



City of
Panama City Beach

PCB City Hall
110 S. Arnold Rd.
PCB, FL. 32413
P: (850) 233-5100
F: (850) 233-5108

CIVIL SERVICE COMMISSION

Bill Montfort, Chair
Michael Jarman, Vice-Chair
John Reichard
Mark Neitzel
Larry Couch

MEMO

To: City Applicants
From: Sherry A. Herrington, Senior Administrative Support Specialist-Civil Service
Subject: Materials to be included with applications
Date: March 26, 2019

Originals of the following documents are to be presented for review with your application for employment:

1. Valid Florida Drivers' License
2. Social Security Card (or valid U.S. Passport)
3. Florida State Law Enforcement Certification
4. High School Diploma or G.E.D. Certificate or College Diploma
5. DD-214 (**Member 4 Page**) (Armed Services related) or Sworn statement if never in Military Service (CJTC-4)
6. Birth Certificate (Form DS1350)
7. Marriage Certificate for females whose name has changed since Standards
8. Letters of Recommendation, Commendations, Awards (if available)
9. Resume' (if available)
10. Training Certificates (if available)
11. Signed Drug Test Authorization
12. Signed Voice Stress Test Authorization
13. Signed Background Check Authorization
14. Signed Social Security Number Collection Disclosure Statement
15. Signed Job Description
16. Signed **Hand-Written** Statement of Intent
17. Signed W-4 for IRS
18. Signed I-9 Federal Form

COMPLETE & SIGN ALL ENTIRE APPLICATION

DEADLINE: APPLICATIONS & TESTING WILL BE AVAILABLE UNTIL APRIL 10TH @ 11:00 AM

INTERVIEWS: CONDUCTED ON APRIL 17TH FOR QUALIFIED APPLICANTS

NOTIFICATION: EMAIL

The City of Panama City Beach is a Drug-Free Workplace and an Equal Opportunity Employer.

The City reserves the right to modify (reduce/extend) an application/testing deadline at any time based on the specific needs.

Mayor
Mike Thomas

Vice Mayor
Phil Chester

Ward 1
Paul Casto

Ward 3
Geoff McConnell

Ward 4
Hector Solis

City Manager
Mario Gisbert

**CITY OF PANAMA CITY BEACH
Job Description**

JOB TITLE: Beach & Surf Specialist - Seasonal

SALARY RANGE: \$13.00/hr

SHIFT: Day

LOCATION: 17115 Panama City Beach Pkwy

REPORTS TO: Beach & Surf Supervisor

PREPARED BY: City Clerk

APPROVED BY: City Council

PAY GRADE: NA

DIVISION: NA

DEPT: Police

FSLA STATUS: Non-Exempt

POSITION: Seasonal

DATE:

SUMMARY:

This position is responsible patrolling the public beach area to monitor the activities of swimmers, prevent illegal conduct and to maintain the flag warning system. Work is performed under the primary direction of the Beach & Surf Supervisor with secondary supervision being by the Patrol Division Commander.

This position is subject to emergency call-in; works evening and weekends to ensure the beach and Surf unit mission is completed.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

In addition to the essential duties and responsibilities, other tasks may be assigned:

Observes activities in assigned area on foot or in a vehicle, sometimes with binoculars, to detect hazardous conditions such as swimmers in distress or disturbances;

Maintains and updates the flag warning system;

Rescues distressed persons from gulf or other local waterways;

Examines injured individuals, administers first aid, and monitors vital signs;

Administers artificial respiration to revive persons;

Provides information to the public concerning the flag warning system, surf conditions, beach issues, and the marine environment;

Operates two-way radio system to maintain contact and coordinate activities between emergency rescue units;

Observe changes in the beach and surf conditions and reports the same;

Completes basic reports;

Other related tasks as required.

SUPERVISORY RESPONSIBILITIES:

None

COMPETENCIES:

To perform the job successfully, an individual should demonstrate the following competencies:

Analytical - Synthesizes complex or diverse information; Collects and researches data; Uses intuition and experience to complement data; Designs work flows and procedures.

Problem Solving - Identifies and resolves problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics.

Project Management - Develops project plans; Coordinates projects; Communicates changes and progress; Completes projects on time and budget; Manages project team activities.

Technical Skills - Assesses own strengths and weaknesses; Pursues training and development opportunities; Strives to continuously build knowledge and skills; Shares expertise with others.

Customer Service - Manages difficult or emotional customer situations; Responds promptly to customer needs; Solicits customer feedback to improve service; Responds to requests for service and assistance; Meets commitments.

Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.

Oral Communication - Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; Responds well to questions; Demonstrates group presentation skills; Participates in meetings.

Written Communication - Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information.

Teamwork - Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit; Puts success of team above own interests; Able to build morale and

group commitments to goals and objectives; Supports everyone's efforts to succeed.

Visionary Leadership - Displays passion and optimism; Inspires respect and trust; Mobilize others to fulfill the vision; Provides vision and inspiration to peers and subordinates.

Change Management - Develops workable implementation plans; Communicates changes effectively; Builds commitment and overcomes resistance; Prepares and supports those affected by change; Monitors transition and evaluates results.

Delegation - Delegates work assignments; Matches the responsibility to the person; Gives authority to work independently; Sets expectations and monitors delegated activities; Provides recognition for results.

Leadership - Exhibits confidence in self and others; Inspires and motivates others to perform well; effectively influences actions and opinions of others; Accepts feedback from others; Gives appropriate recognition to others.

Managing People - Includes staff in planning, decision-making, facilitating and process improvement; Takes responsibility for subordinates' activities; Makes self-available to staff; Provides regular performance feedback; Develops subordinates' skills and encourages growth; Solicits and applies customer feedback (internal and external); Fosters quality focus in others; Improves processes, products and services.; Continually works to improve supervisory skills.

Quality Management - Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.

Diversity - Demonstrates knowledge of EEO policy; Shows respect and sensitivity for cultural differences; educate others on the value of diversity; promotes a harassment-free environment; Builds a diverse work force.

Ethics - Treats people with respect; Keeps commitments; inspires the trust of others; Works with integrity and ethically; Upholds organizational values.

Organizational Support - Follows policies and procedures; Completes administrative tasks correctly and on time; supports organization's goals and values; Benefits organization through outside activities; Supports affirmative action and respects diversity.

Strategic Thinking - Develops strategies to achieve organizational goals; Understands organization's strengths & weaknesses; Analyzes market and competition; Identifies external threats and opportunities; Adapts strategy to changing conditions.

Judgement - Displays willingness to make decisions; Exhibits sound and accurate

judgment; Supports and explains reasoning for decisions; Includes appropriate people in decision-making process; Makes timely decisions.

Motivation - Sets and achieves challenging goals; Demonstrates persistence and overcomes obstacles; Measures self against standard of excellence; Takes calculated risks to accomplish goals.

Planning/Organizing - Prioritize and plans work activities; Uses time efficiently; Plans for additional resources; Sets goals and objectives; Organizes or schedules other people and their tasks; Develops realistic action plans.

Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.

Quality - Demonstrates accuracy and thoroughness; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

Quantity - Meets productivity standards; Completes work in timely manner; Strives to increase productivity; Works quickly.

Safety and Security - Observes safety and security procedures; Determines appropriate action beyond guidelines; Reports potentially unsafe conditions; Uses equipment and materials properly.

Adaptability - Adapts to changes in the work environment; Manages competing demands; Changes approach or method to best fit the situation; Able to deal with frequent change, delays, or unexpected events.

Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

Dependability - Follows instructions, responds to management direction; Takes responsibility for own actions; Keeps commitments; Commits to long hours of work when necessary to reach goals. Completes tasks on time or notifies appropriate person with an alternate plan.

Initiative - Volunteers readily; Undertakes self-development activities; Seeks increased responsibilities; Takes independent actions and calculated risks; Looks for and takes advantage of opportunities; Asks for and offers help when needed.

Innovation - Displays original thinking and creativity; Meets challenges with resourcefulness; Generates suggestions for improving work; Develops innovative

approaches and ideas; Presents ideas and information in a manner that gets others' attention.

QUALIFICATION REQUIREMENTS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily; must follow safety guidelines provided by the City and department; and must be dependable. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and EXPERIENCE:

High school diploma or general education degree (GED); must be willing to attend additional training and educational programs provided as part of employment.

Honorable Discharge from the United States Military (if applicable). Must be able to obtain Red Cross lifeguard training and maintain yearly open water rescue training as provided by USLA.

LANGUAGE SKILLS:

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and group situations. Ability to interact with the public in a tactful and polite manner.

MATHEMATICAL SKILLS:

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY:

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

OTHER REQUIREMENTS:

Minimum age requirement is eighteen (18) years of age, must pass Beach & Surf Specialist training, submit to pre-employment drug screening, complete pre-employment background investigation, pass swim test – 500 meter/550 yard swim in under ten (10) minutes and complete mile run in the sand. Applicants are required to provide proof of current physical (within six months) with application.

