



 Explore career options!



 Earn while you learn!

 Learn what employers are looking for

 Navigate the world of work

You are eligible to apply for STEPS if you...

- ☒ Are between the ages of 16 and 21
- ☒ Are currently enrolled in school or in a post-secondary training program
- ☒ Are covered by a recent IEP or 504 Plan (or other written proof of a disability)

DID YOU CHECK ALL THE BOXES?

Then you may turn in an application for STEPS!

How to Apply to STEPS

- ◆ **ASK for a STEPS Application Packet** by calling Fay at (209) 468-3588 or by emailing folympia@sjcworknet.org. Let her know if you would like an emailed application, or a paper application mailed to you via the postal service. You may also obtain a paper application from your WorkNet/STEPS case manager if you're a returning STEPS participant.
- ◆ **ANSWER ALL QUESTIONS AND SIGN your application wherever it says *Individual, Applicant, Student or Employee Signature***. If you are **under 18** years of age, your parent or guardian must sign your application also.
- ◆ **GATHER these five (5) items** below and either scan and email it back to Fay, or place in a large envelope:
 1. **STEPS Application Packet** that you (and your parent/guardian if needed) have filled in and signed
 2. **A clear copy of your current IEP at-a-glance or 504 Plan** (or doctor's note, Delta College DSPS notice of accommodation, etc.)
 3. **Your Unofficial Transcript** for the current school year or semester (proof that you are currently in school)
 4. **A clear copy of your original Social Security Card** (that you have signed on the bottom line; this is required to put you on payroll)
 5. **Valid Photo Identification** (California ID, driver license, or school ID for **current** school year with photo. Old school IDs or expired California IDs/DLs will not work for payroll purposes)
- ◆ **To submit your paper application, seal the envelope and drop it off at, or mail it to: WorkNet, 56 S. Lincoln St., Stockton CA 95203, Attention: Fay Olympia.**
NOTE: You must wear a **MASK** fully covering your nose, mouth and chin to enter the WorkNet Center.
- ◆ **To submit your application by email, please use a SCANNER** (i.e. at FedEx, formerly Kinko's) or a **smart phone scanner app**, NOT your phone's camera. **Scans of your entire application must be clear and readable.** For iPhones: tap on the **Notes** app, tap on the camera icon on the bottom of the screen and select "Scan Documents." This produces clearer scans than taking regular photos. There are also free scanner apps online, such as Adobe Scan. Email your scanned application to folympia@sjcworknet.org.



Summer Training and Employment Program for Students (STEPS)

(To be completed by WorkNet Staff)

City _____ Intake Date _____

Intake staff name _____

Approved by DOR on _____

STEPS APPLICATION

Instructions: To apply to the STEPS program, **PLEASE COMPLETE/ANSWER ALL QUESTIONS** below. Write N/A if question doesn't apply. Please **PRINT your answers** using only **BLACK ink**. **Answers written in pencil are not valid.**

Applicant Information

Full Name: (as printed on your Social Security Card) _____
Date of Birth: (mm/dd/yyyy) _____
AGE AT TIME OF APPLICATION: _____

Address: _____
Street Address _____ **Apartment/Unit #** _____

City _____ **State** _____ **ZIP Code** _____

Cell Phone number: _____ **Alternate Phone:** _____
Email Address: _____ **Home Phone (if any):** _____

Last four digits of Social Security No.: XXX-XX- _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you worked in the past? YES ☐ NO ☐ If yes, when? _____

Where did you work? _____
What did you do at work? _____

☐ Check this box if you have participated in STEPS before. If you have a resume, you may attach it to your application.

Education

Current School: _____ **School Address:** _____

Current Grade or College Level: ➡	Graduated or completed high school?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, received: <input type="checkbox"/> HS Diploma <input type="checkbox"/> Certificate	Check if applicable: <input type="checkbox"/> Obtained GED <input type="checkbox"/> In Young Adult Program
Will you be attending summer school? ➡	If yes, what time will you be available to work? ➡	AM: _____ PM: _____	What other summer activities are on your schedule this year? (Check all that apply) ➡	<input type="checkbox"/> Vacation from _____ to _____ <input type="checkbox"/> Sports _____ <input type="checkbox"/> Other activity from _____ to _____

FOR OFFICE USE ONLY

Male, 18+ years old? ☐ No ☐ Yes, Selective Service Registration # _____ ☐ OSY ☐ ISY

