

Georgia TeenWork Internship Program Payroll Application Checklist

* I certify that the following forms are attached to this application:

- ☐ Employee Information Form
- ☐ Federal Tax Form (W-4)
- ☐ Tax Forms (G-4)
- ☐ DHS Direct Deposit/Debit Card Form
- ☐ I-9 Form
- ☐ State Security Questionnaire Form

* I certify that the following additional documentation is attached to this application:

- ☐ Social Security Card
- ☐ Driver's License
- ☐ State Issued Picture Identification Card
- ☐ SUCCESS Printout with SSN (Signed by Case Manager)
- ☐ Education Verification Form

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Phone Number: _____

E-mail Address: _____

CASE MANAGER INFORMATION

Name: _____

Phone Number: _____

E-mail Address: _____

NOTE: Incomplete and incorrect payroll applications will not be processed for participation in the Georgia TeenWork Internship Program. Submission of a payroll application does not guarantee entry into the program. It is imperative that signatures are affixed to forms where required and all forms are completed legibly.

Georgia TeenWork Internship Program OHRMD Payroll Form Instructions

Instructions for completing Employee Information Form

Complete all information in each of the following sections:

Section 1: Name, SSN, Date of Birth

Section 2: Home Address

Section 3: Primary Emergency Contact

Section 4: Secondary Emergency Contact

Section 5: Statistical Information

Section 6: How did you learn about this job opportunity?

Instructions for Completing Federal Tax Form (W-4)

Complete all information in each of the following sections:

Section 1: Print first and last name; home address, city, state and zip code.

Section 2: Input social security number

Section 3: Check marital status, e.g. Single, Married

Section 4: Skip

Section 5: Total number of allowances teen wants to claim.

Section 6: Additional amount, if any, teen wants withheld from each pay check

Section 7: Teen can only claim exemption from tax withholding if they meet both conditions listed in section 7 of the form.

Lastly, teen must sign and date the form.

Instructions for Completing Tax Forms (G-4)

Complete all information in each of the following sections:

Line 1a: Full Name

Line 1b: Social Security Number

Line 2a: Home address

Line 2b: City, State and Zip Code

Line 3: Select a Marital Status then record the number in the adjacent bracket, which represents the number of allowance claimed, e.g. 1.

Line 4: Add number of dependents in the bracket.

Line 5: Skip

Line 6: Additional amount, if any, teen wants withheld from each pay check

Line 7: Letter Used: (Record the corresponding marital status letter from Line 3. Total Allowances: Record the Total of lines 3-5 from the brackets.

Line 8: Read page 2 of the form - if "Exempt" status is claimed does not complete Line 3.

Lastly, teen must sign and date form.

Instructions for completing DHS Direct Deposit or Debit Card Form

Select the payroll payment option you desire: "Checking, Savings, or DHS Master Card". List the name of your banking or financial institution for "Checking or Savings" and attach a voided check. Finally complete all information including signature, social security number, street address, phone number and the date.

Required Identification Documents

- Social Security Card or SUCCESS printout with SSN from Case Manager will also be accepted
- Driver's License or State Issued Picture Identification Card

Instructions for completing the I-9 Form

Complete all information in each of the following sections:

Section 1: Teens under age 18 must complete Section 1 of the I-9 form and sign. A guardian or other responsible party should write across Section 2 of the form that the teen is under age 18. No other action is required.

Section 2: Teens age 18 and above must complete Section 1 and sign. For Section 2, the teen must provide a list A document or a list B and C document. A list of acceptable documents is included with the form. The type of document should be recorded under the appropriate column, e.g. a list B document would be a Driver's license or school ID, etc. A list C document can be a social security card or a birth certificate. A copy of the documents should be attached to the I-9 form. A **DFCS employee must** certify that they have examined the original documents and sign section 2.

State Security Questionnaire Form

Complete all information in each of the following sections:

Line 1: Last, First and Middle Name

Line 2: Current Address

Line 3: Answer Yes or No. Yes response requires further explanation.

Line 4: Answer Yes or No, Yes response requires further explanation. Note: All traffic violations must be included for fines greater than \$35.00. Date Convicted column should be used to record when traffic ticket was issued. If date is unknown, indicate such in that column.

