



Board of County Commissioners • Escambia County, Florida

Thomas Turner, Director
Human Resources

New Employee Information Packet

Last Name _____, First: _____ Middle : _____

Address _____ Lot/Apt No: _____

_____ ZIP Code: _____

Telephone: Home: _____

Cell: _____

Other: _____

Date of Birth: Month _____ Day _____ Year _____

Marital Status (circle one): Single Married

Emergency Contact: _____

Relationship to you: _____

Phone: _____

Address: _____

Have you been employed by the BCC previously? YES NO

If so, which Department/Division? _____ Last date employed? _____

Have you been employed by another agency of Escambia County other than BCC? YES NO

If so, which agency? _____ Last date employed? _____

Have you been employed by any another agency under the Florida Retirement System? YES NO

If so, which agency? _____ Last date employed? _____



ESCAMBIA COUNTY, FLORIDA NEPOTISM SURVEY & CERTIFICATION

This questionnaire contains important information necessary for the proper administration of County employment policies.

1

NAME OF APPLICANT:
EMPLOYING DEPARTMENT: Public Works/Road Department
JOB TITLE:

- 2 FLORIDA STATUTES, Chpt. 112.3135 defines "relative" as: *father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister.*

Do you have any relatives working for Escambia County government? ☐ NO ☐ YES
If YES, please complete the following:

NAME OF RELATIVE (S)	RELATION TO YOU	HIS/HER JOB TITLE	COUNTY DEPARTMENT

- 3 FLORIDA STATUTES, Chpt. 112.3135, defines public official as: "An officer, including a member of the Legislature, the Governor, and a member of the Cabinet or an employee of an agency in whom is vested the authority by law, rule, or regulation, or to whom the authority has been delegated to appoint, employ, promote, or advance individuals or to recommend individuals for appointment, employment, promotion, or advancement in connection with employment in an agency..."

Are you related to any public officials of Escambia County? ☐ NO ☐ YES

If YES, please complete the following:

NAME:	TITLE:
WHAT IS YOUR RELATIONSHIP TO THIS INDIVIDUAL?	

I certify that the information I have provided in connection with this form is true and accurate to the best of my knowledge. I understand that false statements will be grounds for dismissal from employment.

Date _____

Signature _____



Escambia County Board of County Commissioners

Human Resources Department

STATEMENT – SOCIAL SECURITY NUMBER COLLECTION

ATTENTION – THIS STATEMENT MUST BE READ

“Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119.”

The following serves as written notification of the collection and purpose thereof:

“Escambia County Board of County Commissioners has requested your social security number for the following specific purposes: to process and report wages pursuant to the Social Security Administration Act; to report income pursuant to the federal Department of Internal Revenue Service; to initiate and process applicant, volunteer, contractor, or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act, to comply with any requirements imposed on the County by banks or credit card companies to verify identities for the issuance of credit cards or purchasing cards, for drug screening test identification; and to process your employment benefits/retirement.”

I, _____ acknowledge that I have read, understand
(Print Name)

and have received a copy of this written notification.

(Signature)

(Date)

Social Security Number: _____

"

"



Board of County Commissioners • Escambia County, Florida

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS ACH CREDITS

I hereby authorize Pam Childers, Clerk of the Circuit Court, hereinafter called **CLERK**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error in my banking account(s) indicated below at the depository(ies) named below, hereinafter called **DEPOSITORY**, to credit and/or debit same to such account(s).

This authority is to remain in full force and effect until **CLERK** has received written notification from me of its termination in such time and in such manner as to afford **CLERK** and **DEPOSITORY** a reasonable opportunity to act on it.

Please attach a voided check. If a voided check is not attached, please contact or visit your financial institution to verify the correct transit/ABA routing number and account number to be used for direct deposit.

ACCOUNT TYPE

_____ Savings _____ Checking

Name of Financial
Institution / Bank:

City/State/Zip:

Transit/ABA Number:

Name on Account:

Account Number:

Amount to be Deposited: 100% or \$ _____

ACCOUNT TYPE

_____ Savings _____ Checking

Name of Financial
Institution / Bank:

City/State/Zip:

Transit/ABA Number:

Name on Account:

Account Number:

Amount to be Deposited : 100% or \$ _____

Employee Name (Typed or Printed): _____

Signature of Employee
Revised 10/20/2016

Date



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** 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 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 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		E-mail Address			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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:

Date (mm/dd/yyyy):

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Drivers License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: State of		Issuing Authority: Social Security Administration
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): NA
Document Title:		<div style="border: 1px solid black; padding: 10px; text-align: center;">3-D Barcode Do Not Write in This Space</div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Escambia County Board of County Commissioners	
Employer's Business or Organization Address (Street Number and Name) 221 Palafox Place, Suite 200		City or Town Pensacola	State FL	Zip Code 32502

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Escambia County Human Resources Department

RACE AND NATIONAL ORIGIN IDENTIFICATION

Name

Date Signed

Date of Birth

Solicitation of this information is in accordance with U.S. Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or your County employment. If you fail to provide the information, the County will attempt to identify your race and national origin by visual perception. The categories are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. Please mark only one box.

