEDICATION AND ADMINISTRATION				
Cimetidine (Tagamet)			Lorazepam (Ativan)	
Diazepam (Valium)			Morphine	
Digoxin (Lanoxin)			Naloxone (Narcan)	
Duramorph			Nitroglycerine	
Furosemide (Lasix)			Pentobarbital	
Heparin			Phenytoin (Dilantin)	
Insulin			Potassium Chloride	

UNIT / SKILLS	Exp	UNIT / SKILLS	Exp
MEDICATION AND ADMINISTRATION (CONT'D)			
Terbutaline		Topical Medications	
Theophylline		Suppositories:	
Verapamil (Calan)		Vaginal	
Oral Medications		Rectal	
		Ordering Meds	
OTHER SKILLS			
Obtaining Cultures for Septic Work-up (Blood, Sputum, Urine, Catheter Tips)		Communicating Discharge Needs and Arrangements for Support through Appropriate Documentation	
Caring for Patient Using Jehovah Witness Protocol		Coordinating Multidisciplinary Plan of care and Initiating Interdisciplinary Referral for Patient Needs	
Overbed Frame Safety		Preparing Patient for Surgery	
Specialty Beds (i.e. Kinair)		Clearly Communicating the Plan of care, Patient Responses and Outcomes in the Patient Record According to Standards	

Hospital Transport		Assigning or Delegating Tasks to Another for which that Person is Prepared and Qualified to Perform, i.e. LPN's or CNA's	
Providing Education to Patient Family Related to Medical Condition, Self Care and Health Care Habits		Using Computerized Tools Effectively	
COMMUNICATION			
Using Appropriate Abbreviations		Reinforcing RN Teaching with Patient	
Identifying Need for Alternate Communicating Mechanisms		Selecting and Using Forms Appropriately	
Communicating to Charge RN:		Using Alternate Communication Tools/Devices	
Changes in Patient Condition			
Patient Needs, Complaints and Concerns			
Unusual Incidents			
UNIT ACTIVITY			
Identifying Unusual Incidents on the Unit that Require reporting		Completing Risk Management Reports as Needed	
Locating and Using Appropriate Reference Materials		Obtaining Needed Supplies and Equipment	
Charging for Patient Care items		Using Telephone System	
MISCELLANEOUS			
Knowledge of Serum Lab Values Including:		Caring for Drains/Tubes (i.e. Hemovac, Penrose)	
Chem 7, Chem 10		Monitoring and Assessing I & O	
CBC		Performing Complex Dressing Changes	
Serum drug levels		Alert Charting	
Pain Management			
Signature:		Date:	

LPN/RN
Competency Exam

Name: _____ Score: _____

Question 1:

The nurse is caring for Mrs. Porter, a patient who has suffered severe burns, and monitoring her hourly urine output. At the end of her eight-hour shift, the total urine output for that time period is 250 cc. What is the most appropriate action for the nurse to take?

- A) Increase the IV fluid rate and give the patient a fluid challenge.
- B) Chart the output and inform the on-coming nurse. Since this is a normal amount, there is no need to notify the charge RN.
- C) Chart the output and notify the charge RN that it is low.
- D) Notify the on-coming nurse and suggest that she inform the charge RN if it doesn't increase in the next two hours.

Question 2:

Shane, a 58-year-old white male with a 30-year pack-a-day history of cigarette smoking, is being admitted to the unit with a diagnosis of pulmonary emphysema. The Nurse knows that his oxygen must be delivered:

- A) In low concentrations
- B) Only at night while he is sleeping
- C) At 10 lpm via face mask
- D) At 70 percent via respirator

Question 3:

The nurse is assigned to care for Mr. Green who has just been admitted to the MedSurg floor with a diagnosis of acute pancreatitis. The nurse knows that with this diagnosis the goal of care is to:

- A) Monitor the urine for albumin and ketones
- B) Weigh the patient every day and monitor his fluid status
- C) Control nausea, vomiting and pain
- D) All of the above

Question 4:

The incidence of peripheral vascular disease is most common in people with:

- A) Viral pneumonia
- B) Diabetes mellitus
- C) Ventricular aneurysm
- D) Leukemia

Question 5:

You need to transport your patient to the cardiology department in order to have a 12-lead EKG done. On the way, Mrs. Williams, the patient, asks you, "What is an EKG?" The best way for you to describe this to her is:

- A) "It is a necessary test that will help the doctor determine how to care for your heart."
- B) "It is a test that measures the electrical activity of your heart."
- C) "It is a diagnostic procedure that measures the electrical impulses from the SA node down to the AV and throughout the rest of your heart."
- D) "It won't hurt you. You'll just have to be very still."