Line 5: Answer Yes or No. If response is yes, provide violation charged, date charged and name of court and place where charges are pending.

Line 6: provide additional explanation, if necessary.

Complete Loyalty Oath: Teen's Name, Citizenship: U.S.A. DHS Organizational Unit: DFCS.

Lastly, teen should sign in the presence of a notary.

Required for processing payroll application

- Social Security Card
- Driver's License or State Issued Picture Identification Card
- Legible Signatures
 - Employee Information Form
 - W-4 Form
 - G-4 Form
 - Direct Deposit/Debit Card Form
 - I-9 Form
 - State Security Questionnaire Form

Incomplete and incorrect payroll applications will not be processed for participation in the Georgia TeenWork Internship Program. Submission of a payroll application does not guarantee entry into the program. It is imperative that signatures are affixed to forms where required. Attach a copy of your social security card, and state issued picture identification card or driver's license.

Employee Information

Name:			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
SSN:		Date of Birth:	

Home Address

Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Primary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Secondary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Statistical Information

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status: (Optional)	
Ethnic Group:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
			<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi racial
Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

How did you learn about this job opportunity?

Please check all that apply

Internet:	<input type="checkbox"/> dhrjobs.com	<input type="checkbox"/> thejobsite.org	<input type="checkbox"/> monster.com	<input type="checkbox"/> ajcjobs.com
<input type="checkbox"/> dhr.georgia.gov	<input type="checkbox"/> other sites:			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Department of Labor	<input type="checkbox"/> Family and Children Services	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> DHR employee
<input type="checkbox"/> Other:				

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 2016. 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: <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	_____
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. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$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 \$70,000 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. <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 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.				2016	
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 2016, 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			
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.) ▶					
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)	

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 []

B. Married Filing Joint, both spouses working:
Enter 0 or 1 or 2 []C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2 []D. Married Filing Separate:
Enter 0 or 1 or 2 []E. Head of Household:
Enter 0 or 1 or 2 []**4. DEPENDENT ALLOWANCES** []**5. ADDITIONAL ALLOWANCES** []
(worksheet below must be completed)**6. ADDITIONAL WITHHOLDING \$** _____**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

(Must be completed only if step 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind Number of boxes checked _____ x 1300 \$ _____**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions \$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500 \$ _____

C. Subtract Line B from Line A \$ _____

D. Allowable Deductions to Federal Adjusted Gross Income \$ _____

E. Add the Amounts on Lines 1, 2C, and 2D \$ _____

F. Estimate of Taxable Income not Subject to Withholding \$ _____

G. Subtract Line F from Line E (if zero or less, stop here) \$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____ **EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

DEPARTMENT OF HUMAN SERVICES

DIRECT PAYROLL DEPOSIT OR DHS DEBIT MASTER CARD FORM

➤ What is direct payroll deposit or DHS Debit Master Card (DMC)?

Direct payroll deposit or the DHS Debit Master Card is a way to electronically deposit your net paycheck into either your personal bank account, or electronically transfer your net pay onto a debit card on payday.

➤ Why should I use direct payroll deposit or DHS Debit Master Card?

Imagine not having to worry about getting to the bank before it closes, no more waiting in line to deposit your paycheck, or wondering how to get and deposit your paycheck if you are not scheduled to work on payday. These are some of the benefits of direct payroll deposit.

➤ When is my net pay deposited into my account or onto my DHS Debit Master Card?

Your net pay should be deposited by 2:00 p.m. on payday.

➤ How do I qualify and sign up for direct payroll deposit?

All Department of Human Service employees qualify for direct payroll deposit. To sign up, complete the form at the bottom of this page and attach a voided check or savings withdrawal slip. Then, give it to your Human Resource office. The Human Resource office and payroll will take care of the rest.

➤ How do I qualify and sign up for the DHS Debit Master Card?

All Department of Human Services employees qualify for the DHS Debit Master Card if they are unable to establish a checking or savings account. To sign up, complete the form at the bottom of this page and return to your HR office.

