

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:				
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over				
\$ 0	\$ 385	1.5%			\$ 0	\$ 20,000	1.5%			\$ 0	
\$ 385	\$ 673	\$ 5.77	+	2.0%	\$ 385	\$ 20,000	\$ 300.00	+	2.0%	\$ 20,000	
\$ 673	\$ 769	\$ 11.54	+	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00	+	3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29	+	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00	+	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35	+	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00	+	7.0%	\$ 75,000
\$ 9,615	\$ 96,154	\$ 628.46	+	9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 32,680.00	+	9.9%	\$ 500,000
\$ 96,154		\$ 9,195.77	+	15.6%	\$ 96,154	\$ 5,000,000		\$ 478,180.00	+	15.6%	\$ 5,000,000
RATE "B"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:				
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over				
\$ 0	\$ 385	1.5%			\$ 0	\$ 20,000	1.5%			\$ 0	
\$ 385	\$ 962	\$ 5.77	+	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00	+	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31	+	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00	+	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69	+	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00	+	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19	+	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00	+	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31	+	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00	+	7.0%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 588.46	+	9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,600.00	+	9.9%	\$ 500,000
\$ 96,154		\$ 9,155.77	+	15.6%	\$ 96,154	\$ 5,000,000		\$ 476,100.00	+	15.6%	\$ 5,000,000
RATE "C"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:				
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over				
\$ 0	\$ 385	1.5%			\$ 0	\$ 20,000	1.5%			\$ 0	
\$ 385	\$ 769	\$ 5.77	+	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00	+	2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62	+	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00	+	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00	+	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040	+	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73	+	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00	+	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65	+	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00	+	6.6%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 567.88	+	9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,530.00	+	9.9%	\$ 500,000
\$ 96,154		\$ 9,135.19	+	15.6%	\$ 96,154	\$ 5,000,000		\$ 475,030.00	+	15.6%	\$ 5,000,000
RATE "D"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:				
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over				
\$ 0	\$ 385	1.5%			\$ 0	\$ 20,000	1.5%			\$ 0	
\$ 385	\$ 769	\$ 5.77	+	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00	+	2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15	+	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00	+	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69	+	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00	+	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96	+	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00	+	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88	+	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00	+	6.5%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 565.38	+	9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,400.00	+	9.9%	\$ 500,000
\$ 96,154		\$ 9,132.69	+	15.6%	\$ 96,154	\$ 5,000,000		\$ 474,900.00	+	15.6%	\$ 5,000,000
RATE "E"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:				
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over				
\$ 0	\$ 385	1.5%			\$ 0	\$ 20,000	1.5%			\$ 0	
\$ 385	\$ 673	\$ 5.77	+	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00	+	2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54	+	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00	+	5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$ 84.04	+	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00	+	6.5%	\$ 100,000
\$ 9,615	\$ 96,154	\$ 584.04	+	9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,370.00	+	9.9%	\$ 500,000
\$ 96,154		\$ 9,151.35	+	15.6%	\$ 96,154	\$ 5,000,000		\$ 475,870.00	+	15.6%	\$ 5,000,000

