



PRESCOTT OFFICE

371 Garden Street, Suite H
Prescott, Arizona 86305
Tel: 928-717-1776
Fax: 928-717-2054

COTTONWOOD OFFICE

203 South Candy Lane, Suite 11AB
Cottonwood, Arizona 86326
Tel: 928-639-8450
Fax: 928-639-3927

EMPLOYEE APPLICATION PACK - PART 1

Welcome to Helping Hands

Dear Applicant:

Thank you for considering Helping Hands as your new employer. You may rest assured that if you qualify and are hired you will be joining the best staff of administrators and caregivers existing in any in-home care services agency in Yavapai County, and probably in the state of Arizona.

A primary reason for this is that our administrative staff have had years of experience in direct, hands-on provision of care services with individuals. So we know what "working in the trenches," is and what the service work of caregiving entails and requires of our direct care staff. Consequently, we value our caregivers just as highly as we value our clients, and do everything we can to provide the best wages, benefits, and working conditions possible.

Thank you again, for considering us as your new employer, and we look forward to welcoming you on board as a new staff member!

Blessings,

Dr. John P. Armstrong (1939 - 2020)

Helping Hands Founder

LIST OF EMPLOYMENT REQUIREMENTS

Applicants for all positions must be:

- 18 years of age or older
- A US Citizen or hold a valid Green Card
- Be able to obtain a Level 1 Fingerprint Clearance Card
- Be able to pass a Background Check

We require copies of the following documents:

- A USA Passport

OR

- A Drivers License / ID Card **AND** a Unrestricted Social Security Card

If you plan on driving any clients we also require copies of:

- Auto Registration
- Auto Insurance

AND

- 1-3 year MVD Driving Record (**\$3.00 service fee**)

Per our contract with UHC Long Term Care and AZ DDD we also must require the following:

- Current DCW Cert, Certified Caregiver Cert, CNA license, OR RN license
- Current First Aid + CPR certification
- Current Article 9 cert (*if serving DDD clients*)
- Current Level One Fingerprint Card (**\$67.00 processing fee**)

*We offer ALL of these services in our office. Classes are **FREE** if you stay with us for more then 3 months.*

APPLICATION FOR EMPLOYMENT

HELPING HANDS IN HOME CARE IS A EQUAL OPPORTUNITY EMPLOYER

DATE: _____

APPLICATION TO WORK WITH: ☒ ELDERLY ☐ DD ☐ BOTH ☐ UNSURE

PERSONAL INFORMATION

NAME:

BIRTH DATE:

FIRST

MIDDLE

LAST

MONTH

DAY

YEAR

SOCIAL SECURITY NUMBER:

PHONE NUMBER:

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

EMAIL:

ARE YOU 18 YEARS OLD OR OLDER? ☐ YES ☐ NO

WILL YOU ACCEPT EMAILS? ☐ YES ☐ NO WILL YOU ACCEPT TEXT MESSAGES? ☐ YES ☐ NO

EMPLOYMENT STATUS

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO WHAT DAY CAN YOU START? _____

MONTH

DAY

YEAR

IF YES, DO YOU PLAN TO STAY? ☐ YES ☐ NO HAVE YOU WORKED HERE BEFORE? ☐ YES ☐ NO

WHAT IS YOUR DESIRED WAGE? \$ _____ IF YES, WHEN DID YOU WORK FOR US? _____

YEAR

EDUCATION

DID YOU GRADUATE HIGH SCHOOL? ☐ YES ☐ NO DID YOU GRADUATE COLLEGE? ☐ YES ☐ NO

DO YOU POSSESS ANY OF THE FOLLOWING CERTIFICATIONS? ONLY CHECK THE BOX IF ANSWER IS YES.

