

Department of Human Resources

10900 Euclid Avenue  
Cleveland, Ohio 44106-7047

phone 216.368.6964  
fax 216.368.4678

[www.case.edu](http://www.case.edu)

askHR@case.edu

## new staff orientation

Employee name \_\_\_\_\_

Department \_\_\_\_\_

Supervisor name \_\_\_\_\_

---

### orientation acknowledgement

I acknowledge that I have been advised that the *HR Policy Manual* is available online at the Department of Human Resources website and that there are computers available in the HR Service Center to view the manual if I do not have access elsewhere. I have further been advised that I should contact HR at AskHR@case.edu with any questions.

I understand that Case Western Reserve University policies and procedures have been highlighted during this training session. I further understand my obligation to review the entire Policy Manual and to contact HR with any questions regarding the provisions of the Policy Manual. I acknowledge the expectation for me to abide by the rules and regulations described therein.

I understand the information, policies, and benefits described here are necessarily subject to change, and revisions to the Policy Manual may occur. I understand that the university may change, modify, suspend, interpret, or cancel, in whole or part, any of its personnel policies or practices, with or without notice.

By signing below, I understand and agree that it is my responsibility to read and comply with the policies contained in the HR Policy Manual, including any revisions to such policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name Case Western Reserve University		Employer's Business or Organization Address, City or Town, State, ZIP Code 10900 Euclid Avenue Cleveland, OH 44106		

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

# Employee's Withholding Certificate

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

**2024**

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

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

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.





## Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

### Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

### Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" ..... \_\_\_\_\_
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" ..... \_\_\_\_\_
3. Number of dependents ..... \_\_\_\_\_
4. Total withholding exemptions (sum of line 1, 2, and 3) ..... \_\_\_\_\_
5. Additional Ohio income tax withholding per pay period (optional) ..... \$ \_\_\_\_\_

### Section III: Withholding Waiver

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

### Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

**The IT 4 does not need to be filed with the Department of Taxation.** Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

### Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at [tax.ohio.gov](http://tax.ohio.gov). You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

### Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

**Note:** If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

### Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- Reciprocity Exemption: If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- Resident Military Servicemember Exemption: If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- Nonresident Military Servicemember Exemption: If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- Nonresident Civilian Spouse of a Military Servicemember Exemption: If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
  - Your spouse is a nonresident of Ohio;
  - You and your spouse are residents of the same state;
  - Your spouse is stationed in Ohio on military orders; and
  - You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
  - Agricultural labor (as defined in 26 U.S.C. §3121(g));
  - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
  - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

\*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).

CASE WESTERN RESERVE UNIVERSITY  
HUMAN RESOURCES DEPARTMENT  
POST-EMPLOYMENT RECORD

Please Print: Last Name

First Name

Middle

Street Address

City

State

Zip

Date of Birth \_\_\_\_\_

Male

Female

Phone \_\_\_\_\_

Home

Cell

In case of University Emergency: The Rave system will be used in the case of imminent danger, serious threat to the campus community or any major campus emergency situation. Rave will also be used to notify the CWRU community of campus closings due to severe weather. Rave is an opt-out type system, not an opt-in type. All personnel that would generally be on campus will be automatically added to the Rave system.

Cell phone \_\_\_\_\_ Opt out text messages  Opt out voice mail messages

In case of a Personal Emergency, please indicate whom the University should notify:

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been bonded?

Yes

No

Have you ever been declined for a bond?

Yes

No

If yes, please explain \_\_\_\_\_

Have you ever served in the military?

Yes

No

If yes, dates of service \_\_\_\_\_ Rank \_\_\_\_\_

Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Does your job require you to drive a vehicle?