Languages spoken other than English: _____ School District: _____

SKILLS INVENTORY

What kind of skills and work or volunteer experience do you have? Check all that apply:

<input type="checkbox"/> Answering phones, taking and relaying messages	<input type="checkbox"/> Filing, alpha-ordering, faxing, copying, mail handling
<input type="checkbox"/> Word processing, data entry on computer	<input type="checkbox"/> Lifeguarding, swimming <input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Computer set-up/repair <input type="checkbox"/> Childcare, babysitting	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Janitorial
<input type="checkbox"/> Meal preparation <input type="checkbox"/> Food service	<input type="checkbox"/> Yardwork, gardening <input type="checkbox"/> Flea/Farmer's Market work
<input type="checkbox"/> Structural painting <input type="checkbox"/> Graffiti abatement	<input type="checkbox"/> Tutoring, homework assistance <input type="checkbox"/> Retail/Sales

INTEREST INVENTORY

The Summer Training & Employment Program for Students offers jobs in three general categories: DATA, PEOPLE, and THINGS. Some jobs emphasize one; other jobs combine two or all three categories. Check all that apply.

JOB CATEGORY Which category do you prefer? Rank according to preference: 1=most preferred 2=second choice 3=least preferred	SKILLS/INTERESTS Which skills do you like to do and do well? Check all that apply:	JOB CLASSIFICATION Which jobs are you interested in? Check your most preferred jobs:
DATA Making judgments and decisions based on facts Rank: _____	<input type="checkbox"/> Follow a set office routine everyday <input type="checkbox"/> Follow instructions completely and accurately; meet deadlines <input type="checkbox"/> Speak clearly with good grammar <input type="checkbox"/> Write clearly with correct spelling and grammar; produce online content <input type="checkbox"/> Work with numbers & complex concepts <input type="checkbox"/> Work with speed and accuracy	<input type="checkbox"/> Clerical/Office Assistant <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Library Aide <input type="checkbox"/> Data Entry (computer database management) <input type="checkbox"/> Records/Inventory Clerk <input type="checkbox"/> Website Administrator <input type="checkbox"/> Other: _____
PEOPLE Directing, helping, and/or influencing people Rank: _____	<input type="checkbox"/> Care about people and their needs <input type="checkbox"/> Effective public speaking to influence people's actions <input type="checkbox"/> Give or follow written or oral instructions <input type="checkbox"/> Interact with and assist the young, elderly, or disabled <input type="checkbox"/> Resolve conflicts between two parties <input type="checkbox"/> Perform before an audience or make presentations to a group <input type="checkbox"/> Teach people to use computers/devices	<input type="checkbox"/> Hospital aide/caregiver <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Tutor <input type="checkbox"/> Technical support (computer) <input type="checkbox"/> Recreation Aide/Lifeguard <input type="checkbox"/> Arts & Crafts Activity Aide <input type="checkbox"/> Office Receptionist <input type="checkbox"/> Peer Coach/Community Organizing Aide <input type="checkbox"/> Theater Arts
THINGS Operating machines; using equipment to perform tasks; working with plants or animals; manual labor Rank: _____	<input type="checkbox"/> Work with hands, tools or light equipment <input type="checkbox"/> Set up/repair computers/devices <input type="checkbox"/> Work with plants or animals <input type="checkbox"/> Lift, pull, or move materials and/or objects <input type="checkbox"/> Follow technical instructions in verbal, written or chart form <input type="checkbox"/> Work in a warehouse or records storage <input type="checkbox"/> Clean and organize assigned areas <input type="checkbox"/> Prepare food, process ingredients	<input type="checkbox"/> Maintenance Aide, Janitor <input type="checkbox"/> Warehouse or Stock Clerk <input type="checkbox"/> Food Service/Food Bank Aide <input type="checkbox"/> Animal Shelter Aide <input type="checkbox"/> Graffiti Abatement/Building painter <input type="checkbox"/> Gardener/urban farmer <input type="checkbox"/> Computer/IT Assistant
<input type="checkbox"/> You prefer to work INSIDE	<input type="checkbox"/> You can work either INSIDE or OUTSIDE	<input type="checkbox"/> You prefer to work OUTSIDE

SIGNATURES

I certify that the answers above are true and complete to the best of my knowledge.

Applicant Signature: _____	Date signed: _____
Signature of Parent or Legal Guardian*: _____	Date signed: _____

*If applicant is below 18 years of age. This application is not valid without signature/s.