☐ DIRECT CARE WORKER CERTIFIED ☐ CERTIFIED CAREGIVER ☐ LICENSED CNA

☐ LICENSED REGISTERED NURSE ☐ FIRST AID CERTIFIED ☐ CPR CERTIFIED

GENERAL QUESTIONS

DO YOU HAVE A LEVEL 1 FINGERPRINT CLEARANCE CARD? ☐ YES ☐ NO

CAN YOU PASS A BACKGROUND CHECK? ☐ YES ☐ NO MVD DRIVING RECORD? ☐ YES ☐ NO

DO YOU SMOKE? ☐ YES ☐ NO IF NO, CAN YOU WORK WITH SMOKERS? ☐ YES ☐ NO

CAN YOU PASS A DRUG TEST? ☐ YES ☐ NO ARE YOU COVID-19 VACCINATED? ☐ YES ☐ NO

DO YOU HAVE A PROBLEM WITH : A CLIENT THAT SMOKES MEDICAL MARIJUANA? ☐ YES ☐ NO

FIREARMS? ☐ YES ☐ NO DOGS? ☐ YES ☐ NO CATS? ☐ YES ☐ NO

RODENTS? ☐ YES ☐ NO BIRDS? ☐ YES ☐ NO SNAKES? ☐ YES ☐ NO

DO YOU HAVE A PROBLEM WITH : USING CERTAIN CLEANING CHEMICALS? ☐ YES ☐ NO

FORMER EMPLOYERS

DATES OF EMPLOYMENT	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
DATES OF EMPLOYMENT	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
DATES OF EMPLOYMENT	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR, INCLUDING A FORMER BOSS OR SUPERVISOR

NAME OF REFERENCE	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
NAME OF REFERENCE	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
NAME OF REFERENCE	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

CAN WE CONTACT YOUR PREVIOUS EMPLOYER? ☐ YES ☐ NO

CAREGIVER EXPERIENCE

GIVE A BRIEF SUMMARY DESCRIPTION OF PAST CAREGIVING EXPERIANCE, INCLUDING PLACES, TYPES AND DURATIONS.

IN CASE OF EMERGENCY NOTIFY

NAME	PHONE NUMBER	RELATIONSHIP
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WORK AVAILABILITY

Please mark off the days and times that you are available each week.

A - STANDS FOR AM/MORNING

P - STANDS FOR PM/EVENING

	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P
SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available for...

12 Hour Shifts? ☐ YES ☐ NO

Weekend Shifts? ☐ YES ☐ NO

24 Hour Shifts? ☐ YES ☐ NO

On Call Shifts? ☐ YES ☐ NO

EXPERIENCE - ROUTINE CAREGIVING

Check off each item which applies to you in terms of trainings and work experience. **Do you have experience in...**

PERSONAL CARE - ASSISTANCE ☐ YES ☐ NO **HOUSEKEEPING** ☐ YES ☐ NO
PERSONAL CARE - EXTENSIVE ☐ YES ☐ NO **COOKING** ☐ YES ☐ NO
TRANSFERS / LIFTING - LIMITED ☐ YES ☐ NO **SHOPPING & ERRANDS** ☐ YES ☐ NO
TRANSFERS / LIFTING - UNLIMITED ☐ YES ☐ NO **TRANSPORTATION** ☐ YES ☐ NO

EXPERIENCE - SPECIAL SKILLS

Check off each item which applies to you in terms of trainings and work experience. **Do you have experience in...**

SPEAK FOREIGN LANGUAGE ☐ YES ☐ NO **HABILITATION** ☐ YES ☐ NO
ALZHEIMER'S / DEMENTIA ☐ YES ☐ NO **MEDICATION ASSISTANCE** ☐ YES ☐ NO
MENTAL ILLNESS ☐ YES ☐ NO **CATHETER CARE** ☐ YES ☐ NO
TUBE FEEDING ☐ YES ☐ NO **OXYGEN / NEBULIZER** ☐ YES ☐ NO
HOYER LIFT ☐ YES ☐ NO **HOSPICE CARE** ☐ YES ☐ NO
COLOSTOMY CARE ☐ YES ☐ NO **DEVELOPMENTAL DISABILITIES** ☐ YES ☐ NO

CLIENT PREFERENCES

Check off each item which applies to you.

YOU PREFER TO WORK WITH? ☐ MALE CLIENTS ONLY ☐ FEMALE CLIENTS ONLY ☐ BOTH
YOU PREFER TO WORK WITH? ☐ ONE CLIENT ONLY ☐ MULTIPLE CLIENTS

LOCATION PREFERENCES

Check off each item which applies to you.