A300 Combined Certification Form

Date(s) of previously issued certificates (if applicable): _____

Cooperative Education Experience (CEE) - Hazardous Occupation

CEE - Non-Hazardous Occupation

Paid Structured Learning Experience

A. Minor's Personal Information						
First Name	M.I.	Last Name	Social Security No.			
Street Address (Line 1)		Floor/Apt. No. (Line 2)		Date of Birth	Age City of Birth	
City		State	Zip Code	County of Birth State/Country of Birth		
Telephone No.		Cell/Alternate No.		<input type="checkbox"/> Male	Height _____ Hair Color _____	
				<input type="checkbox"/> Female	Weight _____ Eye Color _____	
Parent/Guardian First Name		Parent/Guardian Last Name		Distinguishing Facial Marks (if applicable)		
Parent/Guardian Address (if different than minor's address)			Floor/Apt. No. (Line 2)		I hereby authorize the employment of my child as specified below under Employment Information.	
City		State	Zip Code			
Parent/Guardian Telephone No.		Alternate Telephone No.				
				Signature of Parent/Guardian	Date	
B. Employment Information						
Employer Business Name Harvey Cedars Bible Conference			Type of Business/Industry Conference Retreat Center			
Street Address (where minor will be employed)		Floor/Suite (Line 2)		Minor's Job Title (Be specific)		
12 Cedars Ave						
City		State	Zip Code	Is liquor sold on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Harvey Cedars		NJ	08008	If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Contact Person Name Brian Sackett			If No, describe what areas of the premises are licensed, including any outside grounds:			
Telephone No. (609) 494-5689		Alternate Telephone No.				
Minor's Hours of Work (Provide daily hours and/or start and end times)				Promise of Employment: I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor.		
Mon	Tues	Wed	Thurs			Fri
Sat	Sun	Total Hours for Week:				35-40
Wages: Per Hour _____		Weekly _____		Other _____		
				Signature of Employer	Date	
C. Physician's Certification (to be completed by licensed physician):						
I hereby certify that I have examined the above named minor on _____ and I designate the minor's physical qualifications regarding the above promise of employment as: _____ (Date)						
<input type="checkbox"/> Physically Qualified <input type="checkbox"/> Physically Qualified with the following limitations _____						
Signature of Doctor		Date	Address			
D. Proof of Age (for Issuing Officer):						
I have examined the proof of age submitted by the above named minor which was in the form of (select one):						
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other documentary proof in existence for at least one year (specify): _____						
<input type="checkbox"/> Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth						
E. School Record (to be completed by school that the minor attends)			F. Issuing Officer Certification			
School District		County	School District		County	
Name of School			School District Address			
School Address			Telephone No.			
Last Grade Completed _____			<input type="checkbox"/> Regular Employment Certificate <input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations) <input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____			
The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.						
				Signature of Minor	Date	
Signature of Principal		Date		Signature of Issuing Officer		
				Date of Issue		
				Certificate No.		

INSTRUCTIONS FOR A300 COMBINED CERTIFICATION FORM

1. **Employment Information** (section B) – After you have completed your personal information (section A), bring your certification form to the employer. The employer completes the Employment Information and signs and dates the Promise of Employment. If any of the employment details have been pre-filled and are incorrect, the employer must cross out the incorrect information and enter, initial and date the corrections.
2. **Physician’s Certification** (section C) – The school district is responsible for performing the physical examination at no cost to you or your parents. A school physical (including a sports physical) performed during freshman year is good for all four years of high school (unless the school district policy specifies more frequent physicals).

If your parent/guardian prefers that you be examined by a doctor other than the one employed by the school district, you may do so at your parent/guardian’s expense. A minor is not required to obtain a physical if the parent/guardian objects (in writing) based on their religious beliefs and practices.
3. **Proof of Age** (section D) – If the school does not have a copy on file, you may be asked to provide a birth certificate, passport, baptismal certificate or other identification documentation to the School Issuing Officer.
4. **Parent/Guardian Authorization** (section A) – Your parent/guardian must indicate his/her authorization of your employment as specified in the Employment Information by signing and dating the Parent/Guardian authorization.
5. **School Record/Issuing Officer Certification** (sections E & F) - **Bring the completed certification form to your school district.** A designated school official will review the form and issue the working papers only after being satisfied that the working conditions and hours will not interfere with your education or damage your health. The official may refuse to issue working papers if such refusal would be in your best interest.

IMPORTANT INFORMATION

Hours of Work – 14 & 15 Year Olds

- no more than 3 hours a day on a school day
- no more than 18 hours a week during a school week
- may not work before 7:00 am or after 7:00 pm during the school year
- summer vacation: may work up to 8 hours a day, 40 hours a week, and may work up to 9:00 pm with written parental permission (which must be on file with the employer)

Hours of Work – 16 & 17 Year Olds

- no more than 8 hours a day
- no more than 40 hours a week
- may not work before 6:00 am or after 11:00 pm
Exception: may work after 11:00 pm (up to 3 am provided work begins before 11 pm) during regular school vacation and when there is no school the next day with written parental permission (which must be on file with the employer)

Hours of Work – All Minors

- no more than 6 consecutive days
- may not work more than 5 continuous hours without at least a 30-minute meal break

Hours of Work - School-Sponsored Cooperative Education Experiences, Apprenticeships and Paid Structured Learning

Experiences - Training site experiences may not exceed five hours on any day that school is in session nor may the combination of school and work exceed eight hours on any day that school is in session.