Must possess basic computer knowledge; ability to operate a motor vehicle in a safe and competent manner. Certified and skilled in first-aid, AED, CPR, and water rescue. Knowledgeable in areas of marine life, beach and surf conditions, related city codes and State laws.

Must possess valid Florida Driver's License - driving record must be acceptable to the City insurance program.

Must be able to perform illustrative duties and essential eligibility tasks in a manner that is not a direct threat or significant risk to the health and safety of others that cannot be eliminated by a modification of policies, practices, or procedures of the Panama City Beach Police Department or by provision of auxiliary aids. "Direct threat" shall be determined pursuant to 28 CFR, Section 36.208.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel and talk or hear. The employee is frequently required to sit and reach with hands and arms. The employee is occasionally required to stand; walk; climb or balance and stoop, kneel, crouch, crawl and swim. The employee must regularly lift and /or move up to 25 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Some specific job duties that require one or more of the physical demands mentioned above are operating a motor vehicle, performing first aid on an injured person, pulling a distressed swimmer from rough surf conditions, raising and lowering surf warning flags, typing basic reports or correspondence, etc.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly exposed to outside weather conditions. The employee is frequently exposed to wet and/or humid conditions; fumes or airborne particles and vibration. The employee is occasionally exposed to moving mechanical parts; toxic or caustic chemicals; risk of electrical shock and risk of radiation. The noise level in the work environment is usually moderate.

I hereby acknowledge receipt of the job description and certify that I meet the qualification requirements stated herein and I am able to perform the essential duties and responsibilities of this position. I acknowledge that in addition to the duties outlined above I may be required to perform additional duties.

Signature

Date

CITY OF PANAMA CITY BEACH

APPLICATION FOR EMPLOYMENT

The City of Panama City Beach is an Equal Opportunity Employer. There shall be no discrimination exercised on account of race, national origin, color, religion, creed, age, marital status, sex, political affiliation, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of the essential duties required of the position and which are bona fide occupational qualifications which cannot be accommodated without undue hardship, with respect to the recruitment, examination or appointment of applicants, or in any personnel actions affecting employees, including compensation, training, promotions, educational opportunities, transfers, demotions, layoffs and disciplinary actions.
Current Civil Service Members shall be given employment preference.

PERSONAL INFORMATION

Application Date: _____

NAME (Print): _____ Home/Cell Phone: _____

Street Address: _____ Emergency Phone: _____

City/State/Zip: _____ Email Address: _____

Previous Address: _____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) ___ Yes ___ No

If offered a position, are you able to present evidence of your US Citizenship or proof of your legal right to work in the United States? _____ Yes _____ No

Position(s) Applied For: _____

How soon could you report to work? _____ Rate of pay expected \$ _____/hr or *negotiable*

What are your available days and hours to work? Days: _____ Hours: _____

List relatives currently employed by the City of Panama City Beach (Names, relationship, position held and residence address): _____

(Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.)

Have you ever applied to/worked for the City before? _____ Yes _____ No If Yes, please explain (include date): _____

How did you hear of the job opening? _____

EDUCATION

	<u>Name of School</u>	<u>Major</u>	<u>Last Year Completed</u>	<u>Degree Earned</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical	_____	_____	_____	_____

NAME: _____

Have you ever served in the US Armed Forces? ____ Yes ____ No Branch: _____

Date Entered: _____ Date Discharged: _____ MOS: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ Yes ____ No

If yes, please state crime, date, court, and location where offense occurred: _____

NOTE: The fact of a conviction does not make you automatically ineligible for employment by the City. The date, nature, significant details, surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.

Have you ever been discharged or requested to resign from a position? ____ Yes ____ No

If Yes, give circumstances: _____

Have you ever held a position of trust such as handling money or confidential materials? ____ Yes ____ No

Why do you desire to change jobs? _____

EMPLOYMENT RECORD

Are you currently employed? ____ Yes ____ No

1. **Current** or **Most Recent Employer:** Telephone: _____

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
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Job Title (Duties)	Date You Left	Last Rate of Pay
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Reason For Leaving	May we contact this employer? ____ Yes ____ No
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2. Business Name and Address of Next Employer: Telephone: _____

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
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Job Title (Duties)	Date You Left	Last Rate of Pay
--------------------	---------------	------------------

Reason For Leaving	May we contact this employer? ____ Yes ____ No
--------------------	--