Question 6:

Mr. Jones has been newly diagnosed with diabetes. His care plan includes careful monitoring of his intake and output. The nurse expects to find which of the following typical presentations of diabetes?

- A) Polyuria
- B) Anuria
- C) Hematuria
- D) Oliguria

Question 7:

Two ways that are used to increase oxygenation to the myocardium are by administering:

- A) Nitroglycerin and providing nasal O₂
- B) O₂ via a venti mask and administering Lidocaine
- C) O₂ and performing CPR
- D) Digoxin and heparin

Question 8:

A nurse is assigned a patient that is being treated with IV antibiotics for a large drainage wound on his left leg. According to the patient's plan of care, the nurse is to change the dressing at 10:00am. The nurse knows that it is important to document the characteristics of the wound drainage. The characteristics the nurse would describe include all of the following observations EXCEPT:

- A) Amount
- B) Temperature
- C) Color
- D) Odor

Question 9:

A 32-year-old patient, pregnant with her fourth child, complains to her nurse that her varicose veins are worse than in her previous pregnancies and asks if there is anything she can do to help relieve the discomfort. Which of the following suggestions by the nurse would NOT be beneficial in helping to alleviate some of the patient's discomfort:

- A) Advise the patient to wear support stockings
- B) Advise the patient to exercise her calf muscles
- C) Advise the patient to stand for long periods of time
- D) Advise the patient to elevate her legs when sitting

Question 10:

The nurse tells her patient that she needs to collect a clean catch urine specimen. For this procedure, the nurse is responsible for all of the following EXCEPT:

- A) Determining if the test is even necessary
- B) Prevent contamination of the specimen
- C) Instruct the patient in the proper technique to be used to obtain the specimen
- D) Labeling the specimen

Question 11:

Nurse Harris is admitting a patient with shingles. He appears very worried and asks the nurse if his shingles are contagious. The correct response from the nurse should be:

- A) "Yes, anyone who comes into contact with you is susceptible to infection."
- B) "Yes, those individuals that have compromised immune systems and / or those that are not immune from a previous infection with varicella can be infected."
- C) "No, shingles is not contagious."
- D) "No, only those individuals who are immunocompromised are susceptible."

Question 12:

A patient is being admitted to the MedSurg floor to be evaluated for possible pulmonary tuberculosis. The primary concern for the nurse when making a room assignment for this new admission would be:

- A) To place her near the nurse's station for closer observation in case of an emergency
- B) To place her in a room with another woman who is close to her own age
- C) To place her only in a room with another patient that has a respiratory infection
- D) To place her in a negative pressure room

Question 13:

Mr. Cartwright has just been admitted to the MedSurg floor following a TURP (transurethral prostatectomy). The nurse is taking the second set of vital signs and documenting her observations. Which if the following observations is NOT usual and should be reported to the RN?

- A) Mr. Cartwright is worried and asks if he'll ever be able to have sex again
- B) Mr. Cartwright complains that he is having bladder pain
- C) The irrigation tubing and collection system contain some bloody drainage and some clots
- D) Mr. Cartwright states that he feels the urge to urinate even though he has a catheter in place

Question 14:

The nurse knows that early warning signs of increased intracranial pressure following a head injury include:

- A) Agitation and sleeplessness
- B) Seizures and incontinence of urine
- C) Headache and projectile vomiting
- D) Dilated pupils which are non-reactive to light

Question 15:

When having to fill out an incident / occurrence report, it is beneficial for the nurse to remember that a primary purpose of this document is to:

- A) Keep accurate records on patients that are prone to accidents
- B) Help lawyers defend the hospital during lawsuits
- C) Identify employees that are making frequent errors
- D) Aid in the reduction of future incidents / occurrences by helping to identify high risk practices or situations

Question 16:

The nurse will be administering an enteral feeding to a 60-year-old patient who is unable to ingest foods orally. After raising the head of the bed to put the patient in high-fowler's position, and before administering the feeding, the nurse must:

- A) Check the patient's weight to determine the amount of feeding to be given.
- B) Provide mouth care.
- C) Place the patient on oxygen to assure adequate oxygenation during the feeding
- D) Aspirate the stomach contents to check for proper placement

Question 17:

A 14-year-old boy has just been admitted with symptoms of meningitis: nuchal rigidity, fever, vomiting and lethargy. The nurse knows to expect to prepare for the following test:

- A) Lumbar puncture
- B) CAT scan
- C) Blood cultures
- D) Ear and throat cultures

Question 18:

Mrs. Smith received her morning insulin an hour ago. The breakfast trays have been delayed. Mrs. Smith reports to her nurse that she is feeling shaky, sweaty and has a tingling sensation around her mouth and on her fingers. The nurse knows to quickly bring her:

- A) Another dose of insulin
- B) A cup of coffee
- C) A tablespoon of peanut butter
- D) A glass of orange juice

Question 19:

Mark and Jane have just learned that Mark has been diagnosed with testicular cancer. Both of them are visibly upset. They have just recently had conversations about starting a family and now express their fears to the nurse that they will never be able to have any children of their own. The most appropriate response for the nurse to tell them would be:

- A) "It is way too early to think of that now. You'll be lucky to be alive in two years."
- B) "Only a specialist will be able to help you with that after your surgery."

- C) "Fortunately, testicular cancer is almost always unilateral, so Mark may still be able to produce his own sperm and become a father."
- D) "There are new technologies and many alternatives available for couples these days. I'm sure you'll be able to locate a good sperm donor."

Question 20:

An 82-year-old male patient who is scheduled for open-heart surgery the next morning, informs his nurse, "If things don't go well during my surgery, I don't want any heroic things done that will only leave me hooked up to a bunch of machines in order to stay alive." The nurse tells him that the most effective way for him to assure that his wishes will be carried out is for him to:

- A) Talk with the hospital chaplain about his wishes
- B) Prepare an advanced directive, such as a Living Will
- C) Talk to his primary care physician
- D) Discuss the matter with his family

Question 21:

While turning over in bed a fresh postoperative patient accidentally pulls out her right chest tube. The patient's nurse is in the room and is unable to intervene quickly enough to prevent the dislodgement, but is able to keep the end of the chest tube from falling onto the floor. The nurse's FIRST action should be:

- A) Roll the patient quickly onto her left side
- B) Reinsert the tube and tape it into position
- C) Cover the opening to maintain a seal
- D) Tell the patient to take a deep breath and cough three times

Question 22:

Hip fractures typically occur in older patients as a direct result of falling. This is because older patients tend to suffer from:

- A) Paget's disease
- B) Osteomyelitis
- C) Osteoarthritis
- D) Osteoporosis

Question 23:

Mrs. Young, an elderly patient on the MedSurg floor has developed a reddened area on her coccyx. Which of the following would be the most effective nursing intervention?

- A) Increase her fluid intake
- B) Sit her on a foam pillow
- C) Turn and position her every 2 hours
- D) Get the doctor to change her bed rest order

Question 24:

Mr. Thompson is a 61-year-old patient that has been on a corticosteroids for his asthma for more than twenty years. He has since developed a "moon" face, a "buffalo hump", obesity mainly in his torso, hyperglycemia and hyper-tension. His disorder is known as:

- A) Cushing's syndrome
- B) Hypothyroidism
- C) Adult onset diabetes
- D) Hyperparathyroidism

Question 25:

When answering a call light, the nurse enters a patient's room to find a frightened mother whose 5-year-old daughter, a new admission to the unit, is having a seizure. What should be the nurse's very FIRST action?

- A) The nurse should call the hospital operator and page for seizure assistance.
- B) The nurse should ask the mother to help restrain the child to prevent her from injuring herself.
- C) The nurse should quickly assess the bed area to make sure the environment is safe for the patient and that there is not any object nearby that may injure the patient.
- D) The nurse should run down the hall to find a padded tongue blade that can be quickly inserted into the patient's mouth to prevent her from swallowing or choking on her tongue.

Applicant Signature: _____ **Date:** _____

Employee's Withholding Certificate

▶ **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)
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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: 0 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



Employer Completes Next Page





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; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<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 	OR	<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 	AND	<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.