

# AristoCat Children's Academy



## Employment Application Checklist

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- Current First Aid & CPR                      Expiration Date \_\_\_\_\_
- Food Handler's Permit                      Expiration Date \_\_\_\_\_

CAC Login ID: \_\_\_\_\_

CAC Password: \_\_\_\_\_

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# AristoCat Children's Academy



## Employment Application Work History

please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title
Job Notes, Tasks Performed & Reason for Leaving:			

Dates Employed	Company Name	Location	Role/Title
Job Notes, Tasks Performed & Reason for Leaving:			

Dates Employed	Company Name	Location	Role/Title
Job Notes, Tasks Performed & Reason for Leaving:			

Dates Employed	Company Name	Location	Role/Title
Job Notes, Tasks Performed & Reason for Leaving:			

# AristoCat Children's Academy



## Employment Application References

Reference #1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact Number \_\_\_\_\_

Why would you pick this person as your reference?

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Reference #2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact Number \_\_\_\_\_

Why would you pick this person as your reference?

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Reference #3

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact Number \_\_\_\_\_

Why would you pick this person as your reference?

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# AristoCat Children's Academy



## Employment Application Employee Emergency Contacts

First Person to Contact in An Emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact \_\_\_\_\_  
Number \_\_\_\_\_

# AristoCat Children's Academy



## Employment Application Conflict of Interest Agreement

All persons employed by AristoCat Children's Academy owe a duty of fidelity to the Company. Employees must never place themselves in a position where their self-interest may conflict with this duty. All policy parts are in effect and valid for 36 months after termination date.

**Any employee who breaches this agreement is subject to disciplinary action.**

- **Conflict of Interest**
  - Employees must never allow themselves to be placed in a position where their personal interests are in conflict (or could be in conflict) with the interests or business of the Company. Employees must avoid any situation or activity that compromises, or may compromise, their judgement or ability to act in the best interest of the Company
- **Disclosure of Potential Conflicts**
  - Employees must promptly disclose to the Company material information regarding any relationship, ownership or business interest, whether direct or indirect, that the employee or a member of his/her immediate family has with any person, or in any business or enterprise, that:
    1. Competes with the Company, it's management, or its employees; or
    2. Has any client and/or employee relationship with the company
- **Harm to Business or Reputation**
  - Employees must never accept any 'kickbacks', loans, gifts, or personal payments of any kind, from any person or business enterprise that:
    1. Competes with the Company, it's management, or its employees; or
    2. Has any client and/or employee relationship with the company
- **Gifts or 'Kickbacks'**
  - Employees must never accept any 'kickbacks', loans, gifts, or personal payments of any kind, from any person or business enterprise that:
    1. Competes with the Company, it's management, or its employees; or
    2. Has any client and/or employee relationship with the company
- **Confidential Information**
  - Confidential information (printed, electronic or otherwise) relating to the Company's past, present, future and contemplated assets, operations, products or services, industrial designs, inventions, production methods, marketing strategies and objectives, personnel, facilities, equipment, finances, pricing, interest rates, sales, customers, routines, policies, and business procedures must never be disclosed to anyone outside the Company's organization, without the Company's express written authorization.
- **Outside Employment or Business Activity**
  - During business hours, employees are prohibited from providing similar services to previous/current client(s) and/or employees

By Signing this Policy, I acknowledge understanding of the above policy and acceptance of the policy guidelines and constraints.

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Signature

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Date

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Printed Name

# AristoCat Children's Academy



## Employment Application Training Contract

This agreement is made effective the \_\_\_\_\_ (day) of \_\_\_\_\_ (month),  
(year), and between AristoCat Children's Academy LLC and

Employee: \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Contact # \_\_\_\_\_

Whereas AristoCat Children's Academy LLC acknowledges that it will provide financial assistance for the employees to receive all necessary training to meet the job requirements, and where as employee desires to be employed with AristoCat Children's Academy LLC and receive all training necessary, the parties agree as follows:

The Employee will pay for the class either out of pocket or out of their next paycheck.

AristoCat Children's Academy LLC will be responsible for helping the employee enroll in the required class.

AristoCat Children's Academy LLC will pay the employee for the hours attended in the class at minimum wage. Certificates for this class must be turned into AristoCat Children's Academy LLC to receive their paid training hours.

The employee will agree to attend all classes that they are registered in.

The Employee acknowledges that they will not be reimbursed for paid training until the class is completed.

AristoCat Children's Academy will be responsible for paying training hours for up to 40 hours a year, which is the required training hours by AristoCat Children's Academy LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# AristoCat Children's Academy



## Employment Application Employee Code of Conduct

The concept of respect is one that AristoCat Children's Academy bases its philosophy on and teaches every day. Because of this emphasis, it is imperative that each employee understands the importance of following The AristoCat Children's Academy Employee Code of Conduct.

I, \_\_\_\_\_, agree that I will abide by the following rules:

(Employee Name)

- I will not engage in using profanity, physical violence, threatening gestures and harsh inappropriate tones with any child or adult while on AristoCat Children's Academy grounds.
- I will respect the concept of confidentiality and understand that confidentiality protects reputations and if violated can be damaging to both adults and children.
- I will refrain from discussing others while in the presence of children.
- If I have a concern or question, I will bring it to the attention of my Childcare Administrator.
- I understand that relationships between AristoCat Children's Academy staff and parents need to be kept in the professional realm. Fraternization and personal relationships/private arrangements are not tolerated.
- I understand that any infractions of these rules may result in disciplinary actions up to and including termination.
- I am aware of the existing Social Media Policy and I will follow all the guidelines as outlined in the Policies and Procedures Manual.

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

\_\_\_\_\_  
Date



# AristoCat Children's Academy



## Employment Application Receipt of Policies and Procedures Manual

\_\_\_\_\_

I have received the AristoCat Children's Academy Policies and Procedures Manual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand and agree to all topics in the Policies and Procedures Manual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Failure to Pass a Background Screening**

In the event that a new hire does not pass a Background Screening the following will be observed.

- The new hire will be notified that their background check failed and why.
- The new hire will leave ACA grounds immediately.
- The new hire will not be allowed to work at ACA.
- The new hire will pay for the Background Screening (up to \$75) on their first paycheck before pass or failure.
- In the case that a new hire failed a background screening, but appealed it and it was expunged, they may resubmit to the Office of Childcare for a new background screening and employment.

I, \_\_\_\_\_ Understand the above policy by AristoCat Children's Academy.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# AristoCat Children's Academy



## Employment Application

### State Farm Mutual Funds SEP & SIMPLE

### Individual Retirement Account Application

AristoCat Children's Academy offers this IRA Retirement Plan to every Employee.

If you choose to participate in this benefit, AristoCat Children's Academy will match 3% of each paycheck you contribute into, into your plan.

- Yes, I would like to Participate and Contribute into an IRA Retirement Plan.  
Please get me the SEP and Simple Individual Retirement Account Application.  
I would like to contribute each paycheck \$  or  %
- No, I do not want to Participate and Contribute into an IRA Retirement Plan.

Employee Signature  Date

# AristoCat Children's Academy



## Employment Application Background Screening Form

This form must be completed and submitted annually by each covered individual 18 years old and older, and by Parents/Guardians of Covered Individuals younger than 18 years old.

I, the covered individual, hereby authorize the processing of this criminal background screening according to Utah Code 26-39-404. I authorize the investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in the denial of my screening. I also hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of or resulting from furnishing such information. I swear that information provided is true and correct to the best of my knowledge.

**Signature of 18-year-old and older covered individual or Parent/Guardian signature  
of Covered Individual younger than 18 years old authorizing this form.**

Signature: \_\_\_\_\_

Where can you be reached?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal First Name:

Middle Name

Legal Last Name

\_\_\_\_\_

Maiden Name:

All Previous Married Names

Aliases

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security #

\_\_\_\_\_

Gender

\_\_\_\_\_

Driver's License #

\_\_\_\_\_

State Issued

\_\_\_\_\_

Home Address

Street

Apt:

City

State

Zip

Primary Phone #

\_\_\_\_\_

States you have lived in in the last 5 years: \_\_\_\_\_

# AristoCat Children's Academy



Employment Application

Approved BCU FBI

Child Care Licensing Program

Background Screening Approval Card

STAPLE CARD HERE



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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.)**

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

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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.

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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

Form **W-4**

Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2020

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> 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		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (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, when to use the online estimator, and privacy.

**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 Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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 Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>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>	\$
	(c) <b>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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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,220	2,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	3,240	4,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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 □□□□ - □□□□		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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP

# AristoCat Children's Academy



## Employment Application Direct Deposit Authorization

I authorize AristoCat Children's Academy to send credit entries,  
as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.

### Account #1

Account Type

Checking

Savings

Institution Name

Bank Routing #/ABA#:

Account #

Percentage/Amount to be deposited into this account:

\$ or %

### Account #2

Account Type

Checking

Savings

Institution Name

Bank Routing #/ABA#:

Account #

Percentage/Amount to be deposited into this account:

\$ or %

**Please Attach a voided check for each account here**

Signature

Date

Printed Name

# AristoCat Children's Academy



## Employment Application All About Me!

4 reasons why I love Teaching

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Teaching Experience

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Things I Like To Do

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Favorite Book:

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Favorite Movie

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My Dreams

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My Family

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Something Special About Me

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# AristoCat Children's Academy



## Employment Application All About Me!

My Favorite Candy Bar

.....

My Favorite Drink

.....

My Favorite Place to Eat Out

.....

My Birthdate

.....

My Start Date At AristoCat Children's Academy

.....

Favorite Quote

.....

# AristoCat Children's Academy



## Employment Application

### Love Language Quiz

Select the one you prefer most of your two options, the one that fits best right now.

1. | Like to receive notes of affirmation. A  
| like to be hugged. E
  
2. | like to spend one-to-one time with a person who is special to me. B  
| feel loved when someone gives me practical help. D
  
3. | like it when people give me gifts. C  
| like leisurely visits with friends and loved ones B
  
4. | feel loved when people do things to help me. D  
| feel loved when people touch me. E
  
5. | feel loved when someone | love or admire puts his or her arm around me. E  
| feel loves when | receive a gift from someone | love or admire. C
  
6. | like to go places with friends and loved ones. B  
| like to high-five or hold hands with people who are special to me. E
  
7. Visual symbols of love (gifts) are very important to me. C  
| feel loved when people affirm me. E
  
8. | like to sit close to people whom | enjoy being around. E  
  
| like for people to tell me | am beautiful/handsome. A
  
9. | like to spend time with friends and loved ones. B  
| like to receive gifts from friends and loved ones. C
  
10. Words of acceptance are important to me. A

# AristoCat Children's Academy



## Employment Application

- |   |   |
|---|---|
| I know someone loves me when he or she helps me.                                  | D |
| 11. I like being together and doing things with friends and loved ones            | B |
| I like it when kind words are spoken to me.                                       | A |
| 12. What someone does affects me more than what he or she says.                   | D |
| Hugs make me feel connected and valued.   | E |
| 13. I value praise and try to avoid criticism.                                    | A |
| Several small gifts mean more to me than one large gift.                          | C |
| 14. I feel close to someone when we are talking or doing something together.      | B |
| I feel closer to friends and loved ones when they touch me often.                 | E |
| 15. I like for people to compliment my achievements.                              | A |
| I know people love me when they do things for me that they don't enjoy doing.     | D |
| 16. I like to be touched as friends and loved ones walk by.                       | E |
| I like it when people listen to me and show genuine interest in what I am saying. | B |
| 17. I feel loved when friends and loved ones help me with jobs or projects.       | D |
| I really enjoy receiving gifts from friends and loved ones.                       | C |
| 18. I like for people to compliment my appearance.                                | A |
| I feel loved when people take time to understand my feelings.                     | B |
| 19. I feel secure when a special person is touching me.                           | E |
| Acts of service make me feel loved.   | D |
| 20. I appreciate the many things that special people do for me.                   | D |
| I like receiving gifts that special people make for me.                           | C |
| 21. I really enjoy the feeling I get when someone gives me undivided attention.   | B |
| I really enjoy the feeling I get when someone helps me make decisions.            | D |
| 22. I feel loved when a person celebrates my birthday with a gift.                | C |
| I feel loved when a person celebrates my birthday with meaningful words.          | A |



# AristoCat Children's Academy



## Employment Application

23. I know a person is thinking of me when he or she gives me a gift. C  
I feel loved when a person helps with my chores. D
24. I appreciate it when someone listens patiently and doesn't interrupt me. B  
I appreciate it when someone remembers special days with a gift. C
25. I like knowing loved ones are concerned enough to help with my daily tasks. D  
I enjoy extended trips with someone who is special to me. B
26. I enjoy kissing or being kissed by people with whom I am close. E  
I enjoy receiving a gift given for no special reason. C
27. I like to be told that I am appreciated. A  
I like for a person to look at me when we are talking. B
28. Gifts from a friend or loved one are always special to me. C  
I feel good when a friend or loved one touches me. E
29. I feel loved when a person enthusiastically does some task I have requested. D  
I feel loved when I am told how much I am needed. A
30. I need to be touched every day. E  
I need words of encouragement daily. A

Please count each letter that correlates with your answer.

A.            B.            C.            D.            E.

- A. Words of Affirmations.
- B. Quality Time
- C. Receiving Gifts
- D. Acts of Service
- E. Physical Touch

# AristoCat Children's Academy



Employment Application