

NEW CHURCH EMPLOYEE CHECKLIST

For all Church Employees <u>except</u> NCC-hire Pastors and Student Employees

Employee Name:	Date:
Place of Employment:	
	ompleted—and employment clearance received—before ms to the Human Resources Department at hr@nccsda.com
PERSONNEL ACTION REQUEST – Administrator	or other authorized employee completes and signs.
	TS (Live Scan & Child Protection Training) – All employees and complete Child Protection Training before being hired.
	name on the W-4 form must match the name on the card. For a receipt for the issuance of a new card from the local Social e receives a new card.
	dates. D documents (not a FAX or copy) provided by employee from a conh glfbe m is for reverification or rehire. (These situations require
or more at one or more NCC location	or employees who are age 20 or older and who regularly work half-timens when the position is expected to last 12 months or more. (The <i>minational</i> employment under the Employment section.)
·	oloyee completes and signs the form and attaches a voided direct deposit information is not acceptable.)
APPLICATION FOR EMPLOYMENT - Employee	completes and signs.

If you have any questions, please contact the HR Department at (916) 886-5698 or hr@nccsda.com.



af er get ng Live Scan done

or



Applicant Submission	
ORI (Code assigned by DOJ)	Authorized Applicant Type
Type of License/Certification/Permit OR Working Title (Maximum 30 characters	- if assigned by DOJ, use exact title assigned)
Contributing Agency Information:	
	Mail Code (five-digit code assigned by DOJ)
	wall code (five digit code assigned by Boo)
Street Address or P.O. Box	

A (ES)		
	Authorized Applicant Type	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters	- if assigned by DOJ, use exact title assigned)	
Contributing Agency Information:		
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Street Address or P.O. Box	Contact Name (mandatory for all school subr	nissions)
City ZIP Code	Contact Telephone Number	
Applicant Information:		
Last Name	First Name	Middle Initial Suffix
Other Name: (AKA or Alias)		
Last Name	First Name	Suffix
Sex Male Female Date of Birth	Driver's License Number	
Height Weight Eye Color Hair Color	Billing Number	
Place of Birth (State or Country) Social Security Number	(Agency Billing Number) Misc. Number (Other Identification Number)	
Home Address Street Address or P.O. Box	City	ZIP Code
& K X U F K :1 D P H OCA Number (Agency Identifying Number) If re-submission, list original ATI number:	Level of Service: DOJ	FBI
(Must provide proof of rejection) Original ATI Number		·
Employer (Additional response for agencies specified by statute)	:	
Employer Name		
Street Address or P.O. Box	Telephone Number (optio	nal)
City	ZIP Code Mail Code (five digit code	assigned by DOJ)
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number Amo	unt Collected/Billed

