

# 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](mailto:MC.HumanResources@co.monmouth.nj.us)



[www.visitmonmouth.com](http://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: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
*xxx / xx / xxxx*

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.

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial _____	Last name _____	<b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	<b>(c)</b> <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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2026

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

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

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

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

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

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

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

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



# Monmouth County Finance Department

## Direct Deposit / Distribution of Paycheck Authorization

Department / Division Name

Employee Name

Monmouth County Employee ID#

I AUTHORIZE THE COUNTY EACH PAYDAY TO DEPOSIT MY PAYCHECK DIRECTLY TO THE BANK ACCOUNT(S) / PAY CARD NAMED BELOW. I UNDERSTAND I MUST GIVE THE COUNTY 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 COUNTY FINANCE DEPARTMENT AT LEAST TWO (2) WEEKS PRIOR TO THE PAYDATE. IF I ELECT TO HAVE MY PAYCHECK SPLIT, A FIXED AMOUNT WILL BE DEPOSITED INTO THE SECONDARY ACCOUNT WITH THE REMAINDER DEPOSITED INTO THE MAIN ACCOUNT.

### Option 1 PLEASE DEPOSIT MY ENTIRE PAY INTO:

(Check only one)

Checking  Savings  County-issued pay card (County finance department will provide account number)

Bank Name

Transit Routing No./ABA

Account Number

### Option 2 PLEASE DEPOSIT MY PAY AND DISTRIBUTE AS FOLLOWS:

Fixed \$ Amount (Secondary)

(Check only one)

Checking  Savings  County-issued pay card (County finance department will provide account number)

Bank Name

Transit Routing No./ABA

Account Number

Remainder To: (Main)

(Check only one)

Checking  Savings  County-issued pay card (County finance department will provide account number)

Bank Name

Transit Routing No./ABA

Account Number

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

AFTER PAYROLL RECEIVES THE DIRECT DEPOSIT FORM, THE NEXT PAY MAY BE A PRENOTE TEST (EMPLOYEE MAY RECEIVE A LIVE CHECK).

# ATTACH VOIDED CHECK HERE

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

\_\_\_\_\_  
Date

\*\*Note: The final paycheck will not be direct deposit upon separation of employment; also in the case of leave of absence, worker's compensation adjustments or supplemental sick leave pay.