Authorization Agreement for Automatic Deposit of Net Pay

I authorize the Department of Human Services (DHS) to deposit my net pay directly into my Bank/Debit Master Card account. DHS is also authorized to adjust any over/under deposit that it has caused to be made to my account. I recognize that the deposit of my net pay shall be made by electronic means. I further acknowledge that the responsibility of DHS to provide me my net pay shall be satisfied by DHS providing a correct credit entry in accordance with the automatic deposit services agreement (credits) between DHS, and SunTrust Bank, or Comerica.

The net amount of my paycheck is to be deposited into my:

- ☐ Checking Account
- ☐ Saving Account
- ☐ DHS Debit Master Card Account – (An account number will be assigned and a DMC will be mailed to you)

At _____ (name of your financial institution). Attached is a voided check or savings withdrawal slip showing the correct information for my account. **If I change my bank or my bank account, I am responsible for notifying the DHS Office of Financial Services Payroll Subsection in writing of the change immediately.**

In signing this authorization for direct payroll deposit or Debit Master Card, I understand that certain checks will not be automatically deposited into my account bank account or on to my Debit Master Card but will be given to me. These checks are:

1. First check after Payroll Subsection sets up Direct Deposit in my record. *(Bank requires prior notification.)*
2. First check after Payroll Subsection enters authorized changes in my bank account.
3. Last check paid to me upon my termination/resignation from the department.
4. Any check that is not run at least five (5) days prior to payday.

Signature: _____ Social Security Number: _____

Current Mailing Address: _____

Office Telephone Number _____ 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):
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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:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>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	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

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

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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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
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. 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 INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		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		3. School ID card with a photograph		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)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		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).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

GEORGIA DEPARTMENT OF HUMAN SERVICES
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH
(Please complete this form legibly. If more space is needed, please use Section 6.)

IMPORTANT WARNING: It is critical that you complete this form accurately. Material falsification or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing the form.

STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Georgia Law 16-11-5 *et seq.*) requires each applicant/employee to complete and sign, prior to employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits, advocates, or teaches any act intended to overthrow or destroy the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization.

1. LIST FULL NAME (ALSO INCLUDE MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, AND NICKNAMES, AND THE DATES USED)			
LAST NAME	FIRST NAME	MIDDLE NAME	
OTHER NAMES, AS DESCRIBED ABOVE			
NAME	DATES USED	NAME	DATES USED
NAME	DATES USED	NAME	DATES USED

2. CURRENT ADDRESS	APT. NO.	CITY	COUNTY	STATE	ZIP CODE
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3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? ☐ Yes ☐ No If "Yes," state the name of the organization and your past and present membership status including any offices held.

NOTE: If the answer to the above question is "Yes" and the department deems further inquiry is necessary, you will be notified. If the result of the inquiry brings your application within the prohibition of Georgia Law 16-11-5 *et seq.*, you will be notified and given the opportunity to present evidence prior to action adverse to your application being taken.

CRITICAL: Failure to list all information on criminal charges, pending charges, and/or convictions (Questions 4 & 5) will result in the employment offer being withdrawn or separation from employment. Pleas of *nolo contendere* must be listed. Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements are being or have been met. (e.g., fines paid, community service, probation, etc. are being or have been completed) If unsure of the status, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing this form. (NOTE: DUI's cannot be processed under Georgia's First Offender Act, and all DUI convictions, *nolo* pleas or pending charges must be listed.)

4. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinance? (This includes all felonies or misdemeanors, including traffic violations for which a fine of greater than \$35.00 was imposed. Please do not include anything that happened before your sixteenth birthday. All convictions must be included even if they were pardoned.)
☐ Yes ☐ No If the answer is "Yes," state the reason convicted, the date convicted and the place where convicted.

CHARGE(S) ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (Yes or No)

5. Are there any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation or ordinance? (Please do not include anything that happened before your sixteenth birthday.) ☐ Yes ☐ No If the answer is "Yes," provide the following information.

VIOLATION(S) CHARGED	DATE CHARGED	NAME OF COURT & PLACE WHERE PENDING

6. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show Section numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

LOYALTY OATH

Georgia Law 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

I, _____, a citizen of _____ and being an employee of the Georgia Department of Human Services, _____ (Name of DHS Organizational Unit) and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Georgia Law 16-10-71. Anyone who does not sign this form will not be permitted to receive payment from the State.