Name of Category

Definition of Category

<input type="checkbox"/> American Indian or Alaska Native	People having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Asian	People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, e.g., China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands and Vietnam.
<input type="checkbox"/> Black or African American	People having origins in any of the Black racial groups of Africa. It includes people who indicate their race as Black, African American, Negro, Nigerian or Haitian.
<input type="checkbox"/> Hispanic or Latino	People having origins in any of the original peoples of Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	People having of the original in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	People having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as Irish, German, Italian, Lebanese, Near Easterner, Arab or Polish.
<input type="checkbox"/> Two or More Races	People who are unable to identify with the other categories listed above. Two or more races.



CONFIDENTIAL DISABILITY SURVEY

EMPLOYEE'S NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

CONFIDENTIALITY

The response to this survey is voluntary, and is requested for the purpose of determining compliance with Federal and State Laws with regard to discrimination and employment of qualified Veterans and Disabled individuals.

Definitions:

Disability - "the term disability means, with respect to an individual,

1. A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. A record of such an impairment; or
3. Being regarded as having such an impairment

Qualified individual with a disability - "The term qualified individual with a disability means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires..."

Physical or mental impairment - "means:

1. Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one of more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities".

Are you disabled? ____NO ____YES: If YES, specify below:

Do you require any form of reasonable accommodation to perform your job properly and safely?
____NO ____YES: If YES, specify below:

Signature

Date



CONFIDENTIAL VETERANS STATUS SURVEY

EMPLOYEE'S NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

CONFIDENTIALITY

The response to this survey is voluntary, and is requested for the purpose of determining compliance with Federal and State Laws with regard to discrimination and employment of qualified Veterans and Disabled individuals.

Are you a VETERAN? ____ No ____ Yes: If YES, circle one:

1. World War II (December 7, 1941 - December 31, 1946)
2. Korean Conflict (June 27, 1950 - January 31, 1955)
3. Vietnam Era (August 4, 1964 - May 7, 1975)
4. Persian Gulf
5. Other "Wartime Era": (Specify) _____
6. Non-Wartime Era Service: (Specify) _____

Branch of Service: _____

Did you RETIRE from military service? ____ No ____ Yes

Please list date entered and date released from active duty:

Entered _____ Released _____

Are you a member of:

_____ National Guard

_____ Reserves: (Specify) _____

Are you a DISABLED VETERAN; that is, are you currently receiving compensation, disability retirement benefits, or pension, from the Veteran's Administration or Department of Defense, and therefore, qualify as a "disabled veteran"? ____ Yes ____ No

If you answered "Yes", what is your disability? _____

Signature: _____

Date: _____



ESCAMBIA COUNTY GOVERNMENT



OATH OF LOYALTY

I, _____, a citizen of the United States of
(Employee's name)
America, and being employed by or an officer of Escambia County Government, and a
recipient of public funds as such employee or officer, do hereby solemnly swear or affirm
that I will support the Constitution of the United States of America and the State of
Florida.

(Employee Signature)

STATE OF FLORIDA

COUNTY OF ESCAMBIA

Subscribed and sworn to (or affirmed) before me this _____
(date)
by _____ who is personally known to me or has
produced _____ as identification.
(type of identification)

Notary Seal

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• 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 _____
• 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.						
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 _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
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.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• 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.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.	
• 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.						

----- Separate 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► 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.		2015			
1 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. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
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			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • 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			
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.					
Employee's signature (This form is not valid unless you sign it.) ►					
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 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 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 \$4,000 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 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

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
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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.