WHAT CITIES ARE YOU WILLING TO WORK IN?

☐ PRESCOTT ☐ PRESCOTT VALLEY ☐ DEWEY ☐ MAYER ☐ CORDES LAKES
☐ BLACK CANYON CITY ☐ CHINO VALLEY ☐ PAULDEN ☐ ASHFORK ☐ SELIGMAN
☐ SKULL VALLEY ☐ KIRKLAND ☐ PEEPLES VALLEY ☐ YARNELL ☐ CONGRESS

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other important information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

DATE

NAME

SIGNATURE

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 six (6) 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.

Name (First, Middle, Last): _____ Date of Birth (MM/DD/YY): _____

Address (No., Street, Apt. No.): _____

City: _____ State: _____ ZIP Code: _____

Check one of the following and provide information as directed:

- ☐ I have not been convicted of nor am I under pending indictment for any crimes.
- ☐ I have been 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.

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
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. § 13-3502	<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"/>

	YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/>

Appealable 5 Years After Conviction

The following **felony** offenses are non-appealable if committed within 5 years of 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
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 administering 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"/>

	WITHIN 5 YEARS	OVER 5 YEARS	NO
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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"/>

	YES	NO
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 transaction 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 criminal 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	<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"/>

	YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/>

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

DIRECT SERVICE POSITION

You have applied for a position that provides direct services to children or vulnerable adults. Arizona Revised Statutes (ARS § 8-804.1) require you to certify, under penalty of perjury, whether an allegation of abuse or neglect was made against you and was substantiated. If your certification does not indicate a current investigation or a substantiated report of abuse or neglect, your employer may permit you to provide direct services pending the findings of a Central Registry Background Check by the Division of Developmental Disabilities. Your employer is required to keep this form and all information provided on it as confidential.

Name (Last, First, M.I.) _____

SOC. SEC. NO. _____ Date of Birth _____

Aliases (e.g., maiden, nicknames) _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Are you currently the subject of an investigation of child abuse or neglect in Arizona, another state or jurisdiction?
☐ Yes ☐ No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, 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? _____

If you wish to provide additional information see Direct Service Position Supplement.

STATEMENT OF CERTIFICATION

By signing this form, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

Signature _____ Date _____

Employers: Maintain this form as confidential.

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. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.

Explanation:

If you have ever been the subject of an investigation of child abuse or neglect in Arizona, another state or jurisdiction that resulted in a substantiated (*determined to have occurred*) finding, you may provide an explanation of the incident of child abuse or neglect. Do not include the name of any child or any person involved in the investigation. If more space is needed, attach additional sheets.



PRESCOTT OFFICE

371 Garden Street, Suite H
Prescott, Arizona 86305
Tel: 928-717-1776
Fax: 928-717-2054

COTTONWOOD OFFICE

203 South Candy Lane, Suite 11AB
Cottonwood, Arizona 86326
Tel: 928-639-8450
Fax: 928-639-3927

PRESCOTT NEW EMPLOYEE CLASS REGISTRATION

HELPING HANDS NEW EMPLOYEE

NAME: _____ **DATE:** ____/____/____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIPCODE:** _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

WHAT CLASSES DO YOU NEED TO TAKE? *Don't know the answer? Just ask!*

- ☐ **DCW LEVEL 1: FUNDAMENTALS** ☐ **DCW LEVEL 2: DD MODULE**
☐ **DCW LEVEL 2: AGING & PHYSICAL DISABILITIES** ☐ **DDD ARTICLE 9**
☐ **ORIENTATION** ☐ **FIRST AID / CPR** ☐ **FIRST AID ONLY** ☐ **CPR ONLY**

AGREEMENT

In registering for the training below, I understand and agree that:

- The below selected training classes are required by AHCCCS Long Term Care and/or DES Division of Developmental Disabilities in order for me to provide services to insured clients, and I am not required by Helping Hands as a condition of employment. Further I understand that we do not require you to take these classes from us. I understand that I am in no way entitled to compensation in any form for these classes that we provide.
- It is my responsibility to finish these classes in a timely fashion and to show up for in-person components on time and to stay for the full duration. We will withhold the training certificates until all requirements are met.
- Should I be unable to complete a class due to circumstances beyond my control, should I fail to pass all written and skills tests; I may complete the class at a later date with no extra charge, as may be approved by class trainer.
- Except for First Aid/ CPR training cards, no certification cards, no certificate or other evidence of completed training will be given to me. However, we will provide evidence of class attendance, test scores and certs to any legitimate business, educational organization or government agency upon receipt of a formal request.

SIGNATURE: _____ **DATE:** ____/____/____



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APPLICATION FOR EMPLOYMENT - PART 2

LEGAL
FINANCIAL
DOCUMENTS



CBC QUICK SETUP INDIVIDUAL

The Arizona Centralized Background Checks (CBC) is a web portal for Individuals, Employers, and Agencies to access background check results from the following sources:

- Arizona Department of Child Safety (DCS) Central Registry
- Arizona Adult Protective Services (APS) Registry
- Department of Public Safety (DPS) Fingerprint Clearance Card status (FCC)

STEP 1: CREATE AN ACCOUNT

If your background check requires an FCC and:

- a. You already have a DPS Public Services Portal account: You do not need to create an account. Use your DPS PSP username and password to login to cbc.az.gov.
- b. You need to apply for an FCC: Create a DPS Public Services Portal account at psp.azdps.gov using your personal email address. You can then use your DPS PSP username and password to login to cbc.az.gov.

If you need to connect your FCC card or application to your DPS PSP account, go to psp.azdps.gov and complete the following:

- Click 'Services' in the header.
- Click the 'Fingerprint Clearance Card' tile.
- For 'What action do you need to take?', select 'Apply for a card / Request a replacement' and click 'Continue'.
- For 'Have you applied for a DPS Fingerprint Clearance Card in the past?', click 'Yes'.
- Enter your FCC Application Number or Card Number and click 'Continue'.

For additional assistance regarding your FCC card, visit: DPS PSP Contact Us page - Fingerprint Clearance Cards (<https://psp.azdps.gov/home/contactus>)

(Uncommon) If your background check does not require a fingerprint clearance card, create an account at cbc.az.gov. Use your personal email address to create an account.

STEP 2: SUBMIT A BACKGROUND CHECK REQUEST

Login to cbc.az.gov and click ~~Services~~ Requests in the upper right-hand corner of the page. Select the type of background check you need:

- Employment: To gain or retain employment, or volunteer
- Caregiver: To become a DCS caregiver (*foster care, adoption, or guardian*)
- Personal: Request a background check for personal reasons

For an employment background check, you will need the following information from your Employer (potential employer):

- The email address of your Employer's CBC account. christinaa@hhhc.net
- If you are affiliated with Department of Economic Security (DES) as a contractor or service provider or prospective contractor or service provider, you will need:
 - The DES Division name
 - The Solicitation Number, Contract Number, or Provider ID. Contract # 195402

For a Caregiver background check, you will need the email address of your Agency's CBC account. You will also need the following information for each adult (*age 18 or older*) who lives in your home: Name, Date of Birth, Social Security Number, Fingerprint Clearance Card Application Number, Other names used, and a Signed affidavit (*link below*) with signature from each adult.

For a Personal background check, you will need a signed and notarized affidavit ready to upload.

English: https://dcs.az.gov/sites/default/files/DCS-Forms/CSO-3663_0.pdf

Spanish: https://dcs.az.gov/sites/default/files/DCS-Forms/CSO-3663S_0.pdf

* Click NO when it asks if a fingerprint card is required

STEP 3: GET BACKGROUND CHECK RESULTS

When the background check results are available, the CBC sends an email indicating a notification is available. Login to the CBC and click 'Dashboard' in the upper right header. The 'Recent Notifications' sections lists all of your unread messages. For additional instructions, refer to the [CBC Individual User Guide](#).

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**):

☐ 0.5% ☐ 1.0% ☐ 1.5% ☐ 2.0% ☐ 2.5% ☐ 3.0% ☐ 3.5%

☐ 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 2.0% 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. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

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.

