

EMPLOYEE ENROLLMENT CHECKLIST – FISCAL AGENT

New Hire Transfer Re-Hire

Employee:

Gender (circle one): M F

Employer:

Effective Date of Hired Employee:

County:

Pay Rate:

*****Employee, you must have your employer sign under Section 2, Employer Review on Form I-9 Employee Eligibility and Verification or you must submit copies of acceptable documentation. *****

Employee is covered under worker's compensation: Yes or No (circle which applies)

If no, circle which exclusion rule applies:

- Employees wages will not exceed more than \$1000 gross per quarter
- Employee is an immediate family member of the employer

If neither of these exclusions apply worker's compensation insurance must be provided by law for this employee

For Dungarvin Fiscal Service Use Only

Job Code:

Job Title:

APPLICATION FOR EMPLOYMENT

with _____ Household Employer

(Please Print; Use Reverse Side if Additional Space is Needed)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home Number: () _____ Daytime Number: () _____

POSITION FOR WHICH APPLICATION IS BEING MADE AND HOURS AVAILABLE TO WORK

Position(s) Applied for: _____

Date Available for Employment: _____

PERSONAL INFORMATION

Are you at least 18 years of age? Yes No Do you have a valid current driver's license? Yes No

Are you legally eligible to work in the U.S.? Yes No (Proof will be required upon employment)

Have you ever been convicted of a felony? Yes No If yes, explain briefly: _____

EDUCATION				
NAME	LOCATION CITY, STATE	DID YOU GRADUATE?	DATE OF GRADUATION	DEGREE OR AREA OF STUDY
High School:				
College:				
Other:				

Do you have any specific license or certificates pertinent to this position? Yes No
 Type of License and Number: _____

Have you ever been disciplined or asked to leave a position? Yes No If yes, explain briefly: _____

3

EMPLOYMENT HISTORY

May we contact your present employer? Yes No If not, please explain: _____
List below present and past employers, beginning with the most recent.

Employer:		Dates: From: _____ To: _____	
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Address: _____			
Street	City	State	Zip Code
Job Title:	Hourly Rate/Salary: Start:	Final:	
Supervisor: _____	Phone: () _____		
Job Duties and Responsibilities:			
Reason for Leaving:			
Employer:		Dates: From: _____ To: _____	
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Address: _____			
Street	City	State	Zip Code
Job Title:	Hourly Rate/Salary: Start:	Final:	
Supervisor: _____	Phone: () _____		
Job Duties and Responsibilities:			
Reason for Leaving:			

.....

I authorize this Household Employer to contact present and previous employers, references, and to investigate any statements contained in this application

I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process, may prevent me from being hired, or if hired, is cause for immediate termination of employment.

I attest I received a copy of the Notice of Employee Polygraph Protection act on page 3 of this application.

Signature of Applicant

Date

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u> </u>

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
<small>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</small>		
Employee's signature <small>(This form is not valid unless you sign it.) ▶</small>		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions 1 \$ _____
- 2 Enter: { \$11,600 if married filing jointly or qualifying widow(er)
\$8,500 if head of household
\$5,800 if single or married filing separately } 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2011 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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 who claims no withholding allowances; 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.

Declaration of Tax Liability

Program Number _____ and Employer: _____ Employee: _____

Please answer questions:

Is the employee related to the person receiving services? (Check one) Yes No If yes, how? _____

Do you want a background check conducted for this employee? (Check one) Yes No

Employee wage: _____ Number of Average Scheduled Hours per week: _____

Do you anticipate that the employee will earn more than \$1700 per calendar year? (Check one) Yes or No

Signature: _____ Date: _____

For Dunganrvin Fiscal Service Use Only

Company Is XXXX to EE	EE Is XXXX to Company	FICA	FUTA	SUTA
Self		Taxable Exempt if <21 yrs old Taxable if >21 yrs old	Exempt Exempt if <21 yrs old Taxable if >21 yrs old	Pay when total gross wages >\$1000 in a calendar qtr. Once \$1K is met, all wages paid during year is reportable. Exempt Exempt if <18 yrs old Taxable if >18 yrs old
Parent	Child	Exempt	Exempt	Exempt
Spouse	Spouse	Exempt ** see below	Exempt	Exempt if owners own parent
Child	Parent	Exempt or Taxable when wages >\$1000/qtr up to \$7K in wages for all non-exempt ees	Exempt or Taxable when wages >\$1000/qtr up to \$7K in wages for all non-exempt ees	Taxable if owners parent in-law (spouses parent)
Other	Other			

Signature _____ Date _____
Dunganrvin Fiscal Services Representative

9

PAYCHECK DISTRIBUTION ENROLLMENT FORM

Employee Name: _____

Employee Number: _____ Dungarvin Company (State): _____

Dungarvin Fiscal Services pays employees electronically to ensure timely payment of wages. Employees will also receive pay stub information electronically, through an internet web site or an interactive voice response system. Please note that new enrollments or changes in designations will be effective on the next available pay date after the payroll department receives a completed authorization. Please choose all that apply:

- I wish to enroll in the ADP TotalPay Card program for deposit of my net pay. (Complete A, B & C below.)
- I wish to enroll in Direct Deposit of my net pay. (Complete D, E & F below.)

