

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Mobile/Beeper/Other: _____ E-mail Address: _____

Position(s) applied for: _____ Date of application: _____

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Staffing Agency _____
<input type="checkbox"/> Company's Website _____	<input type="checkbox"/> Government _____
<input type="checkbox"/> Other Internet _____	Employment Agency _____
	<input type="checkbox"/> Other _____

If necessary, best time to call you at is _____

May we contact you at work? Yes No

If yes, work number and best time to call:

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No
 if yes, give date(s) and positions(s)

Have you ever been employed here before? Yes No
 if yes, give dates From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
 _____ Per _____

Type of employment desired Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if the job requires it? Yes No

If no, please explain _____

Driver's license number if driving may be required in position for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details

AN EQUAL OPPORTUNITY EMPLOYER

Emergency Contact Name: _____

Phone #: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title		Compensation (Starting)	
Immediate supervisor and title (for most recent position held)		Commission/Bonus/OtheCompensation \$	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/OtheCompensation \$	
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/OtheCompensation \$	
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked least about the position?			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years	_____	<input type="checkbox"/> Internet	_____	Years	_____
<input type="checkbox"/> Spreadsheet	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> Presentation	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> E-mail	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____



HOME CARE AGENCY, inc.
DRUG & SURGICAL

VERIFICATION OF JOB DESCRIPTION

1. I have received a description for the job I am applying for.
2. I have received an orientation and the Employee Handbook of Island Home Care Agency's Policies and Procedures for _____ in home patient care; including but not limited to;
 - A HIV Confidentiality.
 - B. Standard Precautions.
 - C. Occupational Infection Risk Reduction and Hepatitis B immunization for Healthcare workers.
 - D. Identification of patient abuse/neglect.
 - E. Emergency Disaster Preparedness.
 - F. Identifying a Clandestine Methamphetamine Laboratory in the home.
3. I am aware that all new Employees of Island Home Care Agency are hired on a 6 month probationary period.
4. If for any reason I am terminated from Island Home Care Agency or I terminate employment from Island Home Care Agency, I agree to return my picture I.D. badge immediately. I am aware that Island Home Care Agency will hold my last paycheck until the badge is returned to the IHC office.
5. I have been made aware that there is a \$10.00 per week late charge, charged to my payroll account for every time sheet submitted after 30 days of the actual date that I worked an hourly shift case. I have been made aware that there is a \$10.00 per week late charge, charged to my payroll account for every time sheet submitted after 14 days of the actual date that I worked a visit case. If I hold a time sheet for more than 30 days after working a visit case, I will only be paid when and if Island Home Care Agency is reimbursed for those dates of service. I have been made aware that the work week ends on Friday, and my time sheet for that week is due in the office on the following Monday by 5:00 p.m.
6. I understand that the Island Home Care Agency is a Home Health Agency that provides 24 hour a day service, 7 days a week to its' clients. I realize that all types of work schedules are considered upon hiring. I further understand that Island Home Care Agency will try to honor my scheduling requests, but that my requested work schedule is not a contract or agreement between myself and Island Home Care Agency.
7. It is specifically agreed that I will not solicit, either directly or indirectly on behalf of myself or any other person, firm, or corporation, employment from any client of Island Home Care Agency to which I have been sent or referred to for employment or prospective employment, for a period of (6) six months from the last time I was employed or referred to for employment, to said client or prospective client of Island home Care Agency. I understand that the identity of any client or prospective client of, or acquired through, Island Home Care Agency, shall be deemed confidential information. It is specifically understood that any violation of the above shall subject me to the payment of damages together with costs and attorney fees.
8. I have been counseled on and agree not to take monetary gifts and/or payments directly from any client or members of my clients' family or friends of my client for any reason. I will not borrow money with promise to return loan nor use a client's resource for purchase of goods for myself.
9. I have been made aware that I have a professional and ethical responsibility to protect the patient's privacy and right to confidentiality.
10. I am free from any habituation to alcohol, depressants, stimulants, narcotics or any other substances that may alter my behavior.

Date

Signature



HOME CARE AGENCY, INC.
DRUG & SURGICAL

PHONE: (631) 289-6223 FAX: (631) 289-7473

Discipline: _____ New: Reactivating:

Name: _____ Date: _____

Address: _____

Email: _____

Contact Phone numbers:

Home: _____ Cell: _____ Fax: _____

.....

How did you hear of Island Home Care Agency?

Friend Referral: _____ Ad Referral: _____

What towns will you travel to? _____

What Hours are you available? _____

What days are you available? _____

Can you work weekends? _____

.....