Yes

No

If yes, do you have a valid driver's license? Yes  No

State issuing driver's license \_\_\_\_\_ Exp. date \_\_\_\_\_

State issuing chauffeur's license \_\_\_\_\_ Exp. date \_\_\_\_\_

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

The above information will be held confidential in the CWRU Human Resources Department

**CASE WESTERN RESERVE UNIVERSITY**  
**CONFIDENTIAL**  
**POST-EMPLOYMENT SELF-IDENTIFICATION FORM**

It is the policy of Case Western Reserve University not to discriminate against any employee or applicant for employment in regard to any position for which a person is qualified. Federal regulations require the voluntary collection and retention of the following personal information. We have instituted safeguards to ensure that this information will be kept confidential and refusal to provide it will not subject you to adverse treatment.

Name \_\_\_\_\_ Employee No. \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Gender:

- Male  
 Female

Veteran Status:

- Veteran (other than Vietnam-era)  
 Vietnam-era veteran  
 Disabled veteran (Vietnam-era only)  
(Please see next page)  
 Disabled veteran (please see next page)

Disabled:

Race/Ethnicity: Please select only one classification below.

Ethnicity

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (If you select Hispanic or Latino, do not select another classification.)

Race

- White: (Not Hispanic or Latino) A person having origins in any of the original people of Europe, the Middle East, or North Africa.
- Black or African American: (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.
- Asian: (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander: (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native: (Not Hispanic or Latino) A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachments.
- Two or More Races: (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



# CASE WESTERN RESERVE UNIVERSITY VETERANS SELF-IDENTIFICATION

All employees and applicants having been made an offer of employment,  
please complete the following survey

As an employer with an Affirmative Action Obligation pursuant to the Vietnam Era Veterans Readjustment Assistance Act, and/or the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), as appropriate, we must comply with government regulations regarding the collection of demographic information about our applicants. We are required to invite all applicants to self-identify for consideration under our Veteran's Affirmative Action Programs. Provision of this information is voluntary and refusal to provide it will not subject the applicant to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.

We are required to take affirmative action to employ and advance in employment: 1) disabled veterans; 2) recently separated veterans; 3) active duty wartime or campaign badge veterans; and 4) Armed Forces Service Medal Veterans. Please see below for the definition of each classification.

\_\_\_\_\_ Disabled Veteran: 1) a veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or 2) a person who was discharged or released from active duty because of a service connected disability.

\_\_\_\_\_ Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release for active duty in the U.S. military, ground, naval, or air service.

\_\_\_\_\_ Date of Separation

\_\_\_\_\_ Active Duty Wartime or Campaign Badge Veteran: Any veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of qualifying wars, campaigns and expeditions is attached.

\_\_\_\_\_ Armed Forces Service Medal Veteran: This award, authorized by Executive Order 12985, Jan. 11, 1996, is awarded to members of the armed forces of the U.S. who, after June 1, 1992: (1) participate, have participated, as members of U.S. military units, in a U.S. military operation that is deemed to be or significant activity by the Joint Chiefs of Staff; and (2) encounter no foreign armed opposition or imminent threat of hostile action.

If you believe you belong to one or more of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF-IDENTIFY AT THIS TIME

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print)*

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

## Campaigns and Expeditions Which Qualify for Veterans Preference

Campaign or Expedition	Inclusive Dates
<p>Armed Forces Expeditionary Medal (AFEM)</p> <p>A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded</p>	
Afghanistan (Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF))	OEF September 11, 2001 to present; OIF March 19, 2003 to present
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11, 1975 to 13, 1975
Congo	July 14, 1960 to September 1, 1962; November 23, 1964 to 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Global War on Terrorism	September 11, 2001 - present
Grenada (Operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OEF), and Iraqi Freedom (OIF))	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2201 to present; OIF March 19, 2003 to present
Korea	October 1, 1966 to June 30, 1974
Kosovo	March 24, 1999 to present
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1, 1958; June 1, 1983 to December 1, 1987
Mayaguez Operation	May 15, 1975 to May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)

Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973
Rwanda (Operation Distant Runner)	April 7, 1994 to 18, 1994
Thailand	May 16, 1962 to August 10, 1962

ACKNOWLEDGEMENT OF CONDITION OF EMPLOYMENT AND EMPLOYMENT  
POLICIES AND AUTHORIZATION FOR PAY DEDUCTIONS

I hereby acknowledge and agree that the following provision is a condition of my employment with Case Western Reserve University.