You may elect to receive a paper check and/or paper pay stub by sending written notification of your request to the Dungarvin payroll department. A change in your election will be effective with the pay period following receipt of your written request.

ADP Total Pay Card Enrollment

(For Dungarvin use only – TPC account#: _____ Entered in ADP? N Y, _____ date)

A. SSN: _____ Date of Birth: _____ Phone: _____
 Address: _____ State: _____ Zip Code: _____
 Email address: _____

B. I am requesting: full deposit of my pay check onto the ADP Total Pay Card
 partial deposit \$ _____ (amount per check.) (This option is only available if the rest of your pay check is direct deposited into your checking or savings account.)

C. Authorization
 By accepting and using my TotalPay Card, I agree to be bound by the terms and conditions outlined in the TotalPay Card Cardholder Agreement that I will receive upon enrollment. I authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my TotalPay Card. I authorize ADP to debit my card to rectify an error for any amount not to exceed the original amount of the erroneous credit. This authority will remain in effect until I cancel it or change it in writing. I agree that I have received a summary of the TotalPay Cardholder fees. I further understand that I will receive the Terms and Conditions to be sent to me with my card.

Employee Signature: _____ Date: _____

Direct Deposit Enrollment

Note: You may choose up to 3 accounts for direct deposit. To add additional accounts, complete the Direct Deposit Change Request form.

D. Attach a voided check (for checking accounts) or spec sheet from the bank (for saving accounts) to this form.

E.

Financial Institution Name	Type of Account	Routing Number	Account Number	Amount of Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

F. I understand that failure to provide a voided check or spec sheet or any illegible information on this form may result in an unsuccessful direct deposit and a delay in payment. I authorize Dungarvin Fiscal Services and the financial institution(s) above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries made in error. This authority will remain in effect until I cancel it or change it in writing.

Employee Signature: _____ Date: _____

For NCO Use Only
N-HR-28, Eff.: 08/09/10

8

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

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

9

CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION

Date: _____

Employee Last Name (Please print): _____

Employee First Name (Please print): _____

Employee Middle Name (Please print): _____

Maiden Name, Alias or Former Name (Please print): _____

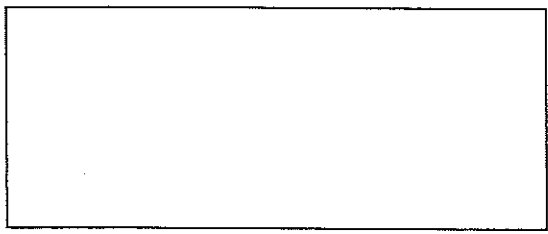
Social Security Number: _____

Date of Birth (Month/Day/Year): _____

Gender (Check one): Male Female

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Dungarvin Minnesota, Inc. for the purpose of employment with this agency. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Employee Signature Date



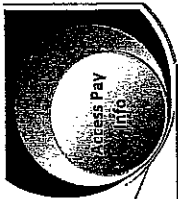
Notary Stamp Above

State of Minnesota }
County of _____ } SS

Subscribed and sworn to before me this
_____ day of _____

Notary Public

For the Employee to Keep How to Access Your Pay Information



ON-LINE

Step 1: Register. You will need to register one time before being able to view your pay statements online. Step-by-step detailed directions on how to register are available, if you need them, from your supervisor or local HR department.

1. Go to <https://ipay.adp.com> and click on Register Now.
2. On the following welcome screen, click on Register Now.
3. Enter Dunganarvin-ipay in the Registration Pass Code box and click Next.
4. Enter your name, last 4 digits of your social security number, and date of birth. Your name must be entered EXACTLY as it is on record with the payroll department. Click on Next.
5. Enter your personal email address. We recommend using a personal email address for receipt of notifications such as your login and password information. If you need to sign up for a personal email address, we recommend using yahoo.com or hotmail.com. Phone number is optional. Click on Next.
 - a. If you do not have a personal email address or cannot immediately sign up for one, you can use paperless@dunganarvin.com until you set up your own. Please note that you will not be able to receive email notifications if you choose this email and that it should only be used temporarily.
6. Enter your place of birth and birth month and day.
7. Select two security questions and enter your answers, then click on Next.
IMPORTANT: The security questions and answers are used if you forget your log in credentials, so be sure to choose information that you will remember. You should make a note of your answers and keep them in a safe place.
8. Your User ID will display on the next screen. Your User ID will be first initial last name@dunganarvin. i.e. Jsmith@dunganarvin.
9. Create your password and click on Submit. Your password is case sensitive.
10. Select iPay Statements and click Log On.