Will you treat pediatric patients? _____

In addition to this application packet, we will also need the following documents:

- ___ Profession License (copy)
- ___ State drivers license & Auto Insurance Card (copy)
- ___ Social Security card (copy)
- ___ Physical (within one year current, signed by MD or NP)
- ___ PPD (within one year current)
- ___ Titer levels: Rubella and Rubeola
- ___ Proof of receiving your Annual Flu Vaccination
- ___ CPR Certification Card (all employees)
- ___ Your NPI number & Your Private Provider ID # (if applicable)



PHARMACOLOGY EXAMINATION

NURSES NAME: _____

DATE: _____

1. Symptoms of Hypoglycemia include all the following except:
 - A. Weakness, anxiety, and nervousness
 - B. Sweating
 - C. Acetone breath and thirst.

2. Insulin acts in the body to:
 - A. Increase metabolic rate and all other body processes
 - B. Lowers blood sugar by increasing utilization of carbohydrates.
 - C. Decreases blood sugar by chemically changing sugar to amino acids.

3. A patient receiving NPH insulin at 7:00 am should be checked frequently for a possible reaction:
 - A. Around midnight
 - B. Before lunch
 - C. From 3:00 pm to dinner

4. A Beta-Blocker is most commonly administered to:
 - A. Decrease blood pressure
 - B. Reduce seizure activity.
 - C. Increase urine output

5. Symptoms of digoxin toxicity includes:
 - A. Decrease in blood pressure, increase pulse
 - B. Nausea, vomiting, pulse below 60
 - C. Flushing and dry skin

6. The most serious side effect of anti-coagulation is:
 - A. Rapid fall in blood pressure
 - B. Formation of clots within major blood vessels
 - C. Hemorrhage

7. Anticoagulation dosage is determined by:
 - A. Prothrombin time
 - B. Complete blood count
 - C. Platelet count

8. A broad spectrum antibiotic is best described as one that:
 - A. Is effective against many types of organisms
 - B. Destroys only gram-negative organisms
 - C. Has a prolonged effect over a period of several weeks

9. When administering two consecutive intravenous medications it is necessary to:

- A. Flush in between with normal saline
- B. Flush in between with heparin
- C. It is never necessary to flush the line

10. Your patient is having a hypoglycemic episode. You should first:

- A. Call the patient's physician
- B. Take the patient's blood pressure
- C. If conscious have the patient ingest some form of sugar by mouth

11. Vasotec is used primarily to:

- A. Lower blood pressure
- B. Increase urine output
- C. Increase or stabilize blood pressure

12. In the a.m. Insulin should ideally be administered:

- A. 1/2 hour before breakfast
- B. 1 1/2 hours before breakfast
- C. Immediately following breakfast

GIVE THE EQUIVALENT OF EACH OF THE FOLLOWING:

13. 1/2 gm. = _____ mg

14. 1 grain = _____ mg

15. 1 ounce = _____ cc

16. 1 teaspoon = _____ cc

17. 1 liter = _____ cc



NURSING SKILLS CHECKLIST

Nurse's Name : _____ Date: _____

PROCEDURES	CAN FUNCTION INDEPENDENTLY	NEED ASSISTANCE /REVIEW	HAVE NEVER DONE	PEDS	REMARKS
1. Bladder Catherization:					
a. Insertion of straight catheter					
b. Insertion of indwelling catheter					
c. Insertion of cystostomy tube					
d. Care of supra pubic catheter					
e. Catheter care					
f. Perineal care					
g. Bladder training					
2. Caring for the actively dying patient					
3. Colostomy/ Ileostomy:					
a. Change Bag					
b. Skin Care					
c. Irrigation					
d. Supplies					
4. CPR Certification					Exp. Date:
5. Decubitus Ulcer:					
a. Prevention					
b. Management					
c. Air Mattress					
d. Gel Cushion					
6. Wound Care:					
a. Wound Vac					
b. Drains:					
JP					
JT					
T-Tube					
c. Cleansing wounds					
d. Packing Wounds					
e. Wet to Dry dressing					
f. Duoderm					
h. Occlusive					
i. Antimicrobials/Hydrogel					
j. Debriding agents					
k. Cast Care/ Pin Care					
l. Wrapping Ace bandages					
m. Stump Care					
n. Suture & Staple removal					
o. Burns					

