

COUNTY OF UNION

UNIVERSAL EMPLOYEE TRANSACTION FORM

Effective Date of Action:

Position Control #:

<input type="checkbox"/> New Hire	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Title Change	<input type="checkbox"/> Grade Change	<input type="checkbox"/> Hours Change
<input type="checkbox"/> Transfer	<input type="checkbox"/> Union Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Phone Change	<input type="checkbox"/> Funding Change

Name (Last, First, MI):

Address:

Street

City, State, Zip

Phone Number:

Email:

Social Security #:

Date of Birth:

EEO Race/Ethnic ID:

Sex:

Marital Status:

<input type="checkbox"/> Declined to Identify	<input type="checkbox"/> Hispanic or Latino
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Non-Hispanic or Latino:

☐ Male

☐ Single

☐ Married

☐ White

☐ Black

☐ Asian

☐ Female

☐ Divorced

☐ Widowed

☐ American Indian
or Alaska Native

☐ Native Hawaiian
or Pacific Islander

☐ Two or more
races

Veteran Y/N:

EEO Function:

Emergency Contact:

Name

Relation

Phone #

Years of Education:

Degree:

Department:

Division:

Location:

Job Title:

Grade:

Hours:

(per week)

Salary:

NJCSC Cert#:

Statute #:

Attendance Manager/Supervisor:

<input type="checkbox"/> PERM	<input type="checkbox"/> PROV	<input type="checkbox"/> INTERIM	<input type="checkbox"/> TEMP	<input type="checkbox"/> UNCLASS	
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Comments:

Bargaining Unit:



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
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.			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)		Additional Information			
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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	First Day of Employment (mm/dd/yyyy):
Gaestel, Jennifer - Personnel Assistant			

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
County of Union Parks & Recreation	10 Elizabethtown Plaza Elizabeth, NJ 07207

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole 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.</div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div> <div>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	<div>Receipt for a replacement of a lost, stolen, or damaged List B document.</div>		<div>Receipt for a replacement of a lost, stolen, or damaged List C document.</div>

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Form **W-4**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0074

2024**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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.(c) ☐ 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:****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) 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 higher paying job. Otherwise, (b) is more accurate ☐**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
employmentEmployer identification
number (EIN)

To claim exempt, please indicate on line 4(b) by writing exempt.

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

1. SS#			2. Filing Status: (Check only one box)		
Name			1. <input type="checkbox"/> Single		
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City			3. <input type="checkbox"/> Married/Civil Union Partner Separate		
State		Zip	4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....					3.
4. Total number of allowances you are claiming (see instructions).....					4.
5. Additional amount you want deducted from each pay					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
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 nonwage 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.
- 2) 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

Total of All Other 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
YOUR WAGES	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E

COUNTY OF UNION APPLICATION FOR SEASONAL EMPLOYMENT		DEPARTMENT OF ADMINISTRATIVE SERVICES DIVISION OF PERSONNEL MANAGEMENT AND LABOR RELATIONS UNION COUNTY ADMINISTRATION BUILDING 10 ELIZABETHTOWN PLAZA ELIZABETH, NJ 07207	
AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER			
An Equal Opportunity Employer operating under the New Jersey Civil Service Merit System and an established Affirmative Action Program. Do not include on the application form any information regarding age, race, color, creed, religion, sex, national origin or disability. Complete entire application. A resume may supplement, but not substitute for this application.			
APPLICANT INFORMATION			
POSITION APPLIED FOR		WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?	
TYPE OF SEASONAL EMPLOYMENT		E-MAIL ADDRESS	
FULL NAME (LAST, FIRST, MIDDLE INITIAL)		TELEPHONE NUMBER	
STREET	CITY	STATE	ZIP CODE
DO YOU POSSESS A VALID DRIVER'S LICENSE? (IF APPLICABLE TO THE POSITION YOU APPLIED FOR) <input type="radio"/> YES <input type="radio"/> NO	HOW LONG HAVE YOU LIVED IN UNION COUNTY?	ARE YOU NOW OR HAVE YOU EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM? <input type="radio"/> YES <input type="radio"/> NO	
EMPLOYMENT RECORD (LIST LAST OR PRESENT EMPLOYER FIRST)			
EMPLOYER NAME		ADDRESS	
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	
EMPLOYER NAME		ADDRESS	
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	
EMPLOYER NAME		ADDRESS	
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	
U.S. MILITARY SERVICE			
BRANCH OF SERVICE		RANK	SPECIALTY
SPECIAL SKILLS OR TRAINING RECEIVED			
EDUCATION			
CIRCLE HIGHEST YEAR ATTENDED	NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY AND DEGREE EARNED	YEAR GRADUATED
GRAMMAR SCHOOL 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/>			
HIGH SCHOOL 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>			
COLLEGE 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>			
OTHER SCHOOL OR APPRENTICE			
MISCELLANEOUS			
OFFICE AND/OR COMPUTER SKILLS INCLUDE STENO/TYPING WPM IF APPLICABLE		HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB YOU ARE SEEKING	
ADDITIONAL INFORMATION TO ASSIST IN FINDING THE PROPER POSITION FOR YOU			
REFERENCES			
FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
APPLICANT CERTIFICATION			
I understand that the County of Union is an Equal Opportunity Employer and does not discriminate based on any protected status under law, in the selection of candidates for interview or hiring.			
I also understand that the County will consider reasonable accommodations from any applicant or employee with a disability, who request a reasonable accommodation during the application or interview process or during employment by my signature below, I acknowledge and agree that if I receive an offer of employment from the County, the offer will be made contingent on any or all of the following: confirmation of my references, confirmation of my certification (if applicable), successful completion of any pre-employment medical testing, drug screening and a criminal background check. I also understand that if hired, I will be required to provide proof of identity, and legal work authorization. By my signature below, I certify that all of my statements contained in this application, on my resume or CV, and all information and documents I provided or will provide in support of my application or candidacy for employment (oral, written and electronic) are accurate and true without qualification. I understand that if any statement or information is found to be false, it may be grounds for rejection of my application, withdrawal of an offer of employment, or termination of employment.			
By my signature below, I authorize Union County to contact and obtain information from all references, current and former employers, educational institutions, and to otherwise investigate and verify the accuracy of the information contained in this application, my resume/CV, and any other information I provide to the County during the application process. I hereby release from liability Union County and its agents and representatives for seeking, gathering and using such information and all other persons, business entities and organizations for providing such information to the County, except this release does not authorize disclosure or use of disability or medical-related information in a manner prohibited by law. I further authorize the County (or its agent or representative) to obtain a consumer credit report about me as part of litigation research or a background investigation. Pursuant to the fair credit reporting act 15 U.S.C. Section 1681 et. seq., I authorize all credit reporting agencies to release available information about my credit to that firm or its agent.			
I further release Union County, and its agents and representatives, from any liability related to obtaining this information. By my signature below, I agree that I fully understand the statements above and agree to be bound by them.			
SIGNATURE OF APPLICANT			DATE
If someone other than the applicant completed this application, the following must be signed: I hereby attest all statements on the application are true and that the applicant has complete knowledge and understanding of all the information I provided on this application.			
SIGNATURE OF ATTESTER		ADDRESS	DATE