AFFIDAVIT OF VERIFICATION

Georgia _____ County (Where Notarized)

I, _____ (Name of applicant/employee), declare under penalties of false swearing that I am the person who completed this document. I have read, know and understand the contents of this document. The answers and information furnished by me on this document, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:
This _____ day of (mo) _____, (yr)

SIGNATURE OF AFFIANT (APPLICANT/EMPLOYEE)

SIGNATURE OF NOTARY PUBLIC

PRINT NAME

My commission expires _____

DATE



STATE OF GEORGIA
Division of Family and Children Services
Wellbeing Services
Community Programs Unit
Georgia TeenWork Internship Program (GTIP)/SOAR

Education Verification Form

To be completed by a DFCS Case Manager, Independent Living Specialist, or an educational representative.

Please take a few minutes to complete the form below. We ask that you answer all of the questions as best as you can, even if you do not have direct experience working with the candidate in a particular area.

Section 1. Applicant Information					
Last Name			First Name		
DOB	__/__/__		Age		
Person ID			Case ID	GTID	
Name of Institution Attending				Passing*	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no school attending, please list reasons as to why:					
Institution Type	<input type="checkbox"/> High School <input type="checkbox"/> GED Program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Other: _____				
Section 2. Character					
Any documented concerns in the last six (6) months regarding the following:					
Attendance, punctuality, or reliability for any reason other than legitimate medical or family reasons.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
The ability to exhibit maturity, composure, or professional conduct under typical stressors or challenges.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section 3. Performance					
Please check one level on the continuum:					
	Superior	Excellent	Good	Average	Below Average
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4. Communication					
Please document in detail the following:					
Written Communication Skills					
Oral Communication Skills					
Section 5. Approval Signature					
Printed Signature			Signature		
Date	__/__/__				
Approver's Title	<input type="checkbox"/> Education/School Representative <input type="checkbox"/> Case Manager <input type="checkbox"/> Independent Living Specialist <input type="checkbox"/> Education Support Monitor <input type="checkbox"/> Other: _____				

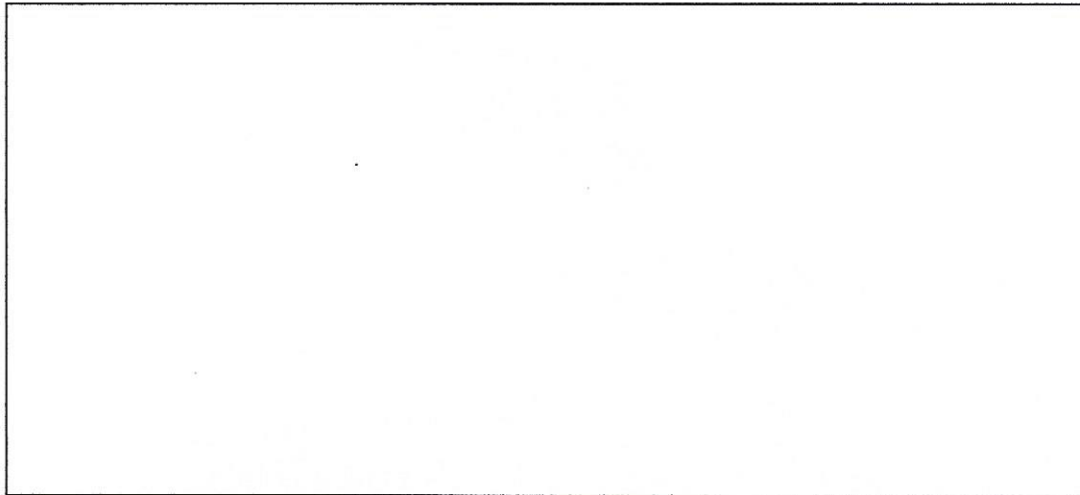
*Passing – As defined by Pass/Fail criteria by the institution youth is currently attending.

Social Security Card Information

Name:

Social Security Number:

Insert a copy of social security card below:



Driver's License or State Issued Picture Identification

Insert a copy of driver's license or state issued picture identification card below:

