



P.O.W.E.R House Staff Work Availability Form

Thank you for being part of the P.O.W.E.R House Team!

With the right people, in the right place, doing the right work at the right time we provide our clients the best care.

We understand that staff’s availability may need to change from time to time, but staff must give their House Manager at least 30-day notice of any changes.

Please fill out the below form with the times you are available to work. Please include all available time, list all times other than when you are unavailable, not just time you prefer to work. The more hours you are available, the more hours we may be able to schedule for you. A copy of this form will be giving to your House Manager to review for scheduling.

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

Telephone: \_\_\_\_\_

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

Availability Effective Date: \_\_\_\_\_

Mark 'any' if you are available at any time.

Mark ‘none’ if you are not able to work at all.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

Schedule limitations or planned vacations (optional): \_\_\_\_\_

Minimum weekly hours: \_\_\_\_\_

Maximum weekly hours: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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

**Employee Reference Check – Business [ ] Personal [ ]**

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

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

Reference Checks by: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact #: \_\_\_\_\_

What were the applicant's date of employment?

Start date: \_\_\_\_\_

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

What was the applicant's position and job responsibilities?

Did the applicant have performance issues?

Did the applicant have any attendance issues?

What are the applicant's strengths?

What the applicant's weaknesses?

Did the applicant get along well with management and co-workers?

Would you rehire this person?

**Employee Reference Check – Business [ ] Personal [ ]**

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

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

Reference Checks by: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact #: \_\_\_\_\_

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**Employee Reference Check – Business [ ] Personal [ ]**

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

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

Reference Checks by: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact #: \_\_\_\_\_

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Did the applicant have any attendance issues?

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What the applicant's weaknesses?

Did the applicant get along well with management and co-workers?

Would you rehire this person?

**Employee Reference Check – Business [ ] Personal [ ]**

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

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

Reference Checks by: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Did the applicant have any attendance issues?

What are the applicant's strengths?

What the applicant's weaknesses?

Did the applicant get along well with management and co-workers?

Would you rehire this person?

ARIZONA DEPARTMENT OF CHILD SAFETY  
BACKGROUND CHECK AUTHORIZATION



You are being provided this form because you have applied for a position which requires a search of the Arizona Department of Child Safety's (DCS) Central Registry and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry and the DCS and DPS Fingerprint Clearance Card databases.

**All information on the form must be typed or printed.**

APPLICANT/EMPLOYEE/VOLUNTEER NAME (LAST, FIRST, M.I.):		PROVIDER NAME:	
ALIASES (INCLUDING NICK NAMES AND MAIDEN NAMES):		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
APPLICANT/EMPLOYEE/VOLUNTEER ADDRESS (NO. STREET, CITY, STATE, ZIP):		APPLICANT/EMPLOYEE/VOLUNTEER EMAIL ADDRESS:	POSITION:
<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Separation
DATE OF HIRE:		DATE SEPARATED:	REASON SEPARATED:
			<input type="checkbox"/> Eligible for Rehire

Are you currently registered or a subject to registration as a sex offender in Arizona or any other jurisdiction?

Yes     No

Are you currently the subject of an investigation of child abuse or neglect in Arizona?

Yes     No

Are you currently the subject of an investigation of child abuse or neglect in another state or jurisdiction?

Yes     No

If Yes, to the question immediately above

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?

Yes     No

If Yes, to the question immediately above

**What** was the allegation(s)?

**When** was the investigation(s) conducted?

**Where** was the investigation(s) conducted? (Include state in which the investigation occurred)

*If you wish to provide additional information please use reverse side.*

**STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE**

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the provider listed above. I attest under penalty of perjury, that the information provided is true, correct and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional **misrepresentation of information on this form may result in disciplinary action including termination.**

SIGNATURE OF APPLICANT/EMPLOYEE:	DATE:
SIGNATURE OF WITNESS:	

FOR PROVIDER USE ONLY		
Information on this form must be input through Quick Connect within 5 days of hire or termination.		
A signed copy of this authorization must be placed in the personnel file.		
DATE FORM RECEIVED:	DATE INFORMATION INPUT TO QUICK CONNECT:	INFORMATION INPUT BY:

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.

**IMMUNIZATION RECORDS**

In compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, and tetanus are current.

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

Employee Signature: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

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

P.O.W.E.R. House Youth Facility  
Associate Auto Insurance Information and Release

I understand that it is a requirement of Power House Youth Facility to have a current Driver's License and proof of auto insurance in order to drive in any company owned vehicle or any of its affiliates. If I cannot prove that I have a current Drivers' License or proof of Insurance. I will not be permitted to drive in any company owned vehicles and my employment will be terminated without further recourse.

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

Facility Location (s): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

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

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_ . Date: \_\_\_\_\_

Administration: \_\_\_\_\_ . Date: \_\_\_\_\_

**\*\*Proof of Auto Insurance Must be attached to this form.**



P.O.W.E.R. House Youth Facility  
AWOL Policy

It is the responsibility of the group home staff to assure the best possible care and safety of our clients at all times when on shift. If a client is giving signs of possible AWOL. It is the staff's responsibility to take all measures to try to stop them from leaving the property. This includes:

- 1) Talking with the resident and guiding them to use alternate coping strategies rather than run away.
- 2) Put them on 1:1 constant watch with staff for their own safety (not as a consequence).
- 3) Notify the supervisor or beeper person if on weekends or after hours.
- 4) If a resident does leave the home, it would be appropriate for the staff to follow the resident if there is another staff on duty and continue efforts for them to return.
- 5) If the resident leaves the property. Have the police called immediately and tell them the child is under or on psychotropic medications (if applicable), is not rational, is a danger to self -or possible others), and other issues which may apply Also, notify the beeper person or supervisor immediately and inform them of the incident.
- 6) The staff is not to follow the resident off the property unless there is a second staff on duty and all the other clients are safe. If you are able to follow the client off the property, it is only to watch the client and to better inform the police of which direction the client took. **DO NOT CHASE THE CLIENT** - after finding out which direction the client was taking, return to the home to assist in caring for the other clients and wait for the police to arrive.
- 7) Please make a note of what the client was wearing and other identifying information for police

**ALWAYS DOCUMENT AN AWOL INCIDENT WITH AN INCIDENT REPORT AND FOLLOW THE NOTIFICATION PROCEDURES OUTLINED IN THE INCIDENT REPORT PROCEDURE COMPLETELY.**

I have been made aware of PHYF AWOL Policy. I will abide and follow the guidelines stated above.