BOARD OF COUNTY COMMISSIONERS
CERTIFICATION OF OUTSIDE EMPLOYMENT



_____ (name) do hereby state under oath that I engage in non-county employment.

This employment is conducted entirely in my off-duty hours, and I do not use or take advantage of any resources or equipment of Escambia County in its performance. I understand and agree that such employment is secondary to my County employment in all respects. Specifics regarding my outside employment follow:

1. Name and address of company/organization:

a) _____

Nature of Business or operations:

b) _____

Your Duties:

c) _____

2. Name and address of company/organization:

a) _____

Nature of Business or operations:

b) _____

Your Duties:

c) _____

To the best of your knowledge, do any of the companies/organizations listed above have a business relationship with the Escambia County Board of County Commissioners? Yes _____ No _____

If yes, please describe nature of business transactions: _____

(For purposes of this question, a "business relationship" may be ongoing, may have been conducted within the past 18 months, or may be intended to begin within the next 18 months.)

I, by my signature below, certify that my outside employment does not now pose a conflict of interest with my current County employment nor will such outside employment create such a conflict in the future. Should I discover that such outside employment does indeed create such a conflict in the future, I will promptly advise my supervisor and the Ethics Officer indicating that I will cease such outside employment or I will resign my current County position.

Also, I will promptly advise my supervisor and the Ethics Officer when there is a change or addition to my outside employment listed above.

I understand and agree that for the purposes of this certification "conflict of interest" shall mean those conflicts set out in Part III of Chapter 112, Florida Statutes and the Escambia County Code of Ethics Policy.

I understand and agree that violation of this certification in any aspect shall be grounds for disciplinary action by Escambia County up to and including termination of my employment.

Name: _____ Job Title: _____

Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Subscribed and sworn to (or affirmed) before me this _____ by _____
(DATE)

who is personally known to me or has produced _____ as identification.
(TYPE OF IDENTIFICATION)

SEAL
Notary Public

Approved by: _____
Ethics Officer/HR Director



Thomas G. Turner, Director
Human Resources Department

BCC POLICIES RECEIPT and ACKNOWLEDGEMENT

ETHICS

Purpose: For all County public officers and employees to become familiar with the provisions of Part III, Chapter 112, Florida Statutes. The following information is included in this policy: use of public property, special treatment, gifts and gratuities, outside employment, service or business, improper use of position, political activity, disclosure of criminal records, misuse of the County's VISA card, enforcement and penalty and other areas that public employees shall abide by.

EEO POLICY STATEMENT and UNLAWFUL HARASSMENT

Purpose: For all County employees to be able to work in an environment free of all forms of discrimination and harassment based upon race, gender, color, religion, national origin, age, disability, marital status or any other legally protected status. Any incidence of discrimination or harassment should be promptly reported to your supervisor, director or to this office.

SUBSTANCE ABUSE

Purpose: For all County employees to know that a procedure is in place for ensuring that a drug-free environment is maintained in the workplace, including all buildings, facilities, grounds, vehicles and any other property under the cognizance of the County. Specifically, this policy includes information on The County's General Policy, Types of Testing, Testing Methodology, Confidentiality, Employee Assistance Program, Positive Drug/Alcohol Test Results, Refusal to Submit to Testing, Appeal Procedure, Management Actions, Over-The-Counter or Prescription Drugs, Collective Bargaining Agreements, and Federal Law Requirements. Employees shall be subject to submit to urinalysis, breath analysis, and/or other tests as determined by the County for the purpose of determining the drug or alcohol content within their body.

COMPUTER EQUIPMENT USAGE

Purpose: For all County employees to understand that there is no expectation of privacy in any computer equipment usage, electronic messages, reports, or documents written or received. This also includes the use of computer equipment (hardware, software, data and peripherals) that are owned or operated (through license or otherwise) by the County.

SOCIAL MEDIA

Purpose: For all County employees to be provided with the requirements for participation in social media, including County-hosted social media and non-County social media in which the employee's affiliation is known, identified, or presumed. Specifically, this policy includes Definitions of Social Media, Administration and Employee Access, Appropriate Use, What Not To Post, Off-Network or Personal Time As A Private Citizen, and other areas that employees shall abide by.

SAFETY MANUAL

Purpose: For all County employees to be provided written guidelines which ensure a safe and healthy working environment exist which will safeguard employees, equipment, property and assets. Included in this manual is information on Vehicle Safety, Driver License Policy, Post-accident Reporting Procedures, Workplace Injury and Illness Reporting Procedures (workers' compensation) and OSHA guidelines.

RECEIPT and ACKNOWLEDGEMENT

I have been provided the above-named policies of the Escambia County Board of County Commissioners (County). I further acknowledge that I will abide by these policies and procedures. I understand that violations of these policies and procedures may result in disciplinary action, up to and including termination.

EMPLOYEE NAME (Printed)

DATE

SIGNATURE

DEPARTMENT