



## Teacher Certification New Hire Checklist

- Application for Employment
- College Transcripts (If you are having your transcripts sent, please have them sent to the attention of Letty Gomez)
- I-9 Employment Eligibility Verification (Be prepared to show identification, see form, and date before employment start date & all three dates on form no more than three days apart)
- W-4 Employee's Withholding Allowance Certificate
- Authorization for Direct Deposit (attach voided check)
- New CE Hourly Instructor Information
- Consent Form (Video, Picture, Name, and Written/Oral Statements)
- Authorization for Criminal History Background Check (employees only, not hourly instructors)
- Faculty or Employment Reference Check

**Note:**

**Please have all the forms completely filled out before re-submitting to the department for processing. Without all the necessary paperwork, your application will not be processed and this will delay payment for your services.**

**Please submit to: Austin Community College Continuing Education, Attn: Teacher Certification, 5930 Middle Fiskville Rd., Suite 417.2, Austin, TX 78752**



## Application for Employment

Austin Community College invites you to apply for its posted positions. Austin Community College is an Equal Opportunity/Affirmative Action employer. Austin Community College administers its policies in a non-discriminatory manner and does not discriminate against persons because of race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Austin Community College  
Human Resources  
5930 Middle Fiskville Road  
6th Floor  
Austin, Texas 78752

The Austin Community College District is committed to full compliance with both the Drug Free Workplace and the Drug Free Schools and Communities Acts. Austin Community College is also a member of the Network of Colleges and Universities committed to the elimination of drug and alcohol abuse.

**Please type or print. Separate application required for each position. Transcripts are required for all faculty positions. Photocopies accepted, but signature must be original.**

Posted Position Title <b>Teacher Certification</b>	Job Number —	Salary Desired —	
Adjunct Instructor Pool – Instructor of: <b>Applicants for the Adjunct Instructor Pool must attach college transcripts to this application.</b>			
If accepted, how soon would you be available for work?			
<b>PERSONAL DATA – Complete all blanks</b>			
Last Name	First Name	Middle Initial	Social Security Number
Street Address		City	State      Zip Code
Home Phone Number	E-Mail Address	Business/Message Phone Number	
Are you currently an employee of ACC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give title and department: _____		Have you ever worked for ACC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year _____ Title of last position? _____	
Do you have any relatives employed by Austin Community College or on the Board of Trustees? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give name(s), relationship, department, and title. _____ _____			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime? (Criminal convictions are not an absolute bar to employment; however, false statements may be grounds for non-selection or dismissal after employment.) Additional information may be required if relevant to position for which you have applied. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.  _____			
NOTE: You may omit minor violations for which you paid a fine of \$500.00 or less.			

(Continued on page 2)

## EDUCATION

All applicants for administrative/professional and instructional positions must attach a college transcript(s) to this application. Photocopies are accepted. An official transcript will be required upon hiring.

High School Diploma or Equivalent:  Yes  No

Colleges/Universities – Name and Location	Years Attended	Major	Degree Received	Graduated (circle one)
_____	to			Yes No
_____	to			Yes No
_____	to			Yes No
Other Training or Education – Name and Location of School			Years Attended	
			to	
			to	

### Major Courses of Study

Undergraduate	Credit Hours	Graduate	Credit Hours

Memberships, scholarships, fellowships or internships:

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*\* Include copy of teaching certificate.*

\* Are you now a licensed or certified member of any profession or trade?  Yes  No

\* Kind of License and State: \_\_\_\_\_ License or Certificate Number and Year: \_\_\_\_\_

Foreign Languages	Read	Write	Speak	Indicate Other Skills (check if applicable)
				<input type="checkbox"/> Interpreter <input type="checkbox"/> Sign Language
				Other

### MILITARY EXPERIENCE (If Applicable to Job)

Military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From	To
Special military training received:			

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## EMPLOYMENT EXPERIENCE

Start with your present or last position and work back. If you were ever employed in any position under a different name, for each position give the name used. Account for periods of unemployment. Use supplemental sheets if needed. Include all relevant experience as salary is commensurate with experience.

Name of Firm or Organization		Employed From	Month	Year	To	Month	Year	#Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		No. of employees supervised		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		# hrs/wk	
Street Address		City			State		Zip Code	
Phone	Starting Salary:	Name and Title of Immediate Supervisor						
	Final Salary:							
Description of Duties: _____								
_____								
_____								
Reason for leaving								

Name of Firm or Organization		Employed From	Month	Year	To	Month	Year	#Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		No. of employees supervised		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		# hrs/wk	
Street Address		City			State		Zip Code	
Phone	Starting Salary:	Name and Title of Immediate Supervisor						
	Final Salary:							
Description of Duties: _____								
_____								
_____								
Reason for leaving								

Name of Firm or Organization		Employed From	Month	Year	To	Month	Year	#Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		No. of employees supervised		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		# hrs/wk	
Street Address		City			State		Zip Code	
Phone	Starting Salary:	Name and Title of Immediate Supervisor						
	Final Salary:							
Description of Duties: _____								
_____								
_____								
Reason for leaving								

(Continued on page 4)

INDICATE BELOW OTHER SKILLS YOU POSSESS	
<input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Personal Computer <input type="checkbox"/> Data Entry _____ ksph	Software: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Word Perfect <input type="checkbox"/> Datatel
	Other: _____
	_____
	_____

PERSONAL REFERENCES OTHER THAN EMPLOYERS OR RELATIVES			
Full Name	Business or Home Address	Telephone	Occupation

**AGREEMENT**

*(Please read the following statements carefully)*

I certify that all the information contained in this application (and accompanying resume, if any) is true and correct, and further understand that any misstatement or omission of information is grounds for non-selection or immediate dismissal.