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Staff Signature

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Date

## Behavior Management

RS-5-7456.

A. A licensee shall have written behavior management policies and procedures which shall:

- 1. Be developmentally appropriate for the children in care;**
- 2. Be designed to encourage and support the development of self-control;**
- 3. Describe the following:**

a. Behavior expectations of all children;

(1.) Residents are expected to conduct themselves at all times in a manner that is compliant with PHYF, local, state and federal rules, laws and regulations. This expectation includes the home, school, work, and in the community.

(2.) All clients of PHYF residential programs must be kept actively involved in education and / or work component.

b. Consequences for violations of the licensee's policies and rules which shall be:

1. Reasonably related to the violation; and
2. Administered without prolonged and unreasonable delay;

(1.) See L.O.P. Client Consequences Form

c. Physical restraint and restrictive behavior management techniques used by the licensee;

(1.) See Levels of Intervention Form

d. The kinds of behaviors warranting use of physical restraints or restrictive behavior management techniques;

(1.) See L.O.P. Client Consequences Form, and Levels of Intervention Form

- e. The licensee's methods of documenting use of physical restraints or restrictive behavior management techniques;
    - (1.) See L.O.P. Client Consequences Form and IR Documentation Forms
  
  - f. Behavior management techniques which require supervisory authorization or written documentation before being used;
    - (1.) Staff are not to use any Behavior Management techniques outside of PHYF approved techniques
  
  - g. The licensee's process for supervisory review to evaluate whether staff properly applied the restraints or techniques in a particular case; and
    - (1.) All IR forms are reviewed by supervisor and administration for evaluation of proper procedures
  
  - h. Behavior management techniques prohibited by the licensee.
    - (1.) All techniques listed in subsection (C) (1-8) are prohibited.
- B. The licensee's staff are responsible for control and discipline of children in care. The licensee shall not allow children to discipline other children.
- C. The licensee shall not threaten a child or allow any child to be subjected to maltreatment, abuse, neglect, or cruel, unusual, or corporal punishment, including the following practices:

- 1. Spanking or paddling a child;**
- 2. Seclusion or restraint as a form of discipline, or for the convenience of staff;**
- 3. Excessive or inappropriate use of permitted behavior management interventions, such as time out**
- 4. The application of behavior management interventions by the persons served or any other person other than trained, qualified staff**
- 5. All forms of physical violence inflicted in any manner upon the body**
- 6. Verbal abuse, ridicule, or humiliation;**
- 7. Deprivation of shelter, bedding, food, water, clothing, sufficient sleep, or opportunity for toileting;**
- 8. Force-feeding, except as prescribed by a licensed medical practitioner;**
- 9. Placing a child in seclusion;**
- 10. Requiring a child to take a painfully uncomfortable position, such as squatting or bending for extended periods of time; and**
- 11. Administration of prescribed medication or medication dosage without specific physical authorization.**
- 12. Forcing a child to perform physical activities such as push-ups, sit-ups, running, or any other strenuous activities.**

D. To determine whether a licensee has violated subsection (C) (7), the licensing authority shall consider all the circumstances at the time of the action, including the

following: **POWERHOUSE EMPLOYEES WILL NOT SUBJECT CLIENTS TO ANY OF THE PRACTICES IN SECTION C 1-8 (SKIP)**

1. The child's physical condition
2. Whether the child was taking any medications that may have affected the child's ability to perform the action, such as psychotropic medications or antibiotics;
3. The climatic conditions under which the child was performing the action, such as intense heat or cold, rain, or snow;
4. The level of force, if any, the licensee used to require the child to perform the activity and whether any use of force resulted in injury to the child; and
5. Whether the activity was consistent with the licensee's program description and procedures.

**E. The behavior management practices listed in this subsection are restricted. A licensee may use a restricted practice only when the licensee satisfies the conditions listed in subsection (F) and any additional conditions listed in this subsection**

1. **Required physical exercises such as running laps or performing push-ups, and assignment of physically strenuous activities, except:**
  - a. **As expressly prescribed in a child's service plan and as part of a regular physical conditioning program, or as part of a work experience that meets the requirements of R6-5- 7449(F) and (G);**



- 1. Consistent with the licensee's program description and purpose;**
- 2. Described in the licensee's behavior management policy;**
- 3. Used as prescribed in this Section; and**
- 4. Not otherwise prohibited by these rules.**

**G. If a licensee cannot use a specific physical restraint or behavior management technique on a particular child, the child's service plan shall describe the restriction.**

**I, \_\_\_\_\_ HAVE READ AND UNDERSTAND P.O.W.E.R HOUSE YOUTH FACILITY'S POLICY REGARDING CLIENT BEHAVIOR MANAGEMENT AS PRESCRIBED IN AZ ADMINISTRATIVE CODE R6-5-7456. I FURTHER UNDERSTAND THE DUTY TO REPORT SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF P.O.W.E.R HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**INVESTIGATION OF CHILD MALTREATMENT**

RS-5-7435. Investigations of Child Maltreatment

A.R.S. 13-3620 A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian science practitioner or priest may otherwise make of the minor.