Employee's Withholding CertificateComplete 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.

OMB No. 1545-0074

2025**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here **3** \$

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

Step 5:
Sign
Here

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

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

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3. 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 2025 itemized deductions (from Schedule A (Form 1040)). 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: {
 - \$30,000 if you're married filing jointly or a qualifying surviving spouse
 - \$22,500 if you're head of household
 - \$15,000 if you're single or married filing separately2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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 territories 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.

Form W-4 (2025)

Married Filing Jointly or Qualifying Surviving Spouse

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
			<input type="checkbox"/> 1. A citizen of the United States			
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
			<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
---	---	--

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



**Supplement B,
Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Authorization for Direct Deposits - Employee Form

This authorizes Yavapai Care Services, LLC, to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. (No charge for NetSpend Intuit PayCard), and to electronically send paycheck credit entries on each Company established payday. Pay dates are the 7th and 22nd of each month unless they fall on a holiday or weekend, then pay will be distributed the Friday before.

Bank Account #1

Deposit (amount or %) _____

ACCOUNT TYPE (e.g., Checking _____
or Savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

Bank Account #2

Deposit (amount or %) _____

ACCOUNT TYPE (e.g., Checking _____
or Savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

EMPLOYEE PRINTED NAME _____

EMPLOYEE SIGNATURE _____ DATE _____

EMAIL ADDRESS FOR PAYSTUB TO BE SENT TO: _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it, or until the Company suspends or terminates it because of failures on my part to meet Company established policies, procedures and work requirements.



PRESCOTT OFFICE

371 Garden Street, Suite H
Prescott, Arizona 86305
Tel: 928-717-1776
Fax: 928-717-2054

COTTONWOOD OFFICE

203 South Candy Lane, Suite 11AB
Cottonwood, Arizona 86326
Tel: 928-639-8450
Fax: 928-639-3927

POLICIES AND PROCEDURES ACKNOWLEDGEMENT

STANDARD ACKNOWLEDGEMENT

I, the undersigned, do hereby acknowledge and verify that I have read and reviewed the Policies and Procedures of Yavapai Care Services dba Helping Hands In Home Care, including Addendum A Safety Manual and Addendum B Pandemic Plan. I agree to follow and abide by the provisions contained therein at all times while functioning as an employee and/ or independent contractor performing work for the agency

PRINTED NAME: _____

DATE: ____/____/____

SIGNATURE: _____

DD ACKNOWLEDGEMENT

As a Direct Care Professional who is or will be providing services to developmentally disabled individuals, I further acknowledge that I have read and reviews the polices and procedures, on the following subjects in particular: Incident Reporting, Behavior Management, Health and Medical Care, Neglect and Abuse, Medication Administration, Smoking, Alcohol and Drugs, Internal Communications, ISP Process, Clients' Properties and Funds, Communications with Responsible Parties, Confidentiality and Transportation.

PRINTED NAME: _____

DATE: ____/____/____

SIGNATURE: _____

DIRECT CARE WORKER AGREEMENT

- I attest that I do not have a legal agreement (eg, non-competition) with another company which could be construed as being violated if I were to become employed by Helping Hands In Home Care
- I understand and agree that as a Direct Care Worker (DCW) I must meet minimum standards of knowledge and skills established by the Arizona Department of Economic Security, AHCCCS, Arizona Long Term Care System (ALTCS), the DES Division on Aging and Adult Services, United Health Care Community Plan (UHCCP), and optionally the DES Division of Developmental Disabilities. I may demonstrate of possession of this required knowledge and these skills by providing satisfactory proof of having previously taken and passed approved training classes, or by passing a "challenge" test incorporating both written and skills portions covering required knowledge and skills. If neither of these options are possible, I might also meet this requirement by taking and passing the needed training classes from an approved training program either at my own expense or under the Helping Hands Scholarship program, as stipulated in the following DCW Scholarship Program Agreement.
- I further understand and agree that while the above DCW training requirements (including 6 hours of continuing education) are a requirement of the state of Arizona of staff who provide services to AHCCCS funded clients, that is **not** a condition of employment by Helping Hands, and that while I may receive required training from Helping Hands while I am an employee, it is **not** a requirement of Helping Hands that I receive such training from them and that I am therefore not entitled to be paid for my time in receiving offered trainings.
- I understand and agree that as an employee of Helping Hands it is a **violation** of company policies and procedures for me to personally solicit for Helping Hands of business of any client(s) who is currently a client(s) of a company I was in the employment of within the past 12 months, and that violation of this prohibition shall be cause for immediate termination of employment.
- I understand and acknowledge that if I use my personal vehicle for errands or shopping for the clients, and/ or for transporting clients, that I must have an acceptable 1-3 year MVD driving record and that I will maintain a valid Arizona Drivers License, current Auto Registration, and Auto Insurance. I acknowledge that I must immediately inform Helping Hands if I receive a ticket for a traffic violation, and if I do not have a current Drivers License, Auto Registration and/or Auto Insurance.