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for

DEPARTMENT OF JUSTICE
BCIA 8016

DEPARTMENT OF JUSTICE
PAGE 3 of 4

REQUEST FOR LIVE SCAN SERVICE

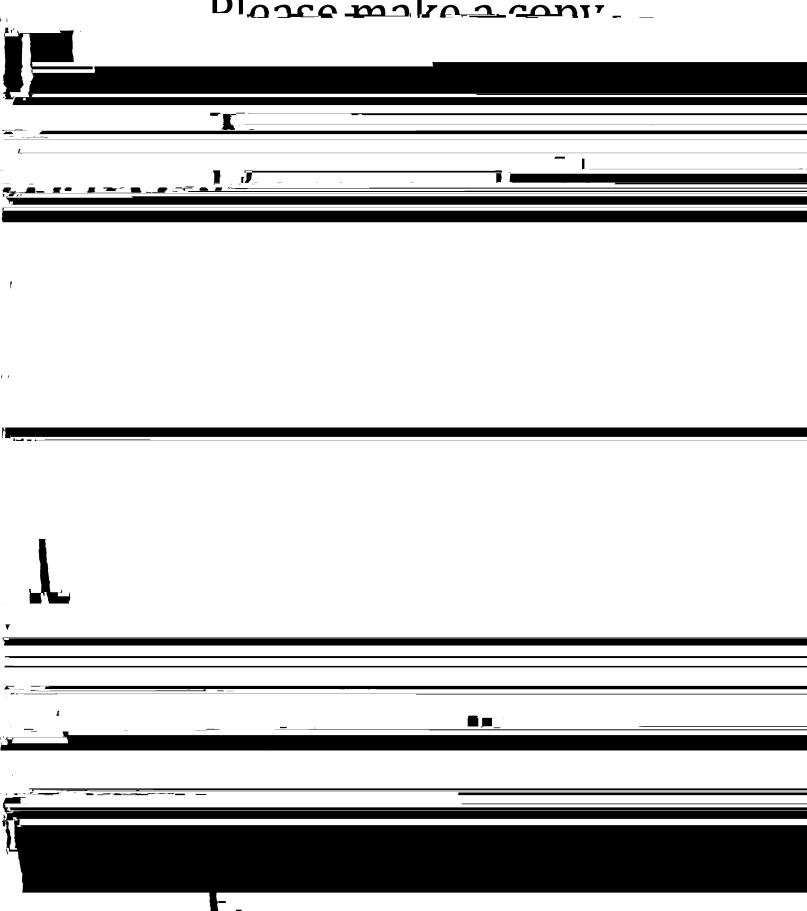
REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

• You must be provided written notification1

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Employment Eligibility Verification

Department of Homeland Security

OMB No.1615-0047 Expires 07/31/2026

USCIS

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Inday of employment, but				es must compl	lete and sign Se	ection 1 of F	orm I-9 r	no later than the first
Last Name (Family Name)		First Name	(Given Name)		Middle Initial (if an	y) Other Las	t Names U	sed (if any)
Address (Street Number and	Name)	Ap	ot. Number (if a	ny) City or Towr	ו		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	curity Number	Employ	ee's Email Addres	S		Employee	e's Telephone Number
I am aware that federal I provides for imprisonme fines for false statement use of false documents, connection with the conthis form. I attest, unde of perjury, that this info including my selection cattesting to my citizensl immigration status, is troorrect.	ent and/or ts, or the , in npletion of r penalty rmation, of the box nip or							
Signature of Employee	,				Today's D	ate (mm/dd/yyy	y)	
If a preparer and/or trai	nslator assisted you	ı in completin	g Section 1, th	nat person MUST	complete the Prep	arer and/or Tr	anslator C	ertification on Page 3.
Section 2. Employer R business days after the em	eview and Veriful ployee's first day of the control	fication: Er of employme	mployers or the nt, and must	neir authorized r physically exam	epresentative mu ine	st complete a	nd sign S	ection 2 within three
Document Number (if any)								
Expiration Date (if any)								
Document Title 3 (if any)								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
Certification: I attest, under employee, (2) the above-liste best of my knowledge, the en	ed documentation a	opears to be	genuine and to	relate to the em			First Da (mm/do	ay of Employment d/yyyy):
Last Name, First Name and Tit	tle of Employer or Au	thorized Repre	esentative	Signature of Em	ployer or Authorize	d Representativ	re	Today's Date (mm/dd/yyyy)
Employer's Business or Organ	ization Name		Employer's B	usiness or Organiz	zation Address, City	or Town, State	, ZIP Code	

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

Documents that Establish Both Identity and Employment Authorization 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Documents that Establish Identity AND Documents that Establish Employment Authorization AND Authorization 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INSAUTHORIZATION 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (2) Doard issued by a 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority. or territory of the United States bearing an official seal 4. Native American tribal document 6. Identification Card for Use of Resident Citizen in the United States (Form I-197) 6. I	LIST A	LIST B	LIST C
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3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 3. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 5. U.S. Coast Guard Merchant Mariner Card 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority. For persons under age 18 who are unable to present a document listed above: 10. Without Marine Card 10. Without Mariner Card 10. Wetfor registration or local and section Card for Use of Resident Citizen in the United States (Form I-179) 11. Employment authorization document issued by the Department of State (Form I-179) 12. U.S. Coast Guard Merchant Mariner C	2. Permanent Resident Card or Alien	outlying possession of the United States provided it contains a photograph or	unless the card includes one of the following restrictions:
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. Without 1424r0 300cp//Treatug837st742 ent document la70 Tlaced(issuea lost, stolen4 0.7se is 1 0 2T Didann Teneforal IB/Point and ISP (Community) ISP (Community).	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document	gender, height, eye color, and address 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,	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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General Instructions

Sastian reference are to the Internal Payerus Code

Specific Instructions

Ston 1/a) Charle value anticipated filing status. This will

Future Developments

determine the standard deduction and tax rates used to compute your withholding.

	Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)	
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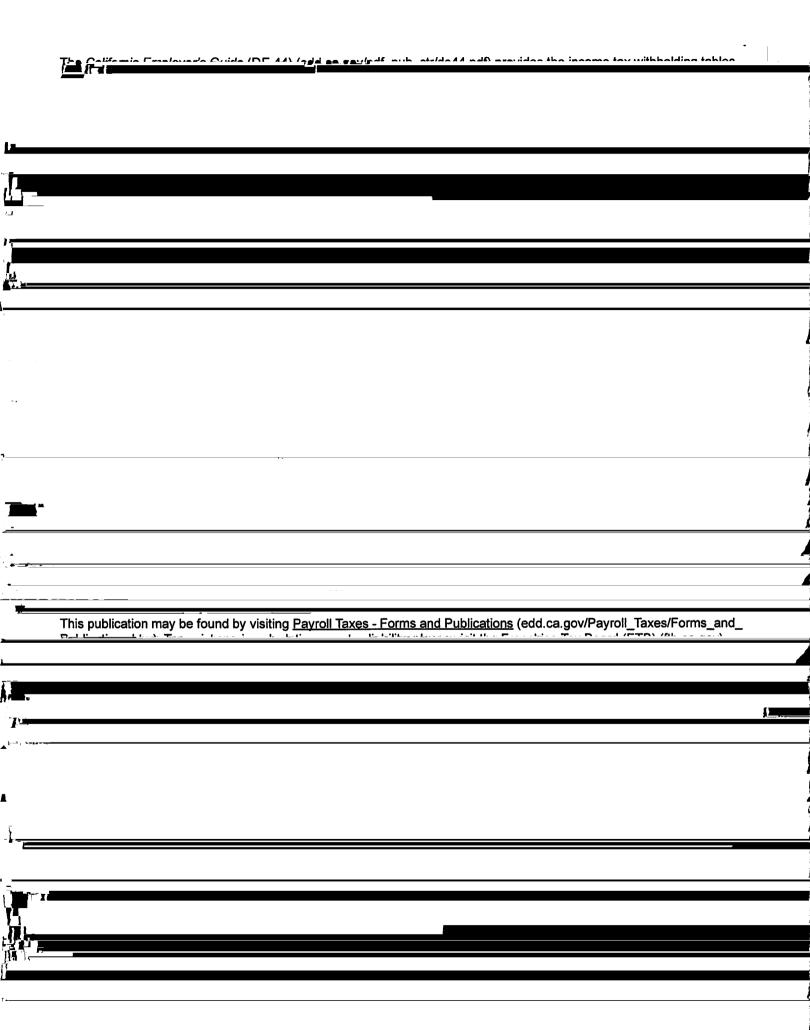
ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

			Married I					ing Spou				
Higher Paying Job							i	Wage & S			-	
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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20 000 - 29 999	780	l. 1780	l. 2870	l 3.140	3 340	l. 3.42n_	3 420.	3 420	3.420.	1 3.770	4.770_	L_5 770
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Additional Tax Withholding and Estimated Tax

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1.	Enter estimate of total wages for tax year 2024.	1.	
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.	
3.	Add line 1 and line 2. Enter sum.	3.	
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.	
5.	Enter adjustments to income (line 4 of Worksheet B).	5.	
6.	Add line 4 and line 5. Enter sum.	6.	
7.	Subtract line 6 from line 3. Enter difference.	7.	
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Employee Service Record Information

Please complete all sections.

Employment



Name (Last, First, Middle Initial as stated on thass Gardhu,

Sacial Samurity #

E-Mail Address