I, \_\_\_\_\_ HAVE READ AND UNDERSTAND P.O.W.E.R HOUSE YOUTH FACILITY'S POLICY REGARDING HOW TO REPORT CHILD MALTREATMENT AS PRESCRIBED IN A.R.S. 13-3620. I FURTHER UNDERSTAND THE DUTY TO REPORT. SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF P.O.W.E.R HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**



**CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT**

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

***Be sure that you go over all five (5) pages of the self-disclosure affidavit.***

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)
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ADDRESS (No., Street, Apt. No., City, State, ZIP)

Check one of the following and provide information as directed:

- I have not been arrested for, convicted of, nor am I under pending indictment for any crimes.
- I have been arrested for, convicted of, or I am under pending indictment for the following crime(s) (Provide dates, location/jurisdiction, circumstances and outcome. Attach additional pages as needed):

**ALSO** – Check one of the following:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Notary Public

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commission Expiration date

\_\_\_\_\_  
Notary Public's Signature

### Non-Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Homicide, including first or second-degree murder, manslaughter and negligent homicide   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor or vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor or vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child prostitution as prescribed in A.R.S. § 13-3212   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child abuse  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Felony child neglect   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Sexual conduct with a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Molestation of a child or vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Dangerous crime against children as defined in A.R.S. § 13-705  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exploitation of minors involving drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Neglect or abuse of a vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sex trafficking   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Sexual abuse  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3506   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Luring a minor for sexual exploitation  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Enticement of persons for purposes of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Procurement by false pretenses of persons for purposes of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Procuring or placing persons in a house of prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Receiving earnings of a prostitute  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Causing one's spouse to become a prostitute   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Detention of persons in a house of prostitution for debt  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Keeping or residing in a house of prostitution or employment in prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Pandering   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308  |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Transporting persons for the purpose of prostitution, polygamy and concubinage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Any felony offense involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Unlawful sale or purchase of children   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Child bigamy  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than \$250, but less than \$1000 if the offense was committed before June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Felony indecent exposure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Felony public sexual indecency  |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Any offense involving a violent crime as defined in A.R.S. § 13-901.03  |

### Appealable 5 Years After Conviction

The following **felony** offenses are non-appealable if committed within 5 years before the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section *within 5 years* of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the denial.

If the conviction was *more than 5 years* before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark "Within 5 Years," "Over 5 Years" or "No" as applicable.

WITHIN 5 YEARS	OVER 5 YEARS	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Endangerment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Threatening or intimidating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Unlawfully administrating intoxicating liquors, narcotic drugs or dangerous drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dangerous or deadly assault by prisoner or juvenile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prisoners who commit assault with intent to incite to riot or participate in riot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assault by vicious animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Drive by shooting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assaults on public safety employees or volunteers and state hospital employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Discharging a firearm at a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Prisoner assault with bodily fluids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Aiming a laser pointer at a peace officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Selling or giving nitrous oxide to underage persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Sale of regulated chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Production or transportation of marijuana
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Possession, manufacture, delivery and advertisement of drug paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of wire communication or electronic communication in drug-related transactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Using a building for sale or manufacture of dangerous or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Manufacture or distribution of prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Manufacture, distribution, possession, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Manufacture of certain substances and drugs by certain means

### Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Theft by extortion   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Shoplifting  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Forgery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Criminal possession of a forgery device  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Obtaining a signature by deception   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Criminal impersonation   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Theft of a credit card or obtaining a credit card by fraudulent means  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Receipt of anything of value obtained by fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Forgery of a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Possession of any machinery, plate or other contrivance or incomplete credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. False statements as to financial condition or identity to obtain a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Fraud by persons authorized to provide goods or services  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Credit card record theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Misconduct involving weapons  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Misconduct involving explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Depositing explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Misconduct involving simulated explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Concealed weapon violation  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Misdemeanor indecent exposure   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Misdemeanor public sexual indecency   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Aggravated criminal damage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Adding poison or other harmful substance to food, drink or medicine   |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. A criminal offense involving criminal trespass under Title 13, Chapter 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. A criminal offense involving burglary under Title 13, Chapter 15  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Misdemeanor offenses involving child neglect  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Misdemeanor offenses involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of \$250 but less than \$1000 and the offense was committed before June 29, 2009 |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Arson   |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Criminal damage   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Taking identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Aggravated taking identity of another person or entity  |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Trafficking in the identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Cruelty to animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Prostitution as described in A.R.S. § 13-3214   |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513   |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Welfare fraud   |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Kidnapping  |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Robbery, aggravated robbery or armed robbery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Misdemeanor endangerment  |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Misdemeanor threatening or intimidating   |

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Misdemeanor assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Misdemeanor aggravated assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Misdemeanor dangerous or deadly assault by prisoner or juvenile   |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Misdemeanor assault by vicious animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Misdemeanor drive-by shooting   |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. Misdemeanor discharging a firearm at a structure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Misdemeanor prisoner assault with bodily fluids   |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. Misdemeanor aiming a laser pointer at a peace officer   |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Misdemeanor possession and sale of peyote   |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance   |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Misdemeanor selling or giving nitrous oxide to underage persons   |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Misdemeanor sale of regulated chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Misdemeanor sale of precursor chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. Misdemeanor production or transportation of marijuana   |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Misdemeanor involving or using minors in drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone |
| <input type="checkbox"/> | <input type="checkbox"/> | 69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia   |
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Misdemeanor use of wire communication or electronic communication in drug-related transactions  |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. Misdemeanor manufacture or distribution of prescription-only drug   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs          |
| <input type="checkbox"/> | <input type="checkbox"/> | 74. Misdemeanor manufacture of certain substances and drugs by certain means  |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.

P.O.W.E.R. House Youth Facility

EQUIPMENT CHECKLIST

Associates should sign for receiving the following equipment. If something does not apply, put "N/A" on the line.

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

Facility Location: \_\_\_\_\_

Date Equipment was received: \_\_\_\_\_

I have received the following items as part of my employment with POWER House Youth Facility. All equipment belongs to the company, and will be returned if I voluntarily terminate employment, or if the company terminates my employment.

<u>Equipment</u>	<u>Serial #/Description</u>	<u>Age/Value</u>
___ Keys	_____	_____
___ Cell Phone & accessories	_____	_____
___ Pager	_____	_____
___ Radio	_____	_____
___ Computer or Laptop	_____	_____
___ Printer	_____	_____
___ Blackberry	_____	_____
___ Tools	_____	_____
___ Uniforms	_____	_____
___ Associate Handbook/Co Info	_____	_____

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

Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_

\*This form is to be used when associate's employment is terminated to ensure all equipment has been returned to P.O.W.E.R House.