Nurse's Name : _____ Date: _____

PROCEDURES	CAN FUNCTION INDEPENDENTLY	NEED ASSISTANCE /REVIEW	HAVE NEVER DONE	PEDS	REMARKS
7. Enema cleansing					
a. Fleets					
b. Theravac/ Suppository					
c. Checking & removal fecal impaction					
d. Retention Oil					
8. Equipment frequently used					
a. Infusion Pumps					
CADD					
Crono					
Curlin					
Syringe					
b. Glucometer					
c. Pulse Oximeter					
d. Enteral feeding pumps					
e. Hoyer Lift					
11. Enteral feedings					
a. N G feedings					
b. G Tube feedings					
c. J Tube feedings					
d. N G tube insertion					
e. G Tube insertion					
f. Checking for residual					
12. I. V. Infusion					
a. General Care					
b. Sub - Q infusion					
c. Peripheral IV accessing					
d. Mid - line insertion					
e. Hickman Broviac/ PICC accessing					
f. Port-a-cath accessing					
g. Drawing blood from Central Line					
h. Peripheral blood draws					
i. PCA					
j. Starting Heparin Lock					
k. Maintaining a heparin lock					
l. Calculating flow rate					
m. Administering I.V. heparin					
n. TPN administration					
o. Pump-Home Infusion/Eclipse					
o. Administration I. V Push medication					
13. Range of Motion					
a. Active					
b. Passive					
14. Respiratory care					
a. O2 administration					
b. Nasal cannula					
c. Ventimask					
d. CPAP					
e. Bi-Pap					
f. Apnea Monitor					
g. Providing percussion					
h. Postural drainage					
i. Pleurax drain care					
j. Ventilator					
k. Nebulizer treatment					
l. O2 concentrator					

Nurse's Name : _____ Date: _____

PROCEDURES	CAN FUNCTION INDEPENDENTLY	NEED ASSISTANCE /REVIEW	HAVE NEVER DONE	PEDS	REMARKS
15. Suctioning					
a. Nasopharyngeal					
b. Gastric					
c. Endotracheal					
d. Tracheostomy					
e. Chest –pleuro-vac-emerson					
16. Tempature					
a. Oral					
b. Rectal					
c. Axillary					
17. Tracheostomy care					
a. Cannual – removal & care					
b. Cuff – inflation & deflation					
c. Trache care & dressing					
18. Diabetic					
a. Teaching					
b. Diet					
c. Glucometer					
d. Insulin Administration					
19. Seizure Disorder					
20. NPI Number: My NPI # is: _____	I do not have an NPI # <input type="checkbox"/>	My Private Provider ID # is: _____	EMedNY Waiver form: <input type="checkbox"/>	XX	Obtain NPI # for me: <input type="checkbox"/>
Additional Nurse Remarks:					
Please list any Languages you speak fluently other than English:					
Please list Inservices you are interested in the future:					
Additional Agency Remarks					
Has previous Home Care Experience		Is orientated to Paperwork			
Has experience with the Medically Fragile Pediatric Population		Needs to be Shadowed			

Reviewed By: _____ Title: _____

Date: _____



REFERENCE REQUEST

Applicant's Name: _____

Position Held: _____

Dates _____ To _____

I hereby release from liability the person completing this form, and authorize them to release all information regarding my relationship with them.

Name of Employer: _____

Applicant's Signature _____ Date _____

The above named person has applied to us for employment stating that he/she was previously in your employ. Please verify the above information and provide us with the information listed below. Thank You.

Is Above Employment Information Correct? Yes _____ No _____

Would You Rehire? Yes _____ No _____

	POOR	FAIR	VERY GOOD	EXCELLENT
Dependability/Attendance				
Cooperation				
Quality Of Work				
Initiative				
Accepts Supervision				

Does employee have history of back injury or chronic back problems? Yes _____ No _____

Has employee put in for a disability claim due to back injury, to your knowledge? Yes _____ No _____

Reason for leaving _____

Comments _____

Signature _____ Date _____

Title _____

Thank You!



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Reason for leaving _____

Comments _____

Signature _____ Date _____

Title _____

Thank You!