Should my employment at Case Western Reserve University terminate at some future date for any reason I shall:

A. Return all property of the University including but not limited to:

- |                                       |                          |
|---------------------------------------|--------------------------|
| - Desk/Office Door Keys               | - Computer/Lab Equipment |
| - Uniforms                            | - Cell Phone             |
| - Books                               | - PDA                    |
| - ID Card                             | - Parking Tags           |
| - Credit/Purchasing Procurement Cards | - Other _____            |

B. Pay all debts due and owing to Case Western Reserve University including but not limited to charges for personal long distance telephone calls and any other delinquent charges remaining unsatisfied. Employees failing to return ID cards, parking tags, and office keys will be charged per item at \$25 for ID cards and parking tags and \$50 for office keys.

Should I fail to return any property or to pay all debts to the university, I authorize the university to deduct from my final paycheck and/or any unused vacation payout an amount equal to the debts owed to the University, an amount equal to the reasonable value of the property not returned, or both, provided that the final amount of the check provides minimum wage for hours worked under Ohio and federal law.

I acknowledge that I have been advised that HR policies are available online at the Human Resources Department website at <https://case.edu/hr/university-policies> and additional university policies are available online at the Compliance Department website at <https://case.edu/compliance/university-policies>. In the event that I do not have access to this information elsewhere, I am aware that there are computers available in the HR Service Center, located in Crawford Hall Room 320, to view HR and university policies. I have further been advised and understand and agree that I should contact HR at [AskHR@case.edu](mailto:AskHR@case.edu) or 216.368.6964 with any questions regarding HR or university policies.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



**CASE WESTERN RESERVE UNIVERSITY**  
EST. 1826

CASE USE ONLY

Log \_\_\_\_\_  
Route \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Human Resources Department  
Office of Employment  
10900 Euclid Avenue, Cleveland, Ohio 44106-7047  
An Equal Opportunity / Affirmative Action Employer  
STAFF PRE-EMPLOYMENT APPLICATION**

Pre-Employment Applications are accepted only for positions currently posted as being available. The information requested will help determine your qualifications as they relate to the position for which you applied. Please complete each section thoroughly and accurately. If you are employed, this information will become part of your permanent records at the University.

This application will be kept on file for six (6) months.

Last Name:		First Name:		Initial:		Former Last Name:	
Address: Number and Street			City	State	Zip Code	Date:	
Candidate Email:		Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone Number (8:00 a.m. – 5:00 p.m.)   Telephone Number (after 5:00 p.m.)		
Have you ever been convicted of a crime, or pled guilty or no contest to a crime, other than a minor traffic violation? (Note: If you have had a conviction formally expunged by the appropriate court and have written documentation of the expungement, you are not obligated to report that conviction here. However, the University reserves the right to request documentation indicating that the conviction has been expunged.)  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, explain in detail. _____ _____ _____							
Position Desired (Job #):				Minimum Salary Requirement:			
What type of employment are you interested in?  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Term				If part-time, what hours/days can you work?			
How were you referred to Case? <input type="checkbox"/> Walk-in <input type="checkbox"/> Case Website Posting <input type="checkbox"/> Case Job Fair <input type="checkbox"/> Case Employee <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Journal/Magazine: _____ <input type="checkbox"/> Career Fair: _____ <input type="checkbox"/> Employment Agency: _____ <input type="checkbox"/> Other Websites: _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Recruitment Advisory Network: _____							
Do you have relatives employed by Case?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, whom?				Relationship:			
Were you ever employed by Case?				<input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, when?			