STEPS is an **Equal Opportunity** Program. Auxiliary aids and services are available upon request to individuals with disabilities.



A Proud Partner of America's Job Center of CaliforniaSM Network

STEPS Participant Emergency Contact Information

Participant's First and Last Name

Date of Birth

Phone Number

Gender:

☐ Female ☐ Male

☐ Decline to state

Street Address

City

Zip Code

In case of EMERGENCY please contact:

Primary Emergency Contact's **First and Last Name**

Secondary Emergency Contact's First and Last Name

Phone Number

Message Phone, if any

Phone Number

Message Phone, if any

Address

Address

City

Zip Code

City

Zip Code

STEPS/EPD Orientation/Placement Packet May 2021

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

DIVISION: _____

Name / Entity / Address:		Individual's Full Name and Address:
Social Security Number: (if necessary)	Record Number:	Date of Birth:




I hereby consent to and authorize the Department of Rehabilitation (DOR) to:☐ Obtain from the above Name / Entity ☐ Release to the above Name / Entity

- | | |
|---|--|
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input type="checkbox"/> Other: _____ | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless

otherwise specified here: _____

Individual's Signature 	Date Signed
Guardian, Parent or Conservator Signature 	Date Signed
Witness Signature (if above signature by mark) 	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number:

Staff Name and Title: _____

Address: _____

Student Services Plan Request

DR 203 (REV 08/19)

Page 1 of 2

Student Last Name		First Name		Middle Initial
Mailing Address		City	Zip Code	County
Phone Number	Email Address			
Date of Birth (mm/dd/yyyy)	Social Security Number (if available)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	

Please check all that apply

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian |
| | | | <input type="checkbox"/> Vietnamese |
| | | | <input type="checkbox"/> Decline to State |

Please state the student's disability or reason for IEP/504 eligibility:

Documentation (please select one)

- ☐ IEP (provide a copy)
☐ 504 Plan (provide a copy)
☐ School Signature (see below)



If "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official: _____ Date: _____

Printed Name of School Official: _____ Title: _____

School Name	School Address	Current Grade Level
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home school <input type="checkbox"/> GED program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other		Expected Date of Graduation/Exit from School (mm/dd/yyyy)
Parent/Guardian/Conservator Last Name	First Name	Relationship
Phone Number	Email Address	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature	Date Signed	Parent/Guardian/Conservator Signature	Date Signed
			

PATRICIA VIRGEN
Co-Interim Executive Director

STEVEN J. LANTSBERGER
Co-Interim Executive Director



BOARD OF SUPERVISORS
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C O U N T Y O F S A N J O A Q U I N
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
WINNER OF NATIONAL ALLIANCE OF BUSINESS DISTINGUISHED SERVICE AWARD

RELEASE OF INFORMATION

I hereby give permission and authorize the Employment and Economic Development Department to obtain or release information relative to my eligibility and progress in my Summer Training and Employment Program for Students (STEPS) employment and training experience in San Joaquin County to the following entities:

- Vocational Research Institute
- Department of Rehabilitation
- Other Governmental Agency
- Employers
- ☐ Work History
- ☐ Wage Information
- Employment Development Department (EDD)
 - ☐ UI Base Wage Information
 - ☐ UI Profiling Information
 - ☐ Last Employer Information
- Schools
 - ☐ Name
 - ☐ Phone
 - ☐ Cumulative folder information
 - ☐ Grades/Transcript
 - ☐ Test Scores
 - ☐ Student Attendance Records
 - ☐ Citizenship Records
 - ☐ IEP or 504 Plan
 - ☐ Counselor Information

Applicant Signature

Applicant Printed Name

Date

Parent/Legal Guardian Signature
(Required if applicant is under 18 years of age)

Date of Birth

San Joaquin County Employment & Economic Development Department (WorkNet/AJCC) GRIEVANCE AND COMPLAINT PROCEDURES

Workforce Innovation and Opportunity Act (WIOA), 20 Code of Federal Regulations (CFR) Proposed Rules, Section 683.600, requires that recipients of WIOA funds establish and maintain hearing and appeal procedures for handling program related grievances/complaints, except for grievances related to Job Corps. WIOA Proposed Rules 20CFR 683.600 defines the requirements for both the local and State grievance procedures.