HOME CARE AGENCY, inc. DRUG & SURGICAL

ANNUAL EMPLOYEE PHYSICAL

PART 1: TO BE COMPLETED BY EMPLOYEE:

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ DOB: _____

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE:

1. Do you require glasses? _____ Hearing aid? _____
2. Have you ever been treated for any disease entity/injury that hampers your ability to function for extended periods? _____
3. Are you presently being treated for any disorders of a chronic or recurring nature (Congenital defect, nervous/mental disorder or other condition) that might hamper job performance? _____
4. Do you have any history of back injury? _____
5. Have you ever been treated for back injury? _____
6. Are you presently being seen by a chiropractor or physician for a back problem? _____
If yes, please give Name, address and phone number: _____

HEIGHT _____ WEIGHT _____

MEDICATIONS (please list all medications prescribed, that you take on a continuing basis)

ALLERGIES: _____ SYMPTOMS: _____

HABITUAL/ADDICTION:

Alcohol _____ Depressants _____ Stimulants _____ Narcotics _____
If yes, please explain: _____

FAMILY HISTORY/HEREDITARY DISEASES:

Coronary Artery Disease _____ Hypertension _____ Cancer _____ Diabetes _____
Renal Disease _____ Alcoholism _____ Sickle Cell Anemia _____ Other _____

I have received the Employee Handbook of Island Home Care Agency's Policies and Procedures for in home patient care; including but not limited to;

- A. HIV Confidentiality.
- B. Standard Precautions.
- C. Occupational Infection Risk Reduction and Hepatitis B immunization for Healthcare workers.
- D. Identification of patient abuse/neglect.
- E. Emergency Disaster Preparedness
- F. Identifying a Clandestine Methamphetamine Laboratory in the home

I have read and understand the aforementioned policies.

I am free from any habituation to alcohol, depressants, stimulants, narcotics or any other substances that may alter my behavior.

ALL OF THE QUESTIONS ANSWERED BY ME AND INFORMATION GIVEN BY ME HAVE BEEN ANSWERED AND OFFERED TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. [] YES [] NO

Employee Signature: _____ Date: _____

(over)

Part II: TO BE COMPLETED BY QUALIFIED EXAMINING CLINICIAN *

* Island Home Care policy at present is mandatory first physical must be done by a physician/nurse practitioner within one year prior to date of hire. All following physicals can be done by a Registered Nurse Clinician and are to be done annually. Employee physical must be within the regulations as specified by the New York State Department of Health: DOHM 86-47 and 86-51, DOHM 81-51, DOHM 86-39, as set forth in 10NYCRR Section 400.10 and DOHM 87-47 and DOHM 88-1. Updates on immunizations will be done according to Department of Health Requirements, Mantoux and lab values.

GENERAL PHYSICAL FINDINGS:

Blood Pressure: _____ Pulse: _____ Respirations: _____ Heart: _____

Lungs: _____ GI _____ GU _____ Neuromuscular _____

IMMUNIZATION TITRES:

	DATE	TITRE	RESULTS
MUMPS	_____	_____	_____
MEASLES	_____	_____	_____
RUBELLA	_____	_____	_____

Employee is free from fever, cough, runny nose, conjunctivitis, , Koplik spots [small bluish white spots surrounded by a reddish area] on the gums or in buccal cavity, or descending rash which fades in the same order it appeared after approximately 5 days. _____ [initial]

TUBERCULOSIS:

LOT # _____ DATE GIVEN _____ DATE READ _____ RESULTS _____

FOLLOW UP FOR ANY POSITIVE RESULTS:

CXR: DATE: _____ RESULTS: _____

TB SCREENING:

- 1. HAVE A COUGH FOR > 3 WEEKS _____
- 2. LOSS OF APPETITE: _____
- 3. UNEXPLAINED WT LOSS: _____
- 4. NIGHT SWEATS: _____
- 5. BLOODY SPUTUM: _____
- 6. HOARSENESS: _____
- 7. FEVER: _____
- 8. FATIGUE: _____
- 9. CHEST PAIN: _____

THIS PERSON [] IS [] IS NOT CAPABLE OF PERFORMING DUTIES.

FOLLOW UP RECOMMENDATION WITH REASON(S) (IF APPLICABLE) : _____

QUALIFIED CLINICIAN'S* NAME: _____ **LICENSE:** _____

SIGNATURE: _____ **DATE:** _____



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What's the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1: Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

- (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
- (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2: Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3: Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

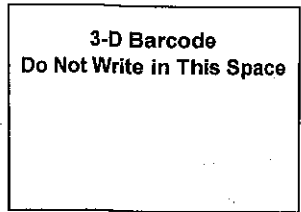
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

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

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<p align="center">LIST A</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">LIST C</p> <p align="center">Documents that Establish Employment Authorization</p>
	AND	
1. U.S. Passport or U.S. Passport Card	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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT. (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	5. U.S. Military card or draft record	5. Native American tribal document
<p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(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.</p>	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	<p>9. Driver's license issued by a Canadian government authority</p> <p>For persons under age 18 who are unable to present a document listed above:</p>	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2014</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

How to Recognize the Signs of a Clandestine Methamphetamine Laboratory

Clandestine laboratories can be extremely dangerous. Immediate emergency response is necessary.