### EDUCATIONAL EXPERIENCE

Circle Highest Grade Completed	Name of School City, State, Country	Major Subject	Grade Point Average	Graduate or GED received	Type of Degree
High School: 9 10 11 12					
College: 1 2 3 4					
Graduate School: Other:					
Technical or Vocational Training:					

**Scholastic Honors and Professional Affiliations:**

---



---

**SPECIAL SKILLS (if applicable):**

Typing (rate) \_\_\_\_\_ 10-Key \_\_\_\_\_ Microsoft Office Suite:  
 Shorthand (rate) \_\_\_\_\_ Medical Terminology \_\_\_\_\_  Word  Excel  Access  
 PowerPoint  Outlook

Additional Skills (list equipment & software you have used) \_\_\_\_\_

---

### BUSINESS/PROFESSIONAL REFERENCES

Please give the names of three persons not related to you, whom you have known for at least one year.

Name	Business	Years Acquainted	Phone Number	Email Address
1				
2				
3				

Please list your experience below, starting with your present or most recent employment. Use additional sheets if necessary.

Name of Organization		Type of Business		Address-Street, City & State	
<u>Starting Date</u> Month    Year	<u>Leaving Date</u> Month    Year	Part-time hours  Full-time hours	Final Pay	Reason for Leaving	
Name of Supervisor		Supervisor's Title		Phone Number & Email Address	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title _____ Description of Work and Responsibilities _____ _____ _____ _____					
Name of Organization		Type of Business		Address-Street, City & State	
<u>Starting Date</u> Month    Year	<u>Leaving Date</u> Month    Year	Part-time hours  Full-time hours	Final Pay	Reason for Leaving	
Name of Supervisor		Supervisor's Title		Phone Number & Email Address	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title _____ Description of Work and Responsibilities _____ _____ _____ _____					
Name of Organization		Type of Business		Address-Street, City & State	
<u>Starting Date</u> Month    Year	<u>Leaving Date</u> Month    Year	Part-time hours  Full-time hours	Final Pay	Reason for Leaving	
Name of Supervisor		Supervisor's Title		Phone Number & Email Address	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title _____ Description of Work and Responsibilities _____ _____ _____ _____					

Please read the following statement carefully before submitting your application. Your submittal acknowledges that you have read and understand the statements and authorize any person, agency or other entity contracted by Case Western Reserve University or its agents to furnish information concerning you:

I authorize the companies, schools and persons named on this application to provide information regarding me and hereby release them from all liability in connection with the release of this information.

I hereby authorize the University, its agents and representatives to perform background checks into the records of the Bureau of Motor Vehicles and/or into the records of law enforcement agencies for records of criminal convictions. I further acknowledge and understand that any adverse information obtained by the University in conducting its background checks will be considered in the decision whether or not to hire me and may be the basis for a refusal to hire me.

I further understand that any offer of employment I may receive is, or may be, contingent upon the successful completion of a physical examination which will be job related and consistent with the business purposes of the University.

I understand that by completing this application, there is no guarantee of an employment interview or offer. If I am granted an interview and receive an employment offer, the offer and employment benefits received are not to be construed as an express or implied contract of employment with the University.

If I am offered employment, I understand that I am required by law to provide the University with proof of my identity and eligibility for employment within three (3) working days of my start date.

I certify that all of the information contained herein is true. I understand that the misrepresentation or omission of facts is sufficient cause for refusal of employment or dismissal from my employment if I obtain a position at the University. I further understand that an electronic submission of this authorization may be considered as valid as an original.

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

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



**CASE WESTERN RESERVE UNIVERSITY  
New Employee Job Exposures**

This checklist is designed to aid you in determining the exposures of the job.

**JOB HAZARDS (MANDATORY Safety Training Required):**  
 Yes  No Are employees directly exposed to the following hazards in the work environment?  
 If yes is checked, register with Safety at 368-2907.