NAME: _____

3. Business Name and Address of Next Employer: Telephone: _____

Business Name & Address Supervisor's Name Hire Date Starting Rate of Pay

Job Title (Duties) Date You Left Last Rate of Pay

Reason For Leaving May we contact this employer? ___ Yes ___ No

4. Business Name and Address of Next Employer: Telephone: _____

Business Name & Address Supervisor's Name Hire Date Starting Rate of Pay

Job Title (Duties) Date You Left Last Rate of Pay

Reason For Leaving May we contact this employer? ___ Yes ___ No

5. Business Name and Address of Next Employer: Telephone: _____

Business Name & Address Supervisor's Name Hire Date Starting Rate of Pay

Job Title (Duties) Date You Left Last Rate of Pay

Reason For Leaving May we contact this employer? ___ Yes ___ No

6. Business Name and Address of Next Employer: Telephone: _____

Business Name & Address Supervisor's Name Hire Date Starting Rate of Pay

Job Title (Duties) Date You Left Last Rate of Pay

Reason For Leaving May we contact this employer? ___ Yes ___ No

NAME: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

Are you claiming Veteran's Preference for this position? _____ Yes _____ No If Yes, please complete the Veteran's Preference Claim Form.

REFERENCES

(Do not list relatives or former employers)

1. Name & Telephone Number: _____
2. Name & Telephone Number: _____
3. Name & Telephone Number: _____

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the all the information I have provided on this application, and any other supplements or documents provided by me, is true in all respects. I grant permission to the City of Panama City Beach to verify any experience, training/education and/or commendations I possess. I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages due to having furnished such information. I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of further consideration in the promotional process, employment or discharge.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains the same right.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date completed, after which time I would have to re-apply in accordance with established City procedures.

I have read and understand the job description of the position(s) for which I am applying and represent that I meet or exceed the qualification requirements and I can perform the essential duties and responsibilities outlined in the job description.

I understand and acknowledge pursuant to Section 119, Florida Statutes, Public Records, the information contained herein is "open for personal inspection and copying by any person".

Signature of Applicant and Date

NAME: _____

**CITY OF PANAMA CITY BEACH
VETERAN'S PREFERENCE CLAIM FORM**

In order to claim veteran's preference, please check the appropriate box below:

- Disabled Veterans who have served on active duty in any branch of the Armed Forces, received an honorable discharge, and have established the present existence of a service-connected disability that is compensable under public laws administered by the USDOVA; or who are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the USDOVA and the USDOD.
- The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.
- A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.
- The un-remarried widow or widower of a Veteran who died of a service connected disability.
- The mother, father, legal guardian, or un-remarried widow or widower of a member of the Armed Forces who died in the line of duty under combat-related conditions as verified by the USDOD.
- A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" is not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- A current member of any reserve component of the US Armed Forces or the Florida National Guard.

Required Proof: Attach a DD-214 (or equivalent official documentation), or additional documentation as required to support the preference being claimed.

I certify that the information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or termination of employment.

Applicant Signature

Date

Veteran's Name (if different from applicant)



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CIVIL SERVICE COMMISSION

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Mark Neitzel
Larry Couch Sr.

MEMO

To: General Employees
From: Sherry A. Herrington, Senior Administrative Support Specialist – Civil Service
sherrington@pcb.gov.com

Subject: CURRENT BENEFITS FOR EMPLOYEES HIRED AS OF 03/31/19:

Annual Leave: Leave begins accruing immediately; however, cannot be used until six (6) months service has been completed:

Table with 2 columns: Years Of Service Completed, Annual Leave Cap Available (work days). Rows include 1 to 5 years, 6 to 10 years, 11 to 15 years, 16 to 20 years, and 21 + years.

At the end of the year, any unused annual leave will be placed in your vacation bank (up to 240 total hours). Time will be accrued bi-weekly & shown on each paycheck. After the 240 hours are filled, any unused annual leave will be lost and cannot be used the following year.

SICK LEAVE: 1 day earned per month, beginning immediately. However, sick leave cannot be used during the first three (3) months of service. Sick Leave Pool available if eligible. Sick Leave can be accumulated, with no maximum.

RETIREMENT: Vested after 10 years. Regular employees have 8.3% of salary deducted from paycheck and the City pays the balance. Eligible for regular retirement at age 50 + 20 years or 55 + 10 years employment. Retiree may retain health insurance but must pay premiums at City's cost. Optional full retirement at 25 years credited service at 11.5% deducted from paycheck; City pays the balance.