P.O.W.E.R. House Youth Facility  
Wage Garnishment for Required Documentation

I, \_\_\_\_\_ give permission for P.O.W.E.R. House Youth Facility to deduct wages from my payroll check to cover the expenses of State of Arizona DCS required documentation. I will attend and or send in. required documents to the administrative office in a timely manner. Failure to comply will result in suspension of shift work and possible termination.

DPS Fingerprint Clearance Card New or Renewal	-\$67.00 Deduction
CPR & 1st Aid Training Combo Class	-\$37.00 Deduction
Ink Fingerprints	-\$15.00 Deduction
TB Skin Test	-\$25.00 Deduction

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**POLICIES & PROCEDURES NEW HIRE ACKNOWLEDGEMENT -  
COMPANY COPY**

New Associates should sign acknowledging review of POWER House Youth Facility Company policies and procedures.

Associate's Name: \_\_\_\_\_  
Facility Locations: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

The Intent of the acknowledgement is to ensure that all personnel employed by PHYF (POWER House Youth Facility) are following the policies set in place.

**ASSOCIATE HANDBOOK:**

This is to acknowledge that I have received my copy of the PHYF Associate Handbook, which outlines the Company's policies and practices. I will familiarize myself with the information contained in this Handbook, and I will observe its contents. I will contact my immediate supervisor if I have questions about any of the material covered in this handbook.

I understand that the policies and procedures in this Handbook are not intended to be contractual commitments but are merely descriptions of suggested procedures to be followed.

With the exception of its policy of at-will employment and those policies compelled by law, PHYF reserves the right to revoke, change or supplement its policies and guidelines at any time without notice. No policy is intended as a guarantee that benefits or rights will continue. No permanent employment for any term is intended or can be implied by statements in this Handbook.

INITIAL

I understand and agree that my employment with PHYF is at will, which means that either I or the Company may terminate the relationship at any time, for any legal reason, with or without cause, with or without notice. No one has the authority to change this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this policy.

My signature below signifies that I understand this agreement for employment on an at-will basis is the sole and entire agreement between me and PHYF concerning the duration of my employment and the circumstances under which my employment may be terminated.



It supersedes all prior agreements, understandings and representations concerning my employment with the Company.

**SAFETY AWARENESS AND RISK MANAGEMENT & EMERGENCY POLICIES &**

**PROCEDURES:** PHYF's policy is to manage client and associate risks at the facility and the company is committed to providing a safe and healthful work environment as is possible. The manual is designed to give our associates a guide to implement appropriate measures when necessary to mitigate risk. Because not all instances can be foreseen and prevented in advance, this manual is intended to be a guide, and the Company reserves the right to make changes or supplement these guidelines at any time. In all cases, the associates must comply with PHYF's notification and record keeping standards.

INITIAL

**EQUIPMENT POLICY:**

The Intent of the Equipment Policy is to ensure that all property maintained by PHYF is kept in the best possible working condition and to ensure proper use of this equipment. Property shall be defined as any piece of equipment, furnishing, uniform, vehicle, building, or supply whether it is leased, owned donated or otherwise in the custodial care of PHYF or any person acting as its associate.

It is the Associate's responsibility to maintain the equipment provided for business use properly and to keep it in good working condition. The Company may, at its' option, choose to pay for this equipment initially, or choose to replace equipment as it sees fit. However, associates who break, lose or damage equipment are responsible for replacing the equipment at his/her own cost. The workplace includes, but is not limited to, PHYF offices, vehicles, Hotel rooms, during travel times, home or home office. Damage or loss to Equipment through fire, theft, water damage, misuse, and general carelessness is the sole responsibility of the Associate.

INITIAL

**SEXUAL HARASSMENT POLICY:**

The Intent of the Sexual Harassment Policy is to ensure that all employees maintain by PHYF stay in accordance with providing a positive, discrimination-free work environment, that sexual harassment in the workplace is unacceptable conduct that will not be condoned. I have read and understand the Sexual Harassment Policy.

INITIAL

**COMPUTER USE POLICY:**

The Intent of the Computer Use policy is to ensure all PHYF employees will comply with the foregoing policies, rules, and conditions governing the use of the Company's computer and telecommunications equipment and services. I understand that I have no expectation of privacy when I use any of the telecommunication equipment or services. I am aware that violations of this guideline on appropriate use of the e-mail and Internet systems may subject me to disciplinary actions. I have read, understood and agree to comply with the Computer Use Policy.

INITIAL

I have received the following items as part of my employment at POWER House Youth Facility. All equipment belongs to the company, and will be returned if I voluntarily terminate employment, or if the company terminates my employment.

I have received the above referenced policies and procedures as part of my employment at POWER House Youth Facility.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

## Child Care Worker Acknowledgement

Position Description: CHILD CARE WORKER

Reports to: HOUSE SUPERVISOR AND/OR PROGRAM DIRECTOR

### **ATTENDANCE:**

Position requires the ability to work with any of the seven days of the week, 52 weeks of the year. It is extremely critical that individuals be able to work their scheduled hours on a consistent basis and, if necessary, overtime hours, when requested. Weekly schedule will change based on the needs of the company.

### **JOB OBJECTIVES:**

Be an active member of the management team by learning P.O.W.E.R. House Youth Facility policy and procedures. Through experience and training, each Child Care Worker should acquire the skills needed to assist Program Director, House Supervisors and CEO.

### **SKILLS/KNOWLEDGE:**

Position requires the ability to deal and work well with people and fellow co-workers, multi-task, maintain confidentiality and schedule flexibility. In addition, the position requires the following skills: professional appearance and demeanor, excellent verbal skills and the ability to read and write English fluently. Position also requires the ability to use general office equipment, including but not limited to, copy machines, fax machines, and enter data into a computer.

