



Northern California Conference of Seventh-day Adventists  
P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/hr Phone (916)  
886-5698 • FAX (888) 609-3904 • hr@nccsda.com

## NEW CHURCH EMPLOYEE CHECKLIST

For all Church Employees except NCC-hire Pastors and Student Employees

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Live Scan and child protection training must be completed—and employment clearance received—before the employee is hired.** Email or fax completed forms to the Human Resources Department at hr@nccsda.com or (888) 609-3904.

\_\_\_\_ **PERSONNEL ACTION REQUEST** – Administrator or other authorized employee completes and signs.

\_\_\_\_ **CALIFORNIA ASSEMBLY BILL 506 REQUIREMENTS (Live Scan & Child Protection Training)** – All employees (18 years & older) must get Live Scanned and complete Child Protection Training before being hired.

\_\_\_\_ **SOCIAL SECURITY CARD COPY** – Employee's name on the W-4 form must match the name on the card. For a lost card or a name change, a copy of the receipt for the issuance of a new card from the local Social Security office is acceptable until employee receives a new card.

\_\_\_\_ **EMPLOYMENT ELIGIBILITY (I-9 FORM)**

Section 1 - Employee completes, signs and dates.

Section 2 - Employer witnesses appropriate ID documents (not a FAX or copy) provided by employee from the List of Acceptable Documents, and then completes form for reverification or rehire. (These situations require different forms.)

\_\_\_\_ **NEW EMPLOYEE RECORD FORM** – This form is for employees who are age 20 or older and who regularly work half-time or more at one or more NCC locations when the position is expected to last 12 months or more. (The employee need only list the last *denominational* employment under the Employment section.)

\_\_\_\_ **DIRECT DEPOSIT AUTHORIZATION FORM** – Employee completes and signs the form and attaches a voided check or printout from bank. (Handwritten 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.



DEPOSIT

LEAVE LAW BENEFIT

EMPLOYMENT STATUS - YES

Act (ACA) here

Full-time Temporary (38 hours per week)

www.irs.gov

www.irs.gov

www.irs.gov

www.irs.gov

www.irs.gov

www.irs.gov

www.irs.gov

No (If no, please skip to Item 12)

Have you submitted a Personnel Action Request

Yes No

make sure that all information on this form is being entered into our system

submit the represented entity to a binding agreement

Authorized Representative

Signature

Date

Print Name

Print Title

Print Address

Print City/State/Zip

Print Phone

after getting 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)

Street Address or P.O. Box

~~ATB~~

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 submissions)

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

(Agency Billing Number)

Place of Birth (State or Country)

Social Security 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)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:

(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 (optional)

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

Amount 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

---

# 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 notification<sup>1</sup>



Please make a copy.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. Section 1421(b)(1) of the Immigration and Nationality Act (INA) (8 U.S.C. 1421(b)(1)) document</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 1</a> and <a href="#">Section 1</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> </li> </ol> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p>



A æ " ¶ } - @ ; j ö © ~ , X Ö

p y ( ty )

--

--

--

--

--


Form **W-4**

# Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

**General Instructions**

Spelling references refer to the Internal Revenue Code.

**Specific Instructions**

Step 1(a). Check your 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.)*



**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](http://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 Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$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	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770



**Employee's Withholding Allowance Certificate**

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

The California Employer's Guide (DE 44) ([http://edd.ca.gov/pdf/pub\\_etide44.pdf](http://edd.ca.gov/pdf/pub_etide44.pdf)) provides the income tax withholding tables

This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications) ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications))

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your Married or Single status. Married status depends on the filing of

personal situation:

Household? marital status how if you meet all of the following tests:

- |  |    |
|--|----|
| 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. |

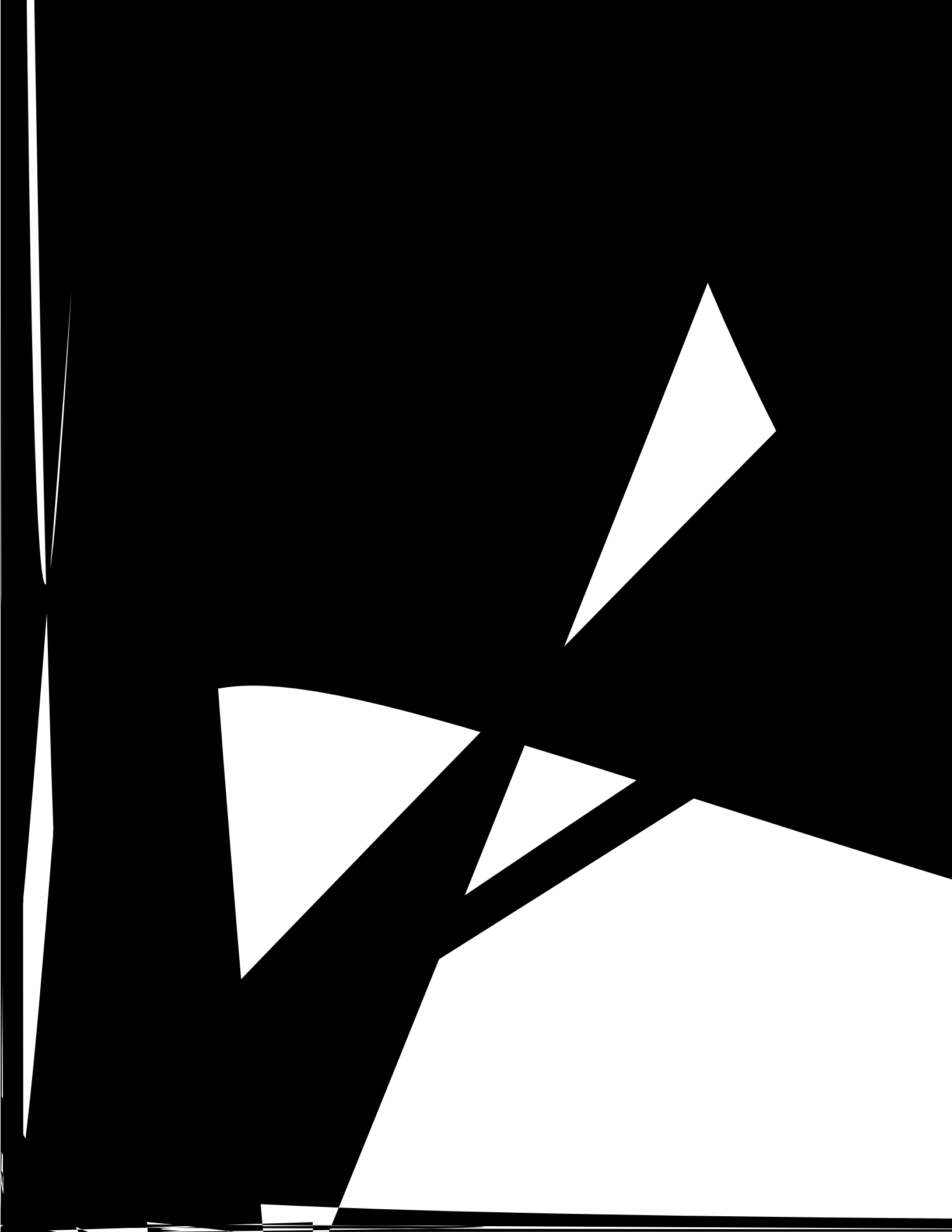
8. Enter personal exemptions (line E of Worksheet A + \$150,00) 0

## Employee Service Record Information

Please complete all sections.

Employment

—



(complete all sections)

Name (Last, First, Middle Initial as stated on the SS Card)

Social Security #

E-Mail Address

Please list all employment for the past 10 years, beginning with the most recent. Attach additional sheet if needed.