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Select Agents	<input type="checkbox"/> Repetitive Motion
<input type="checkbox"/> Regulated Chemicals	<input type="checkbox"/> Restricted Access	<input type="checkbox"/> Radioactive Materials
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Laser	<input type="checkbox"/> Fumes, dust, others
<input type="checkbox"/> X-Ray	<input type="checkbox"/> UV Light	<input type="checkbox"/> Animals
<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Infectious Agent	<input type="checkbox"/> Confined Space Entry
<input type="checkbox"/> Pesticides or herbicides	<input type="checkbox"/> Around moving machinery	<input type="checkbox"/> FBI Check/ Fingerprinting
<input type="checkbox"/> Baseline evaluation of hearing required	<input type="checkbox"/> Commercial Products (Oil, Cleaning Solvents)	
<input type="checkbox"/> Baseline evaluation of vision required	<input type="checkbox"/> Powered Industrial Vehicle (Fork/ Reach/ Bucket Lift)	
<input type="checkbox"/> Other _____		

**JOB TASKS:**  
 Yes  No Will employees have the following tasks?

<input type="checkbox"/> Physical Exertion	<input type="checkbox"/> Security Tasks (Campus Patrol)
<input type="checkbox"/> Lifting (Up to _____ lbs.)	<input type="checkbox"/> Plant Tasks (Facility Maintenance)
<input type="checkbox"/> Grounds Tasks (Lawn Maintenance)	<input type="checkbox"/> Custodial Tasks (Building/ Waste Maintenance)
<input type="checkbox"/> DOT Shipping/ Receiving of Hazardous, Biological, or Infectious Materials	
<input type="checkbox"/> Other _____	

Yes  No Responsible for individuals under the age of 18 years?  
 Explain \_\_\_\_\_

**PERSONAL PROTECTIVE EQUIPMENT REQUIRED:**  
 Yes  No Will the employee need the following equipment?

<input type="checkbox"/> Protective Eyewear	<input type="checkbox"/> Laboratory Coat	<input type="checkbox"/> Appropriate Gloves
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other _____	

**ERGONOMIC CONCERNS:**  
 Yes  No Will the employee perform the following activity?

<input type="checkbox"/> Balance	<input type="checkbox"/> Bend/ Stoop	<input type="checkbox"/> Climb stairs
<input type="checkbox"/> Crawl / Kneel	<input type="checkbox"/> Crouch / Squat	<input type="checkbox"/> Climb ladders
<input type="checkbox"/> Keyboard/ Type	<input type="checkbox"/> Push/ Pull	<input type="checkbox"/> Reach
<input type="checkbox"/> Use Computer mouse	<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Reach above shoulder
Explain: _____		

**TRAVEL-REQUIREMENTS:**  
 Yes  No Will the employee be required to drive while on the job?

Will employee operate University vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ohio Driver's License Valid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Driver's License Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Chauffeur Driver's License Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Yes  No Will employee transport hazardous materials?  
 (Chemicals, Contaminated Equipment, Lead, PCB, Paints)  
 Other \_\_\_\_\_

Yes  No Will employee transport biohazardous materials?  
 (Clinical samples, Human blood or tissue, Animals, Contaminated equipment)  
 Other \_\_\_\_\_

Yes  No Will employee transport universal waste?  
 (Ballasts, Batteries, Computers, Fluorescent Bulbs, Insecticides, Mercury Products)  
 Other \_\_\_\_\_

Revised 9/19/2008

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Department \_\_\_\_\_ Location \_\_\_\_\_ Job Title \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION**  
**[IMPORTANT – PLEASE READ CAREFULLY**  
**BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**  
**ORDER NUMBER:**

**FAX: 910.343.9731**

**Company Name:**

**CAC:**

("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
<u>New York applicants or employees only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Oregon applicants or employees only:</u> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.
<u>Washington State applicants or employees only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Employer Use Only: Please mark (✓) the searches to be conducted.**

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------