### **REQUIREMENTS:**

You must be 21 years of age and have high school diploma or GED. You need to have experience working with AT RISK youth or experience in a related field or an equivalent combination of education, training, and experience. Must have excellent interpersonal, problem solving, and communication skills. You must be eligible for a DPS-Fingerprint Clearance Card. You will be required to obtain First Aid, CPR, CIT or CPI, & JJREH training. You will also need to comply with the agency Code of Ethics & Policies, pass an initial drug screen, and completion of 40 hours of training each year. You need to have a current Arizona Driver's License and must maintain a clean driving record.

### **JOB DESCRIPTION:**

Must understand and implement agency policy and procedures when dealing with clients. Be responsible for supervision of clients on a day-to-day basis. Assist clients in their daily activities if needed, follow an assigned schedule for daily activities, and oversee client's completion of daily living tasks. You must also follow unit rules and schedules to provide consistency, dispense medication, assist with client admission and discharge, and complete daily progress notes. Must

understand licensing and contractual requirements. Use CPI techniques to de-escalate a client, and safely and appropriately restrain clients according to CPI/JIREH standards when necessary. Attend supervisory and management level staff meeting, participate and

\*\*IMPLEMENTS & MONITORS CLIENT INDIVIDUAL PROGRAM PLANS, ASSESSES CLIENT CONDITIONS, SKILLED IN PROBLEM SOLVING, TEACHES DAILY LIVING SKILLS. ACKNOWLEDGEMENT OF RECEIPT OF JOB DESCRIPTION:

\_\_\_ I understand that nothing in this job description constitutes an employment agreement or contract of any kind.

\_\_\_ I understand that all employment with P.O.W.E.R. House Youth Facility is voluntarily entered into, and is "at will", meaning that either the Company or I can end the employment relationship with or without notice or with or without cause.

\_\_\_ I have read through and understand the job duties listed in this job description, and that other duties assigned, as deemed necessary for the successful operation of the business. My signature confirms that I can perform these essential duties with or without reasonable accommodations.

\_\_\_ I understand that I will receive a copy of this job description, and a signed copy will be maintained in my employee file.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**EMERGENCY CONTACT INFORMATION**

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

Social Security Number: \_\_\_\_\_

**Primary Emergency Contact**

Name of Emergency Contact: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**Secondary Emergency Contact**

Name of Emergency Contact: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

## Employee Attestation Form

I, \_\_\_\_\_, an employee for Powerhouse Youth Facility, understand that I have an obligation to assist this facility in providing the finest quality of care and treatment to its clients. By signing this document, I promise to take the following actions in order to assist in providing the finest quality of care and treatment to our clients. Please initial by each line item:

- I will not engage in any conduct that is in violation of the rights of any client.
- I will not ask another to engage in any conduct that is in violation of the rights of any client.
- I will immediately tell my supervisor verbally and in writing, if I witness another engage in any conduct that is in violation of the rights of any client.
- I will not make an entry in any documents that does not reflect the actual care or treatment that was provided to a client.
- I will immediately tell my supervisor verbally and in writing, if anyone asks me to make an entry that does not reflect the actual care or treatment that was provided to a client.
- I will immediately tell my supervisor verbally and in writing, of any abuse, neglect or mistreatment of any client.
- I will not discuss internal facility affairs or confidential staff matters with clients, family members, staff, vendors or any outside sources.
- I will not discuss confidential client affairs with other clients, families, or outside sources.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**Conditions of Employment for Child Care Workers**

- Successful completion of a 40-hour orientation program that includes: Medication monitoring, CIT review, Policy and Procedures of the company.
- Must pay \$69 dollars for initial DPS fingerprinting card. This fee will be reimbursed after 6 months of employment.
- Successful completion of a background investigation for criminal behavior, personal reference and work history. Misdemeanor convictions will be reviewed on a case-by-case basis. No misdemeanor convictions within the past 12 months. Currently not serving probation on misdemeanor conviction or pending criminal/ traffic court action.
- Acceptance of shift rotation: Holidays/ Weekend/ Shift scheduling.
- Maintain current AZ. driver's license and clean driving record.
- Successful completion of CPI /JIREH training.
- Maintain professional dress and grooming.
- Compliance with agency Code of Ethics and all Policies.
- Passing an initial drug screen.
- Must be trained in CPR and First Aid.
- Completion of 40 hours of training each year.

I have read this document and I understand the expectations and work responsibilities of the Child Care Worker position at POWER House Youth Facility.

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

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

Consequences I Disciplinary Policy @  
P.O.W.E.R. House

The P.O.W.E.R. House believes in firm but fair discipline. At NO time will clients be harmed physically by any staff members. We believe in the TALK-DOWN Philosophy versus the TAKE-DOWN Philosophy. Clients WILL be redirected and talked to when behavior issues arise. Staffs at P.O.W.E.R. House are employed to assist children in our care to make right choices and to help keep them safe from harm. Staff is expected to redirect clients' behavior when issues arise.

The main form of discipline at P.O.W.E.R. House is L.O.P. (Loss of Privilege). LOP means LOSS of:

- Movies
- CD Players/ Personal radio & stereo equip/ MP3 's player/ I-Pod Video games & ANY handheld game
- Walks
- Group Activities/ Outings (client will remain w/staff at ALL times during PHYF outings)
- Personal Phone calls
- Visitations
- Unsupervised Passes

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

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



## **P.O.W.E.R. House Youth Facility, Inc.**

### **Dress Code**

A dress code is a set of standards that companies develop to help provide their employees with guidance about what is appropriate to wear to work. Dress codes range from formal to business casual to casual. The formality of the workplace dress code is normally determined by the amount of interaction employees have with customers or clients.

P.O.W.E.R. House Youth Facility wished to maintain a professional atmosphere in order to welcome our shareholders, customers, vendors and other visitors into our business. For this reason, we have adopted a Business Casual dress code. You are expected to dress and groom in accordance with accepted social and business standards, particularly if your job involved dealing with customers or visitors in person.

