

SITKA FIRE DEPARTMENT

Applicant Information

Thank you for your interest in joining the Sitka Fire Department. Please review this document for a brief overview of our department. Please keep the top (2) pages for your future reference.

The Sitka Fire Department is actually two (2) different organizations: The Sitka Fire Department and the Sitka *Volunteer* Fire Department Association. When you join, you will be joining both. The Sitka Fire Department is the *operational side* of the department. This side provides the direction, oversight and policy for response to emergencies and provides skills training to the emergency responders. The Sitka *Volunteer* Fire Department Association is the social organization side which provides support for the members through incentives, outside training opportunities and fun social events. The Volunteer Association also builds community support for the entire organization through public events that promote the Fire Department as a whole.

Prospective members of the Sitka Fire Department are asked to fill out a department application. Complete your application (remember to sign the 2nd page) and return it to the Fire Chief or Assistant Fire Chief **with a copy of your criminal history report and driving record.** These records are available from the Department of Motor Vehicle (driving record/cost \$10.00) and the Alaska State Trooper Public Safety Academy (criminal history record/cost \$20.00). The driving record can also be accessed off the DMV online licensing site. Go to the Alaska State DMV page. These records are confidential and are not released to anyone except the Chief and the Personnel Review Board. The fee for these records may be reimbursed by the Fire Department at your request, after you have successfully completed your probationary period. **The Personnel Information Sheet, Direct Deposit Authorization Form, Designation of Beneficiaries Form and the W-4 Form need to be completed and turned in with your application. Also needed are a copy of your current driver's license and a copy of proof of insurance.**

We accept new member applications at any time. You must select a primary division (**one only**): Fire, EMS, Dive, SAR, ERV or Auxiliary, when you apply. On the third Wednesday of each month, we have a Volunteer Association Business Meeting at 7:00 p.m. At this meeting we accept new members into the association and you will be expected to be available for the personnel review board at 6:30 p.m. and then for the subsequent meeting. Upon being voted in by the majority of those members present at this Business Meeting, you will begin a 6 month probation period. At the end of your probation period the members will vote to accept you into full membership. Members on probation are asked to step out of the Monthly Business Meeting while elections of new members and those completing probation are discussed and voted upon. Once this is completed, you are asked to come back into the room and the Business Meeting will continue. A dinner is provided for all those attending Business Meetings.

After you are accepted into the Fire Department, and start your probation period, you will be contacted by the division Captain. They will work with you to get you online and operating in the field as soon as practical. You may be assigned a mentor to help you with your integration into the department. A department uniform is not issued until probation is completed. All other rights and privileges of full membership are granted to those on probation. The department has a zero tolerance policy for the use of illicit drugs and alcohol while on duty. If you choose to indulge in consumption of alcoholic beverages, you must wait a minimum of 8 hours after your last drink to respond to a call.

You are required to attend the Monthly Business Meeting (3rd Wednesday of each month at 7:00 p.m.) and the regularly scheduled drills of the