I authorize all persons listed in this application, and on any accompanying resume, to give the College any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the College from liability for any damage that may result from furnishing same to the College.

I also agree to execute as a condition of employment or a condition of continued employment any additional written authorizations necessary for the College to obtain access to and copies of records pertaining to this information.

If employed by the College, I agree to conform to the policies and procedures of the College. I understand that if I am employed by the College on a non-contractual basis, that I am an at-will employee and that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either the College or myself. I further understand that no representative of the College, other than the President or his designee, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of continued employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

- YOU HAVE COMPLETED THE APPLICATION -

This application becomes public record and is subject to disclosure. Applications and all attachments become the property of ACC and will not be returned.

## APPLICANT DATA RECORD

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status. Submission of information is voluntary. We appreciate your cooperation.

Please print name \_\_\_\_\_ Date \_\_\_\_\_

Job Number \_\_\_\_\_ Posted Position Title \_\_\_\_\_

**REFERRAL SOURCE**

<input type="checkbox"/> A – ACC Cable TV <input type="checkbox"/> B – National Publication _____ <input type="checkbox"/> C – Local Minority Newspaper _____ <input type="checkbox"/> D – Austin American Statesman <input type="checkbox"/> E – Dial-A-Job	<input type="checkbox"/> F – Community Outreach Agency <input type="checkbox"/> G – Texas Workforce Commission <input type="checkbox"/> H – Web Site <input type="checkbox"/> I – Walk-In <input type="checkbox"/> J – Other _____
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**• AFFIRMATIVE ACTION SURVEY •**

Check one      1  Male      2  Female

Check one      1  White      2  Black      3  Hispanic      4  Asian/Pac. Islander  
                          5  Am. Indian/Alaskan      6  Other \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans,  
and Individuals with Physical or Mental Disabilities**

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Disabled Individual                     
  Disabled Veteran                     
  Vietnam Era Veteran

\_\_\_\_\_  
Signature

## Instructions

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

### Filling Out the Form I-9

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

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### What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

### Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p><b>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.</b></p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____
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Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> <b>Documents that Establish Both</b> <b>Identity and Employment</b> <b>Eligibility</b>	<b>LIST B</b> <b>Documents that Establish</b> <b>Identity</b>	<b>LIST C</b> <b>Documents that Establish</b> <b>Employment Eligibility</b>
<b>OR</b>		<b>AND</b>
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <h1 style="margin:0;">2009</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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 (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$	
	\$ 8,350 if head of household					
	\$ 5,700 if single or married filing separately					
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not 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 4-9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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**

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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 are not required to provide the information requested on a form that is 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.



## Authorization Agreement for Direct Deposit (ACH Credits)

I hereby authorize Austin Community College to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my account(s) indicated below. I also authorize the depository or depositories named below to credit and/or debit the same to such account(s). This authority is to remain in full force until ACC has received written notification from me of its termination.

New Deposit
  Cancel Deposit
  Change Deposit

Employee Name		SSN	Date
Employee Address		City, State	Zip Code
Name of Bank or Financial Institution			
City	State	Zip	Phone
Bank Routing #			
Account #		Type Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

2<sup>nd</sup> Account (Optional) (Deposit must be for fixed amount):

Bank or Financial Institution (if different from above)			
City	State	Zip	Phone
Bank Routing #			
Account #	Type Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Deposit Amount \$

<b>Signature</b> (Required)	Home Phone	Work Phone
-----------------------------	------------	------------

Please affix a **VOIDED** copy of your **CHECK** here. (Facsimile is acceptable.)

It takes 30-45 days for the bank to begin to deposit your check. Please check with your financial institution for the start date. Complete Form And Send To HR Payroll, HBC



NEW CE HOURLY INSTRUCTOR INFORMATION

BTCE

This form is to be completed by hourly employees hired by the College. New hourly employees must also complete an I-9 and a W-4. Information may be faxed to 223-7226.

International Students not enrolled at Austin Community College are not eligible for employment at ACC.

Form with fields: Last Name, First Name, Middle Initial, Social Security Number\*, Street Address, City, State, Zip, Home Phone Number, Cell Phone/Message, E-Mail Address, ACC Extension, Emergency Contact Name, Emergency Contact Phone Number, Are you 18 years of age or older? (YES/NO)

\*If you are an ACC International Student without a valid Social Security number, you must contact the International Students Office for employment instructions.

Are you related to anyone employed by ACC or on the ACC Board of Trustees? [ ] YES [ ] NO
If yes, give name(s), relationship, department and title: \_\_\_\_\_

Please check appropriate box if applicable.

- [ ] I am currently contributing to TRS. What School District? \_\_\_\_\_
[ ] I am an ERS retiree
[ ] I am a TRS retiree Retirement Date: \_\_\_\_\_
[ ] I am an ORP retiree

Have you ever worked for ACC? [ ] YES [ ] NO

Gender: [ ] Male [ ] Female

Ethnicity: [ ] White [ ] Black [ ] Hispanic [ ] Asian/Pacific Islander [ ] Am-Indian/Alaskan [ ] Other

If you are an ACC International Student or International employee, what country are you from? \_\_\_\_\_

OFFICE USE ONLY
CK Location
Pay Station:
HB510

Open Records Act

ACC Employees are governed by the rules and regulations of the Open Records Act, which calls for public access to the records of the College. Section 3A of the Act states that an employee may choose whether or not to allow public access to their home address and home telephone number. The decision must be made within fourteen (14) days of employment.

The Act states, "If the ... employee's choice is to NOT allow public access to their information, the information is protected by Section 3 of this Act. If an employee ... fails to report (the choice) ... the information is subject to public access."

As an employee governed by the Open Records Act, I will give public access to my home address and home telephone number.

[ ] YES [ ] NO

By signing below, I certify that all of the above information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be signed and returned to Human Resources Records or Continuing Education department with I9 and W4.



## Participant Release to Use my Picture, Name, Written/Oral Statements, and Video Recordings

I understand that Austin Community College (ACC) is undertaking initiatives to promote the College and its programs. I wish to assist in these efforts and hereby grant ACC permission as follows:

1. I permit ACC and its authorized agents to use, re-use, publish, and re-publish, in any medium, in whole or in part, without restrictions as to changes or alterations, photographs of me individually or group photographs in which I am included.
2. I permit ACC and its authorized agents to use my name and/or major if ACC so chooses.
3. I permit ACC to use written statements or quotes by me that I may provide to them about ACC and my experiences there.
4. I permit ACC to use my likeness or voice in a video recording, broadcast/cablecast television program and/or electronic media

In signing the *Consent* I understand and acknowledge that:

- My photograph, name, or statement may be used for ACC purposes in slide/tape presentations, film, videotape, or electronic communication productions for instructional, informational, promotional, or other purposes.
- I will not receive any remuneration for the use of my name, photograph, or quote.
- I release ACC's trustees, president, appropriate vice presidents and other administrators, faculty members, and staff from liability for any claim or course of action resulting from or in any way related to the use or publication of such photographs or statements.
- Said material is the sole property of Austin Community College or its assignees.
- I am over 18 years of age and otherwise legally competent to sign this *Consent*.
- I have read this *Consent* in its entirety and understood it prior to executing it.

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_





## Continuing Education Instructors Employment Reference Check

Reference Check Date \_\_\_\_\_

### Section I – Applicant Information

Applicant's First Name	Applicant's Last Name
Primary Contact #:	Alternate Contact #
E-Mail Address:	

### Section II – Employer /Reference Contact Information

Name of Employer/Reference Contact:	
Contact Title:	Contact Telephone #:

### Section III - Teaching Information

Currently employed with ACC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Taught at ACC <input type="checkbox"/> Yes <input type="checkbox"/> No
What courses has this instructor taught?	Association with candidate? ( <i>supervisor, co-worker, friend</i> )
How would you describe student response to this instructor?	
This person is applying to teach _____. To your knowledge does this candidate have the skills and/or experience to teach in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Has the candidate performed any training or leadership activities in any organization that would be applicable to the classroom setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
Is there any reason why this person could not perform the duties assigned to him/her? <u>OR</u> Is there any reason why this person could not be rehired in your organization? If yes, Please describe:	

### Section IV – Performance Factors

### Does the applicant possess the following:

Ability to plan and organize? Poor _____ Good _____ Great _____	Ability to solve problems? Poor _____ Good _____ Great _____
Ability to take criticism and suggestions? Poor _____ Good _____ Great _____	Ability to work well with others? Poor _____ Good _____ Great _____

Reference checked by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## Continuing Education Instructors Employment Reference Check

Reference Check Date \_\_\_\_\_

### Section I – Applicant Information

Applicant's First Name	Applicant's Last Name
Primary Contact #:	Alternate Contact #
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Name of Employer/Reference Contact:	
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How would you describe student response to this instructor?	
This person is applying to teach _____ To your knowledge does this candidate have the skills and/or experience to teach in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Has the candidate performed any training or leadership activities in any organization that would be applicable to the classroom setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
Is there any reason why this person could not perform the duties assigned to him/her? <u>OR</u> Is there any reason why this person could not be rehired in your organization? If yes, Please describe:	

### Section IV – Performance Factors

### Does the applicant possess the following:

Ability to plan and organize? Poor _____ Good _____ Great _____	Ability to solve problems? Poor _____ Good _____ Great _____
Ability to take criticism and suggestions? Poor _____ Good _____ Great _____	Ability to work well with others? Poor _____ Good _____ Great _____

Reference checked by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_