- I understand it is MY responsibility to have properly completed and signed time records, and any other required records and reports, turned into the office by specified time, and that failure to meet this responsibility will normally result in Helping Hands holding my paycheck until such reports and records are turned in. I acknowledge how important this responsibility is to both Helping Hands and myself, and that repeated failure to meet this responsibility will be cause for termination of my employment.
- I agree to work all assigned hours each week, and will not carry hours over to another time or week to be completed. If for any reason I am unable to report for and complete an assigned work shift for any client, I agree that I will let the designated the Services Facilitator know that the earliest possible time to allow another caregiver to be found to work the shift. I understand that failure to either report to work or give Helping Hands notice of inability to work constitutes member/client abandonment, which is a serious violation of contract terms and conditions.
- I understand that I am to ONLY work those hours that have been scheduled and assigned to me. I will not take it upon myself to change either the number of hours to be worked or the scheduled times. If I feel a client needs more hours of service and/or different hours of service, I agree to contact Helping Hands to pursue whatever steps may be needed to allow such a change.
- I agree to work on an hourly basis for Helping Hands, and agree to work under the supervision of office administrative staff. I agree to follow the directs of office personal on each and every case. I agree to consult the agency on any and all questions that I have.
- It is agreed that I will accept assignments without regard to the client's race, nationality, religion or political affiliation.
- Helping Hands makes no claims or promises to provide me with a minimum number of working hours. I understand that the work situation may be intermittent and that I may be called upon to render services other than during what is considered normal business hours. This agreement is not intended to be for any specific term of employment and may be terminated at will by either party.
- I agree not to seek, accept or solicit private employment or other work arrangements from clients or their family members currently contracted by Helping Hands for a minimum of one (1) year. after the completion of my assignment. If my employment is terminated with Helping Hands , I agree not to solicit employment from any client presently and previously contracted with Helping Hands.
- I understand and agree to the costs of certain requirements for employment which are obtained through Helping Hands, such as a Level 1 Fingerprint Clearance Card and a Motor Vehicle Driving Record.

- I agree to present a positive image of Helping Hands, its owners, administrators and caregiving staff.
- I understand that Arizona is a "Right To Work" state. which means that Helping Hands or I can terminate employment at any time without any legal need to provide either prior notice or a reason for such action to the other party.
- I understand and agree that my failure to abide by the terms of this contract, Helping Hands Policies and Procedures, and/ or by any legal and lawful written or verbal directive by Helping Hands shall result in disciplinary action being taken against me, up to and including termination of employment.
- I authorize Helping Hands to run a background check and to be run through the E-Verify system.

Effective January 1, 2008, in conformance with Arizona law, Helping Hands confirms all new employee's citizenship and eligible work status. This verification is not preformed until after the applicant has been hired. If the system fails to verify a new employee's eligibility, he or she may appeal the report before mandatory termination of the employee.

APPLICANT PRINTED NAME: _____ DATE: ____/____/____

APPLICANT SIGNATURE: _____

HUMAN RESOURCES SIGNATURE _____ DATE: ____/____/____

CODE OF ETHICS

Direct Care Worker's primary purpose is to assist people who need support to lead self-directed lives and to participate fully in our communities and nation. This is designed to provide you with a code of ethics to assist you in your primary purpose.