Contact local law enforcement or dial 911 for initial response and evaluation.

WHAT IS A CLANDESTINE LABORATORY?

A clandestine laboratory is an unlawful operation consisting of laboratory equipment and chemicals that are used to illegally produce controlled substances such as methamphetamine. Chemicals found in clandestine laboratories can be hazardous. Exposure to these can damage the respiratory tract, mucous membranes, eyes and skin. Some of the chemicals can produce a fire or explosion. Immediately leave the scene and contact your local law enforcement agency if you encounter what you believe is a clandestine laboratory. Inform law enforcement if you believe children are present.

CAUTION: Chemicals found in a clandestine laboratory are hazardous and toxic. Do not breathe vapors. Avoid contact.

SIGNS OF A CLANDESTINE LABORATORY

A large number of containers of camping fuel, paint thinner, acetone, starting fluid, lye, drain cleaners, sulfuric acid or bottles of muriatic acid (hydrochloric acid).

Soft silver or gray metallic ribbon or chunk stored in oil or kerosene. The metal may ignite upon contact with water or air.

A large number of lithium batteries, especially ones that have been stripped.

A large number of cold tablet containers that list ephedrine or pseudoephedrine as ingredients.

A large number of match books or striker plates.

Jars labeled as iodine or containing shiny, metallic, dark purple crystals or orange stained containers.

Jars containing clear liquid with a white colored solid on the bottom.

Jars labeled as red phosphorous or containing a fine dark red or purple powder.

Coffee filters containing a white pasty substance, a dark red sludge, or small amounts of white shiny crystals.

Glass cookware, funnels, hot plates or frying pans containing a powdery residue.

Bottles or jars with rubber tubing attached.

Chemical smells such as ether, ammonia or acetone or a strong smell of urine.

Propane tanks with fittings that have turned blue from contact with anhydrous ammonia. These may contain anhydrous ammonia and can be VERY DANGEROUS.

PRODUCTS COMMONLY FOUND IN CLANDESTINE LABS

Because of safety and legal concerns, any materials found at a clandestine laboratory should ONLY be handled by properly trained individuals.

Muriatic acid

Battery acid

Lye

Drain cleaner

Charcoal lighter fluid

Ether starting fluid

Denatured alcohol

Over-the-counter cold medicines containing ephedrine or pseudoephedrine

Dry gas products

Iodine crystals (7% tincture of iodine)

Kerosene

Mineral spirits

Lacquer thinner

Aluminum foil

Camera batteries

Cat litter

Epsom salts, table or rock salt

Gasoline

If you encounter what you believe is a clandestine laboratory based on this information, immediately leave the premises and contact your local law enforcement agency.

FIRST AID

Do not become a victim yourself! Avoid exposure!

If an injury is suspected, call 911 or local law enforcement for medical assistance.

Chemicals react in many ways. Physical harm may not be immediately visible but may develop later.

Move victim to a safe area where fresh air is available.

Remove any contaminated clothing/foot wear.

Anhydrous Ammonia or Caustic Chemicals - Flush eyes or exposed skin with clean water for 15 minutes. Repeat until relief is apparent or reported. Note that when anhydrous ammonia is released from a pressurized cylinder, it can freeze objects or skin on contact. If clothing is frozen to patient, DO NOT remove clothing until you have soaked the clothing with clean water (lukewarm if possible). Immediately remove clothing when thawed and continue to flush exposed areas with clean water.

Lithium or Sodium (silvery-white metals) - Brush off. DO NOT FLUSH WITH WATER. These chemicals will ignite on contact with water.

****LAW ENFORCEMENT ONLY****

Secure the site immediately.

Mandated Notification to Upstate NY Regional Intelligence Center (UNYRIC) via NYSPIN File 13c.

For additional information or instructions for reporting, contact UNYRIC (518) 786-2100.

SUPPORT AGENCIES

New York State Police
Division Headquarters (24 Hours)
(518) 457-6811

New York State Department of Environmental Conservation (24 hours)
Law Enforcement: (800) 457-5680
State Spill Hotline: (800) 457-7362

New York State Office of Fire Prevention & Control Headquarters (24 Hours)
(518) 474-6746

U.S. Drug Enforcement Administration
NY Field Division: (212) 337-1810

New York State Office of Children and Family Services
Child Abuse and Maltreatment Register (24 hours)
(800) 342-372

New York State Office of Alcoholism and Substance Abuse Services
www.oasas.state.ny.us/meth/