Prohibited Work– Certain potentially hazardous jobs are prohibited for minors based on the age of the minor. For a complete list of prohibited occupations, visit the Department of Labor and Workforce Development’s website at www.nj.gov/labor and click on *Wage & Hour*.

www.nj.gov/education - New Jersey Department of Education
www.nj.gov/labor (click on *Wage & Hour*) – New Jersey Department of Labor and Workforce

HARVEY CEDARS BIBLE CONFERENCE
MEDICAL FORM

Name of staffer: _____ Birth date: _____

Name of parent/legal guardian: _____

Emergency contact # _____

Name of health ins. Co.: _____

Policy #: _____ Subscriber: _____

If your child has had any of the following illnesses please check:

Chicken Pox	_____	Allergies	_____
Measles	_____	Mononucleosis	_____
Scarlet Fever	_____	Asthma	_____
Whooping Cough	_____	Other	_____

Is the staffer current with all immunizations? _____

If not, please explain: _____

Date of last tetanus shot: _____

Does the staffer have any health problems? _____

If yes, please explain: _____

Does the staffer have any allergies? _____

If yes, please explain: _____

Is the camper limited from any activity? _____

If yes, please explain: _____

Can the staffer be given Aspirin, Tylenol, Advil, Ibuprofen? (circle one or more)

In case of a life-threatening emergency, I understand that every effort will be made to contact me, the parent/legal guardian. In the event I can not be reached, I hereby give permission to Harvey Cedars Bible Conference Staff to perform proper emergency treatment in tandem with local emergency personnel.

signature of parent/legal guardian

date



Unemployment Compensation

Or

Temporary State Disability

Harvey Cedars Bible Conference is a Non-Profit Organization and is not an employer subject to New Jersey Unemployment Compensation nor State Temporary Disability. Therefore, employees do not participate in Unemployment or State Disability withholdings.

As an employee, I will be covered under Worker's Compensation for Occupational Disability.

I understand that for the period of employment at Harvey Cedars Bible Conference, I am not eligible for Unemployment Compensation nor am I eligible for Temporary State Disability.

Employee's Signature

Date

Take Care of Your Back

Many of us know people who suffer from back pain which keeps them from being as productive and active as they would like to be. There are ways to decrease the risk of back injuries. Please read this page carefully. Once you understand the fundamentals of keeping your back in good shape, you can avoid the back problems that frustrate so many people. Please sign at the bottom of this page to indicate that you have read the material presented here.

Why Backs Hurt...

- Poor Posture
- Lack of Exercise
- Overweight Condition
- Stress
- Back Sprains

Keeping your back strong, straight, and flexible...

- Walk talk (keep your head up, and your chest lifted)
- Turn Safely (Turn by moving your feet instead of twisting your back)
- Exercise 3 times at week
- Lift Right
 - a. Get firm footing
 - b. Keep your back straight
 - c. Center your body over your feet
 - d. Pull the load close to you
 - e. Grip with your whole hand
 - f. Bend your knees and lift with your legs, not your back
 - g. Move your feet to turn, do not twist your back

Use a Back Support Belt...

- It is highly recommended that a specially designed belt be used for lifting. There are several of these belts hanging in locations where they are likely to be needed here at Harvey Cedars Bible Conference. Your supervisor will be able to inform you of the location(s) of back support belts.
- These support belts, when properly used lend support to your back and abdominal muscles. The belt helps to keep our lower back curve in a normal, balanced position when you are lifting. They are provided for your safety.

I have read and understand this information on the importance of back safety
Please sign and date.

AUTOMOBILE FORM

To the Parent of a Staff Member,

Please indicate your desires concerning the staffer below and whether or not he/she can ride with another staff member who is 18 years old or older. **If your child is over 18 please let us know if it is acceptable for them to transport other staff members.**

PLEASE NOTE: We do not allow anyone under the age of 18 to have an automobile while working at HCBC.

- My son/daughter is not permitted to be driven anywhere at all by any other summer staff member unless I give my permission to the Summer Staff Supervisor.
- My son/daughter may go anywhere with any driver over the age 18. I leave this to his/her discretion.
- I'd like to limit the distance that my son/daughter travels with another summer staff member to destinations on Long Beach Island (except on staff outings) unless I give permission to the Summer Staff Supervisor
- Please observe my instructions (on back) concerning my son/daughter RE: Travel.