San Joaquin County WorkNet/America's Job Center of California (AJCC), in compliance with WIOA federal regulations and State directives, has established a grievance/complaint procedure for the prompt review, impartial consideration and equitable disposition for complaints (administrative and/or Equal Employment Opportunity) presented by a complainant in any WorkNet Center under WIOA §181(c) (1). This does not cover complaints concerning fraud and abuse or alleged discrimination due to participant disabilities.

- At all levels of the grievance/complaint process, complainants have the right to be represented, at their own expense, by a person or persons of their choosing.
- All complainants have the right to technical assistance provided at no cost by WorkNet/AJCC.
- Grievances/complaints must be filed within **one (1) year** of the alleged violation. All grievances/complaints, amendments and withdrawals must be in writing.

I. **Filing the Grievance/Complaint**

Grievances/complaints must be in writing, signed and dated. The date the grievance/complaint is received by WorkNet, its service providers, One-Stop partners or subrecipients, shall be considered the date of filing. The grievance/complaint shall be considered a request for hearing. WorkNet/AJCC shall issue a written decision within sixty (60) days of the filing date.

A. Complaint Information

1. The grievances/complaints must provide the following in the original filing:
 - a. The full name, telephone number and mailing address of the complainant;
 - b. Full name, telephone number and mailing address of the agency and person involved (respondent);
 - c. A statement of allegations in a clear and concise statement of the facts, including dates and any supporting documentation available;
 - d. What the complainant believes are the violation(s) of the Act, regulations, labor standards, grants or agreements, to the best of the complainant's knowledge;
 - e. Grievances/complaints against individuals, including participants or staff shall indicate how those individuals did not comply with the WIOA law, regulation or contract; and
 - f. Remedy sought by the complainant.

B. Timeline for filing original complaint

1. Any absence of the required information shall constitute grounds for dismissal of the grievance/complaint.
2. The written complaint must be made within one (1) year of the alleged occurrence.
3. Complaints alleging discrimination on the basis of a participant's disability must be filed within 180 days of occurrence.
4. A complainant has the right to withdraw their grievance/complaint in writing at any time prior to the formal hearing.
5. Grievances/complaints may be amended to clarify issues, but not to add new allegations.
6. All complaints submitted to WorkNet/AJCC must be mailed to:
Stockton WorkNet Center, Attention: John Solis, 56 S. Lincoln Street, Stockton, CA 95203.

C. Informal resolution of the complaint

1. WorkNet/AJCC shall notify the complainant and the respondent of the opportunity for an informal resolution.

2. Respondents must make good faith efforts to resolve all grievances/complaints prior to the scheduled hearing. Failure on the part of either party to exert good faith efforts shall not constitute a basis for dismissing a grievance or complaint, nor shall it be considered to be a part of the facts to be judged in the resolution process.
3. WorkNet/AJCC shall ensure that any grievance/complaint not resolved in the informal resolution process, shall be provided a formal hearing, regardless of the merit of the grievance/complaint.
4. When a complaint has been resolved through the informal resolution process, WorkNet/AJCC shall attempt to contact the complainant and have them provide a written withdrawal of the complaint within 10 days of the receipt of the notice of resolution or impasse where a complainant decides not to proceed to an administrative hearing.

D. Hearing process

Complainant may have representation if desired. Both parties shall have the opportunity to examine relevant records and documents, to present written or oral testimony and to call and/or question witnesses. The hearing shall be recorded either mechanically or by a court reporter. If an informal resolution is not possible between the complainant and respondent, WorkNet/AJCC must notify the complainant in writing of the next formal procedural step in the grievance process.

II. Notice of Hearings

In the event a decision cannot be reached through the informal resolution process, WorkNet/AJCC shall:

- A. Conduct a hearing by an impartial independent hearing officer within thirty (30) days of the filing a grievance/complaint.
- B. Notify the complainant and respondent of the "Notice of Hearing" not less than ten (10) days prior to the date of the hearing by certified mail (return receipt requested). The time of the hearing may be earlier if mutually agreed to by both parties.
- C. The following information shall be included in the written Notice of Hearing;
 1. Grievances/complaint case number, name of complainant, name of respondent, date of grievance/complaint;
 2. Date, time and location of the hearing before an impartial hearing officer and an opportunity to present evidence; and
 3. A statement of the alleged violation(s). These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.
- D. A request for a five (5) day postponement may be granted either party upon a showing of good cause to the Hearing Officer, provided the hearing is still conducted within thirty (30) days of the filing of the grievance/complaint.