Listed below are guidelines to help you determine what may or may not be appropriate to wear to work:

Acceptable attire: slacks, khakis, jeans or shorts, shirts with collars, sports shirts, blouses, turtlenecks, sweaters, loafers, tennis shoes.

Unacceptable attire: sweatpants, sweatshirts, workout attire (including sports jerseys and bicycles shorts), cutoffs, halter or tank tops, dresses or skirts that are excessively short, sheer clothing or clothing that is revealing, distracting, or provocative, flip-flops or sandals.

A well-groomed, clean appearance is also expected in order to maintain a professional and efficient workplace. Consider the following grooming and hygiene guidelines when determining what is appropriate for work:

## **P.O.W.E.R. House Youth Facility, Inc.**

- Clean, trimmed, and properly groomed hair  
(including facial hair for males)
- Makeup and jewelry should be tasteful and not excessive
- Avoid excessive use of perfume, cologne or other scented products
- Tattoos or jewelry that could be construed as offensive or contributed to a hostile work environment must be covered or removed.

In addition, any adornment that would diminish your role or effectiveness with the company is not permitted.

- No gang paraphernalia
- No drug or alcohol paraphernalia
- No cropped shirts, excessively torn clothing, or half shirts
- No sagging pants
- No slide shoes of any kind onsite.

Employees should use their own common sense regarding what is acceptable work attire and if in doubt, should consult with their supervisor or human services. If at any time your manager feels your attire/appearance is not appropriate for work, you may be asked to leave your workplace until you are properly attired. You will not be paid for the time you are off the job for this purpose.

Employee Printed Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Client Action:</b>	<b>Occurrence</b>	<b>Consequences</b>
Non-Compliant Behavior	1 <sup>st</sup> time	Warning
	2 <sup>nd</sup> time	Verbal Redirection
	3 <sup>rd</sup> time	LOP for 24hrs
Antagonizing Peers	1 <sup>st</sup> time	Warning
	2 <sup>nd</sup> time	Verbal Redirection
	3 <sup>rd</sup> time	LOP for 24hrs
Cursing	1 <sup>st</sup> time	Warning
	2 <sup>nd</sup> time	Verbal Redirection
	3 <sup>rd</sup> time	LOP for 24hrs
Smoking Contraband		LOP for 24hrs
School Incident	Any	Staff / Supervisor Discretion (7day school suspension = 7day LOP)
Drug/Alcohol Abuse	1 <sup>st</sup> time	LOP for 2 weeks & notify P.O. & C.M.
	2 <sup>nd</sup> time	Possible removal from PHYF
AWOL	1 <sup>st</sup> time	LOP of (1) week & notify P.O.&C.M
	2 <sup>nd</sup> time	LOP of (2) week & notify P.O. & C.M
	3 <sup>rd</sup> time	Possible removal from PHYF
Assault Staff	1 <sup>st</sup> time	LOP for 2 weeks & notify P.O. & C.M.
	2 <sup>nd</sup> time	Possible removal from PHYF

I, \_\_\_\_\_ HAVE READ AND UNDERSTAND P.O.W.E.R HOUSE YOUTH FACILITY'S POLICY REGARDING CLIENT CONSEQUENCES AS PRESCRIBED IN R6-5-7456 OF AZ ADMINISTRATIVE CODE. I FURTHER UNDERSTAND THE DUTY TO REPORT SUCH INCIDENTS DEEMED NECESSARY FOR THE SUCCESSFUL OPERATION OF P.O.W.E.R HOUSE YOUTH FACILITY. MY SIGNATURE CONFIRMS THAT I WILL PERFORM THE ESSENTIAL DUTY AS STATED ABOVE AND A SIGNED COPY WILL BE MAINTAINED IN MY EMPLOYEE FILE.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

## Confidentiality Agreement

POWER House Youth Facility (PHYF) has legal and ethical responsibilities to safeguard the privacy of its employees, clients and their families and to protect the confidentiality of protected health information and all other types of confidential information. Members of the POWER House community include but are not limited to:

- Workforce Member: an individual performing work on behalf of PHYF and under the direct control of PHYF, whether or not the member is employed by PHYF. Examples include: staff; faculty; temporary agency workers; students; contractors; and volunteers.
- Extended Community Member: an individual who is present on PHYF premises or accessing information resources at PHYF for a specific treatment, payment, or health care operation business purpose allowed under the Health Insurance Portability and Accountability Act (HIPAA) such as a third party payer representative, a visitor for a guided tour or observation experience, media or vendor representatives, or other health care providers involved in a client's continuum of care.
- Business Associate: is a person or company that performs certain functions or activities on behalf of, or for, PHYF that involve the creation, use or disclosure of PHYF protected health information.

As a member of the PHYF community I agree to conduct myself in strict conformance with all applicable laws and with PHYF policies governing confidential information. I understand and agree that measures must be taken so that all confidential information captured, maintained, or utilized by PHYF and any of its off-site facilities or affiliated entities is accessed only by authorized users. These obligations apply to confidential information that is collected or maintained verbally, in paper, or electronic format.

PHYF Confidential Information includes any and all of the following categories:

- Patient information including demographic, health, and financial information (in paper, verbal, or electronic form regardless of how it is obtained, stored, utilized, or disclosed);
- Information pertaining to members of the PHYF Workforce or Extended Community (such as social security numbers, banking information, salaries, employment records, student records, disciplinary actions, etc.);
- PHYF information (such as financial and statistical records, academic or research funding, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary information including computer programs, source code, proprietary technology, etc.);
- Third-party information (such as insurance, business contracts, vendor proprietary information or source code, proprietary technology, etc.); and
- Patient, research, academic program, or other confidential or proprietary information heard or observed by being present on PHYF premises.

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I agree that:

1. I will access, use, and disclose confidential information only as authorized and needed to complete my assigned project. This means, among other things, that I:
  - a) will only access, use, and disclose confidential information that I have authorization to access, use, and disclose in order to perform my job duties;
  - b) will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job duties and as in accordance with all applicable PHYF policies and procedures and with all applicable laws;

- c) will report to my supervisor or to the appropriate office any individual's or entity's activities that I suspect may compromise the privacy or security of PHYF Confidential Information.
2. If I am granted access to PHYF electronic systems, including email, I am the only person authorized to use the individual user identification names and passwords or access codes assigned to me. I agree to the following:
- a) To safeguard and not disclose my individual user identification passwords, access codes or any other authorizations that allow me to access PHYF Confidential Information to anyone.
  - b) To not request access to or use any other person's passwords or access codes.
  - c) I accept responsibility for all activities undertaken using my passwords, access code and other authorizations.
  - d) It is my responsibility to log out of any system to which I have logged on. I will not under any circumstances leave unattended a computer, mobile phone, tablet and/or other electronic device(s) to which I have logged on without first either locking it or logging off the workstation.
  - e) If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password.
  - f) I understand that my user identification will be deactivated upon notification to Information Management that I am no longer a PHYF Workforce Member, Extended Community Member, or Business Associate; or when my job duties no longer require access to the computerized systems.
  - g) I understand that PHYF has the right to conduct and maintain an audit trail of all accesses to confidential information, including the machine name, user, date, and data accessed and that PHYF may conduct a review of my system activity at anytime and without notice in order to monitor appropriate use.
  - h) I understand and accept that I have no individual rights to or ownership interests in any confidential information referred to in this agreement and that therefore PHYF may at any time revoke my passwords or access codes.
  - i) I understand that individuals who access PHYF Confidential Information from home must follow the same security guidelines as required on location.
  - j) I understand that it is my responsibility to be aware of PHYF Human Resource policies, PHYF Policies & Procedures, and other policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.

**My signature below indicates that I have read, accept, and agree to abide by all of the requirements described above. I acknowledge that any violation of these requirements may result in disciplinary measures up to and including termination of employment and/or affiliation with PHYF.**

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

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

Present

Title: \_\_\_\_\_

## **Employee Technology Use Agreement**

### **General Provisions**

The purpose of this directive is to provide PowerHouse Youth Facility employees with guidance on the proper use of the company's information technology resources, including but not limited to the Internet, email, cell phones and the company's digital network and supporting systems and the data transmitted on those systems.

The use of P.H.Y.F technology resources is a privilege granted to employees for the enhancement of job-related functions or educational purposes. All users should be responsible when using resources in an efficient, ethical, and legal manner ("reasonable use"). Employees may have limited access to these resources for personal use, if they comply with the provisions of this procedural directive. Violations of this procedural directive may result in the revocation of this privilege. Employees may also face disciplinary action up to and including termination, civil litigation, and/or criminal prosecution for misuse of these resources.

### **Definition**

For the purposes of this document, the terms "inappropriate use" of PowerHouse Youth Facility information resources and "inappropriate material" include any uses or material that could be construed by a reasonable person or a court of law as being generally offensive, abusive, illegal, immoral, or unethical; in violation of applicable laws, regulations, or corporate policies or standards; or that in any way jeopardizes the confidentiality, integrity, or availability of the companies technology or information resources or intellectual property, or that compromises the companies tangible or intangible assets, including its name, reputation, and logo. Contingent workers must not use the P.H.Y.F's technology or information resources for inappropriate purposes. Inappropriate use is grounds for termination of engagement and other remedies at the discretion of the CEO .

### **Prohibited Activities**

Staff shall not use P.H.Y.F resources to reveal confidential or sensitive information, client data, or any other information covered by existing state or federal privacy or confidentiality laws, regulations, rules, policies, procedures, or contract terms. Staff who engage in the unauthorized release of confidential information via the companies electronic resources will be subject to sanctions in existing policies and procedures associated with unauthorized release of such information.

Staff shall not download executable software, including freeware and shareware, unless it is required to complete their job responsibilities.

Staff shall not use P.H.Y.F's technology resources to intentionally disable or overload any computer system or network, or to circumvent any system intended to protect the privacy or security.

Unauthorized access to the Internet is prohibited from any device that is attached to any part of PowerHouse Youth Facility's network.

Staff shall not access, store, display, distribute, edit, or record sexually explicit or extremist material using P.H.Y.F's resources. Violation of this procedural directive may result in immediate disciplinary action up to and including termination of employment. The incidental and unsolicited receipt of sexually explicit or extremist material, such as might be received through email, shall not constitute a violation of this section, provided that the material is promptly deleted and neither stored nor forwarded to other parties. Examples of this material include, but are not limited to, SPAM and phishing emails.

### **Personal Use of the Internet**

Occasional and incidental personal use of the Internet access is allowed subject to limitations.

Personal use of the internet is prohibited if:

1. It materially interferes with the use of P.H.Y.F's resources; or
2. Such use burdens P.H.Y.F with additional costs; or
3. Such use interferes with the staff member's employment duties or other obligations to the company; or
4. Such personal use includes any activity that is prohibited under the companies procedural directive.

### **Information and Records**

PowerHouse Youth Facility may install software and/or hardware to monitor and record all IT resources usage, including email and Web site visits. PowerHouse Youth Facility retains the right to record or inspect any and all files stored on the companies devices.

Staff shall have no expectation of privacy with respect to PowerHouse Youth Facility's IT resource usage. Staff are advised that serious disciplinary action up to and including termination of employment may result from evidence of prohibited activity obtained through monitoring or inspection of electronic messages, files, or electronic storage devices. Illegal activity involving P.H.Y.F's IT resource usage may be referred to appropriate authorities for prosecution.

All employees who have access to or may have access to personally identifiable client records shall adhere to all standards included in the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and other applicable laws and regulations, as they related to the release of client information.

### **Inappropriate Uses**

The following list is provided as guidance to users; it is not meant to include examples of all types of inappropriate use. If you are unsure if an anticipated use of PowerHouse Youth Facility information resources is inappropriate, consult with your manager or your LOB Information Risk Manager.

1. General Terms – Inappropriate use of Power House Youth Facility's information resources includes, but is not limited to, the following:

- Using information resources for personal business.
- Using information resources for actions that violate this AUP-CW, the Supplier Code of Conduct or any other PowerHouse Youth Facility supplier policy.