Signed: _____ Date: _____

Please Print Name: _____

Relationship: _____

Email Address: _____ Phone: _____

18 & Over Staff Driving Form

For Staffers 18 and Over:

Because you are 18 years or older you may bring an automobile with you. If you intend to do so please fill out the information below and return with your paper work.

Please Note: It is not a requirement or a necessity to have an automobile while you are here at HCBC.

Make: _____

Model: _____

License Plate #: _____

Drivers License #: _____

Insurance Co.: _____

Policy #: _____

Parents: Does your son/daughter have your permission to transport other summer staffers in their vehicle? Yes No

Name: _____

Signature: _____



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

users

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

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

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

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury that I am (check one of the following boxes):

<input checked="" type="radio"/> 1. A citizen of the United States <input type="radio"/>	OR Code - Section I Do Not Write In This Space
<input type="radio"/> 2. A noncitizen national of the United States (See instructions) <input type="radio"/>	
<input type="radio"/> 3. A lawful permanent resident <input type="radio"/> (Alien Registration Number/USCIS Number): <input type="text"/>	
<input checked="" type="radio"/> 4. An alien authorized to work <input type="radio"/> until (expiration date, if applicable, mm/dd/yyyy) <input type="text"/> Some aliens may write "N/A" in the expiration date field (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number! USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number <input type="text"/> OR 2. Form I-94 Admission Number: <input type="text"/> OR 3. Foreign Passport Number <input type="text"/> Country of Issuance: <input type="text"/>	

Signature of Employee @ Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one): *W*

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator <input type="text"/>		Today's Date (mm/dd/yyyy) <input type="text"/>	
Last Name (Family Name) @ <input type="text"/>		First Name (Given Name) @ <input type="text"/>	
Address (Street Number and Name) <input type="text"/>		City or Town <input type="text"/>	State <input type="text"/> ZIP Code <input type="text"/>

Click to Finish

Employer Completes Next Page



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1 Last Name (Family Name) (!) | First Name (Given Name) (J) | M.I. (W) | Citizenship/Immigration status (S)

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title (!)		Document Title (!)		Document Title (!)
Issuing Authority (!)		Issuing Authority (!)		Issuing Authority (!)
Document Number (!)		Document Number (!)		Document Number (!)
Expiration Date (if any) (mm/dd/yyyy) (Q)		Expiration Date (if any) (mm/dd/yyyy) (J)		Expiration Date (if any) (mm/dd/yyyy) (!)
Document Title (J)	G	Additional Information <input type="radio"/>		QR Code- Sections 2 & 3 Do Not Write In This Space
Issuing Authority (!)	G			
Document Number @				
Expiration Date (if any) (mm/dd/yyyy) @				
Document Title @	G			
Issuing Authority (!)	G			
Document Number @				
Expiration Date (if any) (mm/dd/yyyy) @				

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

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

Signature of Employer or Authorized Representative (f) | Today's Date (mm/dd/yyyy) (!) | Title of Employer or Authorized Representative (O)

Last Name of Employer or Authorized Representative (R) | First Name of Employer or Authorized Representative (!) | Employer's Business or Organization Name (!)
 Harvey Cedars Bible Conference

Employer's Business or Organization Address (Street Number and Name) (E) | City or Town (R) | State (f) | ZIP Code (R)
 12 Cedars Ave | Harvey Cedars | NJ | B 0800 8

Click to Finish
Section 2 completion in progress.



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

USCIS
Form 1-9
OMB No. 1615-0047
Expires 08/31/2019

Employee Name from Section 1: Last Name (Family Name) First Name (Given Name) Middle Initial

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

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

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

Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)
B

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative

Click to Finish

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Employee Name _____

I hereby authorize Harvey Cedars Bible Conference, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my account indicated below, at the depository (bank) named below, hereinafter called BANK, to credit and/or debit the same to such account.

- Checking * or
- Savings

*** Include copy of voided check in space below or attach a document from your bank giving both your Bank Routing Number and your Personal Bank Account Number**

BANK NAME: _____

CITY, STATE, ZIP: _____

- Balance of paycheck or
- Set Amount \$ _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE: _____ DATE: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Place copy of voided check here*