

EMPLOYMENT DATA AUTHORIZATION

The COUNTY OF MONMOUTH is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex or any other protected classification.



Monmouth County Human Resources Department
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728
Email: MC.HumanResources@co.monmouth.nj.us

www.visitmonmouth.com
Phone 732-431-7300
Fax 732-431-7924

The following information is required for entry into our Monmouth County Human Resources Management System (HRMS)

NEW HIRE INFORMATION

Name: _____
Last Name First Name Middle Name/M.I.

Title (Mr./Mrs./Ms./Other): _____

Maiden Name: _____
If Applicable

Home: () _____

Address: _____
Permanent residence / Number & Street / Apt. # (PO Box not acceptable)

City County State Zip Code

Cell: () _____

Social Security Number: _____
xxx / xx / xxxx

Work: () _____

E-mail: _____

Date of Birth: _____
Month / Day / Year

RACE / ETHNIC CATEGORIES – THE FOLLOWING IS REQUIRED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

Gender Male Female

Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)
All persons who identify with more than one of the above races.

Signature

Date



MONMOUTH COUNTY EMPLOYEE EMERGENCY CONTACT FORM

It is your responsibility to ensure that the information on this form is accurate and updated as necessary.

Employee Personal Information:

Name: _____

Department: _____ Division: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Primary person to be notified in case of an emergency:

Name: _____

Relationship: Relative Friend Other Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary person to be notified in case of an emergency:

Name: _____

Relationship: Relative Friend Other Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

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

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

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

Employer Completes Next Page



Monmouth County Finance Department Direct Deposit Authorization Form

ID# Name Phone# or Extension Department

Option 1 PLEASE DEPOSIT MY ENTIRE PAY INTO:

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Option 2 DISTRIBUTE PAY AS FOLLOWS:

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Remainder To:

Checking Savings Primary Account (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Option 3 DISTRIBUTE PAY AS FOLLOWS:

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Remainder To:

Checking Savings Primary Account (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

ATTACH VOIDED CHECK HERE

EMPLOYEE SIGNATURE

DATE

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

I AUTHORIZE MONMOUTH COUNTY EACH PAYDAY TO DEPOSIT MY PAYCHECK DIRECTLY TO THE BANK ACCOUNT(S) NAMED ABOVE. I UNDERSTAND I MUST GIVE TWO(2) WEEKS ADVANCE NOTICE TO PROVIDE ENOUGH TIME TO ACT ON MY INSTRUCTIONS. ADDITIONALLY, IF MY BANK(S) OR ACCOUNT NUMBER(S) CHANGE, I WILL NOTIFY THE FINANCE DEPARTMENT IMMEDIATELY. IF I ELECT TO HAVE MY PAYCHECK SPLIT, A FIXED AMOUNT WILL BE DEPOSITED WITH THE REMAINDER DEPOSITED INTO THE MAIN ACCOUNT. ALL FINAL PAYCHECKS WILL BE DIRECT DEPOSIT UPON SEPARATION OF EMPLOYMENT; PLEASE KEEP THE BANK ACCOUNT OPEN FOR SIX MONTHS AFTER SEPARATION TO ENSURE THAT ALL FUNDS ARE RECEIVED.