## **COUNTY OF MONMOUTH**



## NEW EMPLOYEE ORIENTATION PAPERWORK

## **INSTRUCTIONS**

- 1. Complete and print each of the following pages and bring them with you to New Employee Orientation. Please do not print double-sided. It is not necessary to print this cover page.
- 2. **Sign and date each form** The date you sign may be the date you complete the form (the date does not need to reflect your first day).
- 3. **NJ-W4 Form** Make sure to complete #4, the total number of allowances you are claiming.
- 4. **I-9 Form, Employment Eligibility Verification** Complete Section 1 only. See other related documents if applicable on the New Employee Orientation Website, e.g., List of Acceptable Documents & Supplement A If you need a preparer and/or translator.
- 5. **Direct Deposit Authorization Form** Attach either a voided check, saving account statement or Authorization for Direct Deposit from your Financial Institution.
  - **NOTE**: Completing the form with a checking or savings account number is <u>not</u> a substitute for the above-mentioned forms. Please obtain this ahead of time.
- 6. If you have any questions, please contact your recruiter.

# 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.



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

Monmouth County Human Resources Department Hall of Records, 1 East Main Street, Freehold, New Jersey 07728

Email: MC.HumanResources@co.monmouth.nj.us

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

Last Name	First Name		Middle Name/M.I.	i itie (ivir./ivii	S./IVIS./O	ther):	
n							
If Applicable				Home: (	)		
				Cell: ( )			
Permanent residence /	Number & Street / Apt.	# (PO Box no	ot acceptable)	30 <u>( /</u>			
City	County		State Zip Code	Work: (	)		
y Number:			_ <b>,</b>	E-mail:			
xxx/xx/xxx	(						
Birth:	Year						
			LLOWING 13	REQUIRED	<b>B</b> 1 11		LIMPLOTIMEN
	Female  Mexican, Puerto ral American, or	(C)	White (Not Hispani A person having ori the original peoples Viiddle East, or Nor	c or Latino) gins in any of of Europe, the		Black or Afri Hispanic or L	ican American (No atino) A person s in any of the blact
Hispanic or Latino A person of Cuban, N Rican, South or Cent other Spanish culture	Female  Mexican, Puerto ral American, or or origin  Other Pacific ic or Latino) A in any of the		<b>White</b> (Not Hispani A person having ori the original peoples	c or Latino) gins in any of of Europe, the ch Africa.  c or Latino) gins in any of of the Far a, or the t, including, for t, China, India, ysia, Pakistan,		Black or Afri Hispanic or L having origins racial groups American Inc Native (Not H A person hav the original po South America America), and	ican American (No atino) A person s in any of the blact



### 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 Info	ormation:		
Name:			_
Department:	Division	n:	_
Home Address:			_
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		_
Personal Email Address:	:		_
Primary person to be no	otified 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	e 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:	_

Form **NJ-W4** (7-18, R-14)

#### State of New Jersey - Division of Taxation Employee's Withholding Allowance Certificate

1.	SS#	2. Filing Status: (Check only one box)				
	Name	1. ☐ Single 2. ☐ Married/Civil Union Couple Joint				
	Address	3. Married/Civil Un	ion Partner Separate			
	014	01-1-		4. Head of Househ	old	
	City	ty State Zip			w(er)/Surviving Civil Union Partner	
3.	If you have chosen to use the chart from instru	uction A, ente	r the appropriate	letter here	3.	
4.	Total number of allowances you are claiming (		4.			
5.	Additional amount you want deducted from ea	5. \$				
6.	I claim exemption from withholding of NJ Gros conditions in the instructions of the NJ-W4. If		,		6.	
7.	Under penalties of perjury, I certify that I am el claim exempt status.	ntitled to the I	number of withho	lding allowances claimed	on this certificate or entitled to	
	Employee's Signature	Date				
	Employer's Name and Address	Employer Identification Number				

#### **BASIC INSTRUCTIONS**

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
  - Your filing status is SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
  - Your filing status is MARRIED/CIVIL UNION COUPLE JOINT, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
  - Your filing status is HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER and your
    wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

#### Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. Single individuals or married/civil union partners filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

#### **HOW TO USE THE CHART**

- 1) Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

**NOTE**: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

#### THIS FORM MAY BE REPRODUCED

_	WAGE CHART											
		al of All r Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
		0 10,000	В	В	В	В	В	В	В	В	В	В
	v	10,001 20,000	В	В	В	В	С	С	С	С	С	С
	Υ Ο	20,001 30,000	В	В	В	Α	А	D	D	D	D	D
	U R	30,001 40,000	В	В	Α	Α	Α	Α	Α	E	Е	Е
		40,001 50,000	В	С	Α	Α	Α	Α	Α	Е	Е	Е
	W A	50,001 60,000	В	С	D	Α	А	А	Е	Е	E	E
	G	60,001 70,000	В	С	D	Α	А	E	Е	Е	E	Е
	E S	70,001 80,000	В	С	D	E	E	E	Е	E	E	E
		80,001 90,000	В	С	D	E	E	E	E	E	E	E
		over 90,000	В	С	D	E	E	E	E	Е	E	E

### **Employee's Withholding Certificate**

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

OMB No. 1545-0074

Internal Revenue Service

Give Form W-4 to your employer. Your withholding is subject to review by the IRS. (a) First name and middle initial Last name (b) Social security number Step 1: Enter Does your name match the Address Personal name on your social security card? If not, to ensure you get Information credit for your earnings, contact SSA at 800-772-1213 City or town, state, and ZIP code or go to www.ssa.gov. Single or Married filing separately Married filing jointly or Qualifying surviving spouse 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, and when to use the estimator at www.irs.gov/W4App. Step 2: 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. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the 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: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Multiply the number of qualifying children under age 17 by \$2,000 \$ Dependent Multiply the number of other dependents by \$500 . . . . . . \$ and Other **Credits** 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 (a) Other income (not from jobs). If you want tax withheld for other income you (optional): expect this year that won't have withholding, enter the amount of other income here. 4(a) |\$ Other **Adjustments** (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  $\ldots$ 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) |\$ Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here Employee's signature (This form is not valid unless you sign it.) Date

Employer's name and address

**Employers** 

Only

First date of

employment

Employer identification

number (EIN)



### **Employment Eligibility Verification**

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

USCIS
Form 1-9

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 <a href="Instructions">Instructions</a>.

**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 Informatio day of employment, but not before	n and Attestation	on: Employe	es must comp	lete and	sign Sect	ion 1 of Fo	rm I-9 r	no later than the <b>first</b>
Last Name (Family Name)	Last Name (Family Name) First Name (Give			Middle Initial (if any) Other		Other Last i	r Last Names Used (if any)	
Address (Street Number and Name) Apt.			any) City or Tow	ר			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. So	ocial Security Number	r Employ	yee's Email Addres	s			Employee	e's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or	1. A citizen 2. A noncitiz 3. A lawful p 4. A noncitiz	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):  1. A citizen of the United States  2. A noncitizen national of the United States (See Instructions.)  3. A lawful permanent resident (Enter USCIS or A-Number.)  4. A noncitizen (other than Item Numbers 2, and 3, above) authorized to work until (exp. date, if any)  4. Syou check Item Number 4., enter one of these:						
immigration status, is true and correct.	USCIS A-Num	or F	orm I-94 Admissi	on Numbe	OR FOR	eign Passpor	t Numbe	r and Country of Issuance
Signature of Employee	I I			Т	oday's Date	(mm/dd/yyyy)	)	
If a preparer and/or translator assis	ted you in completi	ng Section 1, t	hat person MUST	complete	the Prepare	r and/or Trai	nslator C	ertification on Page 3.
Section 2. Employer Review and business days after the employee's fir authorized by the Secretary of DHS, d documentation in the Additional Inform	st day of employme	ent, and must	heir authorized r physically exam combination of d	epresenta ine, or ex ocumenta	ative must o camine con ation from L	complete an sistent with list B and Li	d sign <b>S</b> an alterr st C. Er	ection 2 within three native procedure ter any additional
	List A	OR	Lis	st B		AND	<del></del>	List C
Document Title 1								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
Document Title 2 (if any)		Addi	tional Informati	on	Affilia (graph)			
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)		CI	heck here if you us	ed an alter	native proce	dure authorize	ed by DH	S to examine documents.
Certification: I attest, under penalty of penployee, (2) the above-listed document best of my knowledge, the employee is a	ation appears to be	genuine and to	o relate to the em				First Da (mm/dd	ay of Employment l/yyyy):
Last Name, First Name and Title of Employe	er or Authorized Repr	esentative	Signature of Em	ployer or A	Authorized Ro	epresentative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name	Employer's B	Business or Organiz	ation Add	ress, City or	Town, State, 2	ZIP Code	1	

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



## Monmouth County Finance Department Direct Deposit Authorization Form

		•		
ID#	Name		Phone# or Extension	Department
	EASE DEPOSIT MY ENTIRE PAY IN			
Checking	Savings (Note: Money Market Acc	ounts are always considered Checki	ing Accounts.)	
Bank Name		Transit Routing No./ABA	Account Number	
Option 2	STRIBUTE PAY AS FOLLOWS:			
\$				
Fixed \$ Amount	Savinas	/Note: Manay Market Assayints are	alumus acasidarad Chaeleina Assausta	
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 ar	e always considered Checking Accoun	ts)
Bank Name		Transit Routing No./ABA	Account Number	
Option 3	STRIBUTE PAY AS FOLLOWS:			
\$				
Fixed \$ Amount		(Note: Manay Market Assaults are	a churcus associdared Chapteins Associat	he).
Checking	Savings	(Note: Money Market Accounts are	e always considered Checking Account	s)
			J∐∐	
Bank Name		Transit Routing No./ABA	Account Number	
\$				
Fixed \$ Amount Checking	Savings	(Note: Money Market Accounts are	always considered Checking Account	s)
			JUU L	
Bank Name Remainder To:		Transit Routing No./ABA	Account Number	
		(Note: Manay Market Assaysts a	re always considered Checking Account	nto)
Checking	Savings Primary Account	(Note: Molley Market Accounts a	re always considered Checking Accour	113)
			J⊔⊔	
Bank Name		Transit Routing No./ABA	Account Number	
	A'	TTACH VOIDED C	HECK HERE	

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

DATE

**EMPLOYEE SIGNATURE** 

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 IMEDIATELY. 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.