Step 2: Log In. Once you have registered, do the following to access your pay information:

1. Go to <https://ipay.adp.com>.
2. Click on Log In.
3. Enter your User ID and password that were created during your registration process.
4. Click on OK.
5. Click on the pay date of the check you wish to see.

(continued on back)

6. To view your W-2, click on the circle next to W-2. (This feature won't be available until January 2011.)

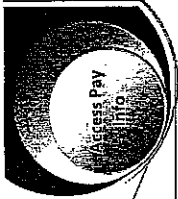
You will be able to access the current pay period up to 48 hours in advance of the actual pay date.

BY PHONE

You can also receive your net pay by calling into a phone system.

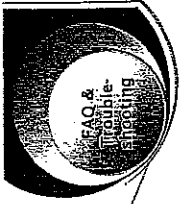
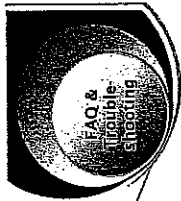
1. Call: 1-877-894-5681.
2. Select 1 for English; 2 for Spanish.
3. Enter our six-digit Client ID #: 071002.
4. Enter your Social Security number.
5. Enter your PIN. If you are using the system for the first time, you will be asked to set up a digital PIN (6 digit number). You will need to confirm your date of birth and current zip code when you first register.

You will be able to access the current pay period up to 24 hours in advance of the actual pay date.



iPayStatements Frequently Asked Questions and Troubleshooting

<https://ipay.adp.com>



HOW DO I?	ACTION
How do I log onto to view my iPayStatements?	<p>If you are logging on for the first time, you must register first. See the "How to Access Your Pay Information" document.</p> <p>Once registered, do the following to log on to view your iPayStatements.</p> <ol style="list-style-type: none"> Go to https://ipay.adp.com Click Login Enter your User ID and password Click OK
How do I access my iPayStatements if I forgot my password?	<p>To reset your password, do the following:</p> <ol style="list-style-type: none"> Go to https://ipay.adp.com Click Forgot Your Password? Enter your User ID Follow the instructions to answer security questions you set up during registration. If you do not know the answers to these questions, contact the Corporate Payroll office. Create a new password Click Continue
How do I access my iPayStatements if I forgot my User ID?	<p>To view your User ID, do the following:</p> <ol style="list-style-type: none"> Go to https://ipay.adp.com Click Forgot Your User ID? Follow the instructions to answer security questions you set up during registration. RESULT: Your User ID is displayed. If not, contact the Corporate Payroll office. Click Continue
How do I know my information is secure?	<p>As soon as you log in, your connection to your iPayStatements is secure. If you leave your computer unattended or you forget to log off before exiting the site, you will automatically be logged off after 20 minutes.</p> <p>Once you are logged in, your information is protected with SSL technology. SSL is used to encrypt your personal information such as your User ID, password, and salary and wage information. To further ensure your information is secure and confidential, do the following:</p> <ul style="list-style-type: none"> If you are logged in and need to walk away for any reason, click Log Off. When you log off, your secure connection will be terminated. To view your information again, you will need to log on again (re-enter your User ID and password). Select a password that would be difficult for others to guess.

HOW DO I?	ACTION
	<ul style="list-style-type: none"> Do not give your password to anyone. Do not leave written notes with your password near your computer.
How do I set up my password correctly?	<p>Passwords must be from 8 to 20 characters in length and include at least 1 alpha (upper or lowercase) and at least 1 numeric character.</p> <p>NOTE: Special characters - @#& can be used and your password is case sensitive.</p> <p>Your password must be changed every six months.</p>
Can my password expire?	<p>You will need to contact the Corporate Payroll office to reset your password.</p>
What happens if I respond incorrectly to the challenge questions?	<p>You must wait until your first pay date has passed before you can register to use iPayStatements. For example, if you receive a paper paycheck on Thursday afternoon, but the funds are not available until Friday (the pay date), you must wait until Friday to access iPayStatements for the first time.</p>
After 20 minutes, the site times out.	<p>To protect your privacy, iPayStatements has a 20-minute idle time limit. After 20 minutes, you will be logged off of iPayStatements and you will have to log in again to access the site.</p>
Can I receive an e-mail when my latest pay statement is available?	<p>Yes. To set up this option, log into iPayStatements and click Change Your Notifications Options.</p>
You receive your email notification after payday.	<p>If you elect to have an automatic email notification sent to you when your current earnings statement is available, it is possible that you may receive this notification after payday. This does not affect your direct deposit.</p>
When you try to view your pay information, a File Download message window is displayed indicating you should open the file or save it to a disk.	<p>You need the latest version of Adobe® Reader® to view your wage and salary information.</p> <ul style="list-style-type: none"> Click Cancel to close the File Download message window. On the iPayStatements home page, click the Adobe Reader link to download the latest version of Adobe Reader.
Some parts of the site don't seem to be working.	<p>Blocking all pop-ups may prevent important features in iPayStatements from working. ADP recommends that you turn off any pop-up blockers while using iPayStatements. For more information about pop-up blockers, refer to the iPayStatements online help.</p>