- Using information resources in a manner that jeopardizes the confidentiality, integrity, or availability of the information resources.
- Transmitting information in violation of applicable law or regulation, this AUP-CW, the Supplier Code of Conduct, or any other PowerHouse Youth Facility supplier policy.
- Using non-Power House Youth Facility owned, leased, or authorized equipment including removable storage media to store, process, or transmit non-public Power House Youth Facility information.

2. Inappropriate Uses of Email - Inappropriate use of email includes, but is not limited to, the following:

- Sending or forwarding email from a PowerHouse Youth Facility managed email account to any personal account or external corporate account. Contingent workers must not forward emails from a PowerHouse Youth Facility managed email account to their personal email account or external corporate email account for any purpose.
- Any non-Power House Youth Facility managed email account via directory entries, agents, or applications, including those that are automated.
- Using a non-Firm managed account to store PowerHouse Youth Facility email.
- Forwarding electronic chain letters.
- Using a PowerHouse Youth Facility managed email account for unauthorized solicitation purposes.
- Using a PowerHouse Youth Facility managed email account for any other purpose outside the scope of engagement.

3. Inappropriate Uses of Authentication Information – Users must establish, alter, and retain sole, secure knowledge of passwords and any other means of identity authentication as directed by JPMC. Inappropriate uses/conditions that could compromise authentication information, systems, or network security include, but are not limited to, the following:

- Using software to log keystrokes in a production environment.
- Using or possessing password cracking programs, security vulnerability assessment, exploitation tools, or network sniffers to capture and view transmitted data, network discovery tools, system discovery or inventorying tools, unless as part of engagement as expressly authorized in a contract with JPMC and signed by both JPMC and Supplier.

4. Inappropriate Uses of Software – Inappropriate activity with software files/programs includes, but is not limited to, the following:

- Downloading, uploading, copying, or distributing software or electronic files in violation of their copyright.
- Downloading, uploading, saving, or trading music or video files whether or not the action is in violation of applicable copyright restrictions.
- Downloading or uploading any software or electronic files, including legitimate information, without up-to-date virus protection measures in place.
- Intentionally accessing, downloading, uploading, saving, or sending sexual, pornographic, discriminatory, or criminal material.

5. Inappropriate Activity Regarding System Builds/Configurations – Inappropriate activity to modify system builds or configurations includes, but is not limited to, the following:

- Disabling or removing any security software; for example, access control or computer virus control.
- Installing, disabling, or removing software, other than device drivers, on a PowerHouse Youth Facility computer.

6. Inappropriate Internet-related Activity – Inappropriate Internet-related activity includes, but is not limited to, the following:

- Sending or storing the Firm's data or files on non-JPMC web-based data storage services, for example, Google Drive, Mega, 4Shared, iCloud, etc.
- Establishing undocumented and unapproved Internet or other external network connections that could allow a non-PowerHouse Youth Facility user to gain access to PowerHouse Youth Facility systems and information.
- Using the PowerHouse Youth Facility Intranet to access non-corporate-standard email accounts such as MS Hotmail, Yahoo Mail, and Gmail.
- Placing PowerHouse Youth Facility material (software, internal memos, etc.) on any publicly accessible Internet computer that supports anonymous file transfer protocol (FTP).
- Posting non-public Power House Youth Facility or any other type of information that may compromise the security of the Firm's assets or violate supplier policies or the Supplier Code of Conduct via Internet accessible message boards, blogs, social networks and other forms of communication. For more details, please also see the Continent Work Social Media Policy.
- Using the Power House Youth Facility name or logo on the Internet.
- Gambling
- Accessing or downloading pornographic material.
- Making or posting indecent, offensive, discriminatory, harassing, or disruptive remarks, or other inappropriate content.
- Creating Creating or using intranet blogs that contain Confidential or Highly Confidential information.

All inappropriate uses may result in termination or a submission of reprimand on said employee's file that may affect the employee's future review or determination in termination.

Employee Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

## 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

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

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

<b>Employers Only</b>	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](http://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](http://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](http://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](http://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 . . . . . **1** \$ \_\_\_\_\_
  
- 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 . . . . . **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 . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **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. . . . . **3** \_\_\_\_\_
  
- 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) . . . . . **4** \$ \_\_\_\_\_

**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 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Enter: 

{	• \$24,800 if you're married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
	• \$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-" . . . . . **3** \$ \_\_\_\_\_
  
- 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 . . . . . **4** \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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	15,220	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

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

**Choose either box 1 or box 2:**

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%   
  1.3%   
  1.8%   
  2.7%   
  3.6%   
  4.2%   
  5.1%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

ARIZONA DEPARTMENT OF CHILD SAFETY  
Office of Licensing and Regulation  
**CHILD WELFARE DIRECT CARE STAFF PHYSICIAN'S STATEMENT**



The purpose of the **Physician's Statement** is to determine whether the patient is physically, emotionally, and mentally able to provide care for children/youth residing in licensed facilities; and is free from communicable diseases. Responsibilities may include 24-hour supervision, personal care, transportation, positive behavior management, providing follow-up care and medical treatment, and administering medication.

PATIENT'S NAME *(Last, First, M.I.)*

Current status of patient's general physical health:

Current status of patient's general emotional health, if known:

Is the patient taking any over-the-counter or prescription medications that would interfere with the ability to care for, nature, transport or the supervision of children/youth.  Yes  No  Unknown If yes, please explain

Date of Last Tuberculosis Test

Tuberculosis Test Results

N  P  Unknown

If Unknown: Is the patient presenting with any symptoms that could indicate a communicable disease?  Yes  No

If Yes, explain below.

**Verification of TB results shall be submitted by the patient to their employer.**

PHYSICIAN'S NAME *(Please Print: First, Last, MI)*

LICENSE NO.

ADDRESS *(No., Street, City, State, ZIP)*

PHYSICIAN'S SIGNATURE

DATE

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.





**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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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.")*

<b>Employee Info from Section 1</b>	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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**