As a DCW, my first allegiance is to the person I support and I must:

- Recognize that each person must direct his or her own life
- Commit to person-centered supports as best practice
- Provide advocacy
- Honor the personality, preferences, culture and gifts

As a DCW, I am responsible for supporting the emotional, physical, and person well-being of the individuals receiving support, I must.

- Develop a relationship with the people I support
- Assist individuals to understand their opinions
- Promote and protect well-being
- Know and respect the values of the people I support
- Challenge others to be supportive
- Be a vigilant reporter
- Consistently address challenging issues

As a DCW, I will:

- Be conscious of my own values and how they influence my profession decisions
- Maintain competency in my profession
- Assume responsibility and accountability for decisions and actions
- Actively seek advice and guidance
- Recognize the importance of modeling valued behaviors
- Practice responsible work habits

As a DCW, I will safeguard and respect the confidentiality of privacy of the people I support. I must:

- Seek information directly from those I support
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support

As a DCW, I will promote and practice justice, fairness, and equality for the people I support. I must:

- Understand the guardianship or other legal representation of individuals I support
- Help the people I support use the opportunities and the resources of the community available to everyone
- Help the individuals I support understand and express their rights and responsibilities

As a DCW, I will respect the human dignity and uniqueness of the people I support. I will:

- Seek to understand the individuals I support
- Honor the choices and preferences
- Protect the privacy
- Uphold the human rights
- Interact in a respectful manner
- Recognize and respect the cultural context
- Provide opportunities for growth

As a DCW, I will assist the people I support to develop and maintain relationships. I will:

- Advocate for the people I support
- Assure that people have the opportunity to make informed choices
- Recognize the importance of relationships
- Separate my own personal beliefs and expectations regarding relationships from those desired by the people I support based on their person preferences
- Refrain from expressing negative views, harsh judgements, and stereotyping of people close to the individuals I support

As a DCW, I will assist the people I support to direct the course of their own lives. I will:

- Work in partnership with others to support individuals leading self-directed lives
- Honor the individual's right to assume risk in an informed manner
- Recognize that each individual has potential for lifelong learning and growth

As a DCW, I will advocate with the people I support for justice, inclusion, and full community participation. I will:

- Support individuals to speak for themselves
- Represent the best interests of people who cannot speak for themselves
- Recognize that those who victim people with disabilities either criminally or civilly must be held accountable for their actions

DCW PRINTED NAME: _____ DATE: ____/____/____

DCW SIGNATURE: _____

HUMAN RESOURCES _____ DATE: ____/____/____



*"Where hearts are bigger
than the hands that help"*

ATTESTATION

As an employee of Yavapai Care Services LLC dba Helping Hands In-Home Care, I am required to immediately tell my employer if any law enforcement entity has charged me with any crime. Additionally, I am required to immediately report to my employer if Adult Protective Services alleges that I have abused, neglected, or exploited a vulnerable adult. I hereby acknowledge and swear to report either of these instances to my employer immediately.

Print: _____

Sign: _____

Date: _____

PRESCOTT OFFICE

371 Garden Street, Suite H
Prescott, Arizona 86305
TEL: 1-928-717-1776
FAX: 1- 928-717-2054



COTTONWOOD OFFICE

3203 S Candy Lane, Suite 11AB
Cottonwood, Arizona 86326
TEL: 1-928-639-8450
FAX: 1- 928-639-3928

DCW TRAINING PROGRAM AGREEMENT

I do hereby agree to at least 75% of weekly work assignments that are offered by Helping Hands In Home Care during my specified hours of availability, for a period of 3 months following my date of hire. I understand that in exchange for this commitment Helping Hands In Home Care agrees to cover all fees, up to a maximum of \$345.00, for those required training classes which will qualify and enable me to work with AHCCCS funded long term care and/or developmentally disabled clients, rather than only with private pay clients. I further understand that this agreement pertains only to training provided by Helping Hands In Home Care and not those received from any other business or organization.

In consideration of my employment and Helping Hands assistance in enabling me to acquire the required training, I agree to conform to the policies and procedures, rules and standards, and prior employment acknowledges and agreements of Yavapai Care Services, LLC dba Helping Hands In Home Care. I understand that my continued employment and work assignments will be predicted on acceptable performance, compliance with rules, business needs of Helping Hands, and the availability of work.

I understand and agree that only if I am unwilling or unable to accept the minimum amount of offered work assignments and to perform the duties of a DCW, or in another position approved by Helping Hands' administration, for a **minimum of 3 months** following my date of hire, I will reimburse Helping Hands my training expense based on the following guidelines:

Payback amounts:

\$100.00	DCW LEVEL 1: FUNDAMENTALS OF CAREGIVING
\$75.00	DCW LEVEL 2: AGING AND PHYSICAL DISABILITIES
\$75.00	DCW LEVEL 2: DD MODULE
\$50.00	DDD ARTICLE 9
\$45.00	FIRST AID / CPR
\$25.00	FIRST AID ONLY
\$25.00	CPR ONLY

I hereby agree and authorize collection from my paycheck for any required repayment and understand that any balance due will be deducted from my final paycheck. Should there be a balance following the deduction from my final paycheck, I understand that it is my responsibility to arrange repayment through Helping Hand's business operations office prior to the date of my resignation or within 7 days of the date of my termination. I acknowledge that I am responsible for any collection procedures should I default on any or all required payments.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

HUMAN RESOURCES: _____ DATE: ____/____/____



PRESCOTT OFFICE

371 Garden Street, Suite H
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Tel: 928-717-1776
Fax: 928-717-2054

COTTONWOOD OFFICE

203 South Candy Lane, Suite 11AB
Cottonwood, Arizona 86326
Tel: 928-639-8450
Fax: 928-639-3927

ORIENTATION ACKNOWLEDGEMENT

I, the undersigned, do hereby acknowledge and verify that I have read and reviewed the Orientation Packet of Yavapai Care Services dba Helping Hands In Home Care. I agree to follow and abide by the provisions contained therein at all times while functioning as an employee and/ or independent contractor performing work for the agency

PRINTED NAME: _____

DATE: ____/____/____

SIGNATURE: _____

HUMAN RESOURCES: _____ DATE: ____/____/____



**Motor
Vehicle
Division**

96-0278 R09-08 www.azdot.gov

**Removal of
Status Code 81
Opt-In**

**CONSENT TO RELEASE
MOTOR VEHICLE RECORD**

GENERAL

The Federal Driver's Privacy Protection Act (or DPPA), 18 USC 2721-2725 and Title 28, Chapter 2, Article 5 of the Arizona Revised Statutes restrict the disclosure of certain personal driver license and vehicle record information (e.g., name, address, driver license number, social security number, photograph and medical/disability information). Your permission is required for the release of this information to any person or entity not otherwise authorized to receive it under these statutes.

I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is **not** a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.

Customer Name (first, middle, last, suffix)	Driver License/Customer Number	Date of Birth
Signature		

Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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- ☐ I do not wish to be considered for any caregiving assignments which require that I drive either my own vehicle of a client's vehicle as part of work duties, and so do not consent to the release of my Motor Vehicle Record. If offered a job assignment which requires driving I will decline to accept the assignment. If my circumstances change and/or I change my mind in this matter, I agree to inform Helping Hands of the change and sign a Consent to Release my Motor Vehicle Record form before accepting an assignment which requires driving.

NAME: _____ DATE: ____/____/____

SIGNATURE: _____

- ☐ The only work I will be engaged in doing for Yavapai Care Services dba Helping Hands In Home Care shall be the provision of Family Attendant Care Services to a relative. I understand that under the contractual provisions of Yavapai County Long Term Care and/or DES Division of Developmental Disabilities providers of Family Attendant Care are exempt from all requirements and restrictions. Whenever I drive my own vehicle or my client's vehicle; it is my relative's responsibility to have current registration and insurance and that any accident or mishap which might happen while I am engaged in driving my or my relatives vehicle shall be consequently not be a responsibility of Yavapai Care Services, LLC.

NAME: _____ DATE: ____/____/____

SIGNATURE: _____