III. Rules of the Hearing

- A. Shall be held in an informal manner;
- B. The presentation of both written and oral testimony will be allowed;
- C. Both parties may present witnesses and the right to cross-examine the witness; and
- D. Both parties have the right to examine all relevant records and documents submitted.
- E. The hearing will be recorded electronically or by a court reporter.

IV. Decision

- A. The decision shall be made not later than sixty (60) days after the filing date (Note: Time spent in informal resolution efforts may not extend this time limit) and must include:
 1. The names of the parties involved;
 2. A statement of the alleged violation and any related issues;
 3. A statement of facts;
 4. The decision on the issue and the reasons for the decision;

5. Description of the corrective action, if necessary to comply with the decision; and
6. Notification that an adverse decision may be appealed by the complainant to the State Review Panel; and
7. Notice of the right to file a complaint with the ORC Regional Office pursuant to §144(c) of Public Law 97-300, within ten (10) days of the receipt of the decision when any party disagrees with the decision.

B. The decision shall be delivered to all parties by first class mail.

C. If the decision is not issued within sixty (60) calendar days of the date of the filing of the complaint, or if either party is dissatisfied with the local hearing decision, either party has the right to file an appeal with the State.

A State hearing may be requested by submitting a written notice of appeal to:

Chief, Compliance Review Office, MIC 22-M, Employment Development Department, PO Box 826880, Sacramento, CA 94280-0001

D. If the State Review Panel has issued an adverse decision regarding a grievance or complaint, or has not issued a decision within 60 days of receipt of a local level appeal, request for EDD review, or grievance or complaint, the complainant may file an appeal with the Secretary.

This appeal process applies to grievances and complaints that originated at the local or state level. Appeals of an adverse decision must be filed within 60 days of receipt of the adverse decision from the State Review Panel. In cases where the State Review Panel did not issue a decision, the complainant must file an appeal within 120 days of either of the following:

1. The date on which the complainant filed the appeal of a local level decision or request for EDD review with the state.
2. The date on which the complainant filed the grievance or complaint with the state.

All appeals to the Secretary must be sent to the DOL National Office via certified mail with return receipts requested. Copies of the appeal must simultaneously be provided to the DOL Employment and Training Administration (ETA) Regional Administrator and the respondent. Mailing addresses for the DOL National Office and ETA Regional Administrator are included below:

DOL National Office

Secretary of Labor
Attn: Assistant Secretary of ETA
U.S. Department of Labor
200 Constitution Avenue, NW Washington, DC 20210

ETA Regional Administrator

Office of Regional Administrator
U.S. Department of Labor
P.O. Box 193767 San Francisco, CA 94119-3767

3. Grievances or complaints filed directly with the Secretary that were not previously filed with the Local Area and/or state will be remanded to the Local Area or state, as appropriate. The Secretary shall issue a final determination no later than 120 days after receiving the appeal.

NO INDIVIDUAL SHALL BE DENIED SERVICE OR OTHERWISE INCUR RETALIATION BECAUSE OF HIM/HER EXERCISING HIS/HER RIGHT UNDER THE LAW TO FILE A COMPLAINT OR GRIEVANCE.

Student Signature

Date

Parent or Guardian Signature

Date

SAN JOAQUIN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM
Auxiliary aids and services available upon request to individuals with disabilities.
TDD or Relay Service users please call 1-800-735-2929 for assistance.

56 S. LINCOLN STREET, STOCKTON, CALIFORNIA 95203 (209) 468-3500 FAX (209) 462-9063

Employee's Withholding Certificate

OMB No. 1545-0074

2021

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	► Employee's signature (This form is not valid unless you sign it.)		► Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A) _____
 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) _____
 1c. Total Number of Allowances you are claiming _____

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**) _____
 OR

Exemption from Withholding

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) you are present in California solely to be with your spouse; and
- (iii) you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

Minor's Name (First and Last)	Home Phone	Grade
Home Address	City	Zip Code
Birth Date	Social Security Number	Age
Student's Signature		

School Information

School Name	School Phone
School Address	City
	Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name (Print First and Last)	Parent's Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement	Business Phone	Supervisor's Name
Business Address	City	Zip Code
Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week		
Describe nature of work to be performed: _____		

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name (Print First and Last)	Employer's Signature	Date
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The Foundation for California Community Colleges is this minor's Employer of Record.*For authorized work permit issuer use ONLY**

Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age (Evidence Type)								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability							
Verifying Authority's Name and Title (Print)															
Verifying Authority's Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.