HOLIDAYS: 11 holidays per year, plus Birthday. Regular holidays are: New Years' Day, Presidents' Day, Memorial Day, July 4th, Labor Day, Veterans' Day, Thanksgiving Day & Day after (Friday), Christmas Eve, Christmas Day, and New Years' Eve.

INSURANCE*: Blue Cross/Blue Shield Health, Guardian Dental & Life Insurance premiums are paid in full by the City for Employee. BC/BS Tiered Family Coverage available but paid by Employee via paycheck. (Blue Option LG Plan 03559 Spouse only \$630.00/month; Child(ren) \$540.00/month; and Family \$1,200.00/month) (Blue Option LG Plan HDHP Spouse only \$508.00/month; Child(ren) \$444.00/month; and Family \$967.00/month). Spouse Dental Coverage only *\$33.65/month; Child(ren) *\$47.61/month; Family Dental Coverage; *\$84.46/month. Vision Coverage available: (VSP Plan: Employee only: \$7.06/month; Spouse only \$11.30/month; Child(ren) \$11.54/month; and Family \$18.60/month) (Davis Plan: Employee only: \$6.65/month; Spouse only \$10.64/month; Child(ren) \$10.87/month; and Family \$17.52/month) (Note: Insurance coverage takes effect ninety (90) days after employment).

*Rough estimates—not necessarily exact.

VALIC: Optional 457 Deferred Compensation Plan – See Human Resources for more details.

* - Changes as of 3.29.2019

Mayor Mike Thomas, Vice Mayor Phil Chester, Ward 1 Paul Casto, Ward 3 Geoff McConnell, Ward 4 Hector Solis, City Manager Mario Gisbert



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CITY OF PANAMA CITY BEACH BACKGROUND INQUIRY

PRE-EMPLOYMENT BACKGROUND INQUIRY CONSENT AND NOTICE:

As a condition of employment by the City of Panama City Beach, you must consent to a background inquiry. Such background inquiry may include:

- (1) Criminal background including a Florida Crime Information Center records check
- (2) Contacting references and former employers
- (3) Drivers' license record check:
- (4) Civil court records check

By signing this form, I consent to such a background inquiry and understand that such inquiry is part of the City of Panama City Beach's pre-employment requirements. I also consent to such a background inquiry at any time during my employment if hired by the City of Panama City Beach as a condition of my employment. Finally, I understand that any misrepresentation on my employee application may result in disqualification for employment with the City of Panama City Beach and, if I am hired, any misrepresentation may result in immediate dismissal, whenever discovered.

Date: _____ Signature: _____

Print Name: _____

Security #: _____

Date of Birth: _____

Mayor
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CITY OF PANAMA CITY BEACH DRUG-FREE WORKPLACE POLICY

PRE-EMPLOYMENT CONSENT AND NOTICE: ALCOHOL AND/OR SUBSTANCE TESTING AS PART OF PRE-EMPLOYMENT MEDICAL EXAMINATION FOR ALL SAFETY SENSITIVE EMPLOYEES.

As a condition of employment by the City of Panama City Beach, you must submit to a controlled or illegal substance and/or alcohol screening test; and as required, possess or submit to a current physical exam for positions that require such.

By signing this form, you are acknowledging that you consent to such a medical exam and screening test(s), and that you understand such testing is part of the City of Panama City Beach's Drug-Free Workplace Policy. You are also acknowledging that failure to successfully pass the test(s) will result in disqualification for employment with the City of Panama City Beach. If selected for employment you will be required to abide by the City's Drug-Free Workplace Policy and may be subject to future drug and/or alcohol screening.

Date: _____ Signature: _____

Print Name: _____

Social Security #: _____

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SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for employment (both new hires and those assigned to work on Federal Contracts); retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

Social Security numbers are NOT public records, but may be released to other governmental or commercial entities as required by law.

This is to certify that I have read and understand the foregoing statement and agree to provide my social security number for the purpose(s) stated:

Signature

Date

Mayor
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Vice Mayor
Phil Chester

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Paul Casto

Ward 3
Geoff McConnell

Ward 4
Hector Solis

City Manager
Mario Gisbert

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
▶ Whether you're 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.				
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 filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.				
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and				
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.				
If you meet both conditions, write "Exempt" here ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____
B	Enter "1" if you will file as married filing jointly	B _____
C	Enter "1" if you will file as head of household	C _____
D	Enter "1" if: } <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D _____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E _____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F _____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G _____
H	Add lines A through G and enter the total here	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1 \$ _____
2	Enter: } <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	2 \$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____
5	Add lines 3 and 4 and enter the total	5 \$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6 \$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9 _____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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 Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.