



Federal Work-Study Student
Hiring Packet

Rutgers Biomedical Health
Sciences (RBHS)

Faculty/Staff/Housestaff Information Sheet

Social Security Number: _____			Sex: Male Female	
Name: _____			Date of Birth: _____	
(Last Name)	(First name)	(MI)		
Address: _____				
(Street)	(Apt. #)	(City)	(State)	(Zip Code)
Home #: _____		Cell/Alt. #: _____		
Marital Status:	Single	Married	Civil Unioned	Domestic Partnered
				Divorced Separated Widowed
US Citizen?	Yes	No		

Military Experience (Please check one)	
None Other Protected Veteran Only Vietnam Veteran Only	Both Vietnam/Other Eligible Veteran Special Disabled Veteran Armed Forces Services Medal Veteran

Ethnicity / Race
Part I. Ethnicity (Select one) Not Hispanic or Latino Hispanic or Latino
Part II. Race (Select one or more race(s)) Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Emergency Contact Information				
Name: _____			Relationship: _____	
(Last Name)	(First name)			
Address: _____				
(Street)	(Apt. #)	(City)	(State)	(Zip Code)
Home #: _____		Work #: _____		
Cell #: _____		Alt. #: _____		

Language Proficiency			
(1) _____	Speak	Speak & Read	Speak, Read & Write
(2) _____	Speak	Speak & Read	Speak, Read & Write
(3) _____	Speak	Speak & Read	Speak, Read & Write

Condition of Employment

Name: _____
(Last Name) (First name) (MI)

PLEASE READ AND SIGN BELOW

I understand and accept the following as conditions of employment:

- A. It is understood that, in concert with Rutgers University, I will not be permitted to bid or occupy a position which will put me into a direct supervisory/ subordinate role with a relative during my term of employment.
- B. I understand that there is no guarantee that I will remain on the shift for which I am being hired. The University may change my shift as the need arises.
- C. I have been informed that I am being hired at the following annual salary or hourly rate: _____ Range: _____ Step: _____

Signature: _____

Date: _____

SS#: _____

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• 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 _____
• 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.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• 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.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2015, 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.) ►				
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 or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 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 \$4,000 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 \$65,000 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 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 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

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
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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 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.

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS# Name Address City State Zip			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.	
4. Total number of allowances you are claiming (see instructions)			4.	
5. Additional amount you want deducted from each pay			5. \$	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6.	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 673	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 35,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 673	\$ 769	\$ 11.54 +	\$ 673	3.9%	\$ 35,000	\$ 40,000	\$ 600.00 +	\$ 35,000	3.9%
\$ 769	\$ 1,442	\$ 15.28 +	\$ 769	6.1%	\$ 40,000	\$ 75,000	\$ 795.00 +	\$ 40,000	6.1%
\$ 1,442		\$ 56.34 +	\$ 1,442	7.0%	\$ 75,000		\$ 2,930.00 +	\$ 75,000	7.0%
\$ 9,615		\$ 628.45 +	\$ 9,615	9.9%	\$ 500,000		\$ 32,680.00 +	\$ 500,000	9.9%
RATE 'B'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 961	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 50,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 961	\$ 1,346	\$ 17.30 +	\$ 961	2.7%	\$ 50,000	\$ 70,000	\$ 900.00 +	\$ 50,000	2.7%
\$ 1,346	\$ 1,538	\$ 27.70 +	\$ 1,346	3.9%	\$ 70,000	\$ 80,000	\$ 1,440.00 +	\$ 70,000	3.9%
\$ 1,538	2,884	\$ 35.18 +	\$ 1,538	6.1%	\$ 80,000	\$ 150,000	\$ 1,830.00 +	\$ 80,000	6.1%
\$ 2,884		\$ 117.29 +	\$ 2,884	7.0%	\$ 150,000		\$ 6,100.00 +	\$ 150,000	7.0%
\$ 9,615		\$ 588.46 +	\$ 9,615	9.9%	\$ 500,000		\$ 30,600.00 +	\$ 500,000	9.9%
RATE 'C'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 769	\$ 5.76 +	\$ 384	2.3%	\$ 20,000	\$ 40,000	\$ 300.00 +	\$ 20,000	2.3%
\$ 769	\$ 961	\$ 14.62 +	\$ 769	2.8%	\$ 40,000	\$ 50,000	\$ 760.00 +	\$ 40,000	2.8%
\$ 961	\$ 1,153	\$ 19.99 +	\$ 961	3.5%	\$ 50,000	\$ 60,000	\$ 1,040.00 +	\$ 50,000	3.5%
\$ 1,153	\$ 2,884	\$ 26.71 +	\$ 1,153	5.6%	\$ 60,000	\$ 150,000	\$ 1,390.00 +	\$ 60,000	5.6%
\$ 2,884		\$ 123.65 +	\$ 2,884	6.6%	\$ 150,000		\$ 6,430.00 +	\$ 150,000	6.6%
\$ 9,615		\$ 567.90 +	\$ 9,615	9.9%	\$ 500,000		\$ 29,530.00 +	\$ 500,000	9.9%
RATE 'D'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 769	\$ 5.76 +	\$ 384	2.7%	\$ 20,000	\$ 40,000	\$ 300.00 +	\$ 20,000	2.7%
\$ 769	\$ 961	\$ 16.16 +	\$ 769	3.4%	\$ 40,000	\$ 50,000	\$ 840.00 +	\$ 40,000	3.4%
\$ 961	\$ 1,153	\$ 22.68 +	\$ 961	4.3%	\$ 50,000	\$ 60,000	\$ 1,180.00 +	\$ 50,000	4.3%
\$ 1,153	\$ 2,884	\$ 30.94 +	\$ 1,153	5.6%	\$ 60,000	\$ 150,000	\$ 1,610.00 +	\$ 60,000	5.6%
\$ 2,884		\$ 127.88 +	\$ 2,884	6.5%	\$ 150,000		\$ 6,650.00 +	\$ 150,000	6.5%
\$ 9,615		\$ 565.40 +	\$ 9,615	9.9%	\$ 500,000		\$ 29,400.00 +	\$ 500,000	9.9%
RATE 'E'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 673	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 35,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 673	\$ 1,923	\$ 11.54 +	\$ 673	5.8%	\$ 35,000	\$ 100,000	\$ 600.00 +	\$ 35,000	5.8%
\$ 1,923		\$ 84.04 +	\$ 1,923	6.5%	\$ 100,000		\$ 4,370.00 +	\$ 100,000	6.5%
\$ 9,615		\$ 584.20 +	\$ 9,615	9.9%	\$ 500,000		\$ 30,370.00 +	\$ 500,000	9.9%



Background Check Candidate Information Form

First Name

Last Name

Middle Initial

Other Name(s) You Have Used:

Date of Birth

Social Security No.

Telephone Number

E-Mail Address

Please list all addresses for the past ten years. If more than three, please use the reverse side of this form.

1)

Full Street Address, City, State

From - To

2)

Full Street Address, City, State

From - To

3)

Full Street Address, City, State

From - To

APPLICANT SIGNATURE: _____

DATE: _____

DISCLOSURE STATEMENT: CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

Rutgers, The State University of New Jersey and its designated agents and representatives may arrange for a consumer reporting agency to conduct a comprehensive review of your background through a consumer report and/or an investigative consumer report to be generated for the purpose of evaluating your employment, promotion, reassignment or retention as an employee. This consumer report or investigative consumer report may include, but is not limited to, the following areas: social security number verification; credit reports; criminal records checks; court records checks; driving records; information about your character, mode of living, general reputation and personal characteristics; and/or summaries of educational and employment records and histories. Any information contained in these reports may be taken into consideration in evaluating your suitability for employment.

To the extent that Rutgers requests an investigative consumer report, which generally provides information about your character, your general reputation and personal characteristics, and your mode of living, you will receive separate disclosure of the precise nature and scope of the report and, if you request, you will receive a copy of the report.

AUTHORIZATION TO OBTAIN A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT AND RELEASE

I hereby authorize Rutgers, The State University of New Jersey and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated as a condition of employment, continued employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Social Security Number validation; credit reports; criminal records checks; address history; court records checks; driving records; information about my character, general reputation and personal characteristics; and/or summaries of educational and employment records and histories. Any information contained in such reports may be taken into consideration in evaluating my suitability for employment. In addition, I understand that, to the extent that I am currently a Rutgers employee, the information in a consumer report may be taken into consideration with respect to my employability in my current position.

I understand that if any adverse decision is made with regard to an employment decision based on the information contained in a consumer report or an investigative consumer report, I will be notified and given a copy of the report, as well as a summary of my rights.

In addition, I understand that, to the extent that Rutgers requests an investigative consumer report, which generally provides information about my character, my general reputation and personal characteristics, and my mode of living, I will receive separate disclosure of the precise nature and scope of the report and, if I request, I will receive a copy of the report.

I have been informed that my refusal to consent to a consumer report or investigative consumer report may result in rejection of my application for employment or withdrawal of an offer of employment.

I authorize the complete release of records or data pertaining to me, both information that may be provided in written form or verbally, which an individual, company, firm, corporation, or public agency may have. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I understand that this authorization shall remain on file and shall serve as an ongoing authorization for Rutgers to procure consumer reports at any time during my employment to the extent permitted by law.

I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions where age is not a bona fide position requirement.

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish Rutgers and its consumer reporting agency with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Rutgers University, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively,

from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I understand that, if I request a copy of this authorization in writing, Rutgers will provide me with a copy. I also understand that the results of the background investigation will be maintained in confidence.

Name: (Please Print) _____ , _____ , _____
(Last) (First) (M.I.)

Address: _____

Social Security Number ____ - ____ - _____

Date of Birth ____ / ____ / ____
(MM/DD/YYYY)

Signature: _____ Date: _____



Name_____

A #_____

Please check the box if you have experience in the following areas:

- ☐ Quantitative methods, SPSS or SAS
- ☐ Training in care management
- ☐ Must have taken Epidemiology and Intro to Biostatistics
- ☐ Work with students with special needs
- ☐ Tutor – Math, Reading and Science
- ☐ Work with tissue culture and animals
- ☐ MatLab
- ☐ HIPPA & CITI training
- ☐ Lab Experience
- ☐ Generate QA/QI reports
- ☐ Knowledge of electricity
- ☐ Histology & MCR Orientation
- ☐ AV equipment
- ☐ Cell/Molecular Biology research
- ☐ Human Subject Training/ Research
- ☐ Proficient in Spanish
- ☐ RNA extraction ,setting up PCR and washing plates for ELISPOT & ELISA
- ☐ Working Knowledge of SAS, proficient with using Endnotes (interest Epidemiology)
- ☐ Familiar with South Asian- Fluency in Hindi and Gujarati
- ☐ Tobacco Research, Marketing and Qualitative data entry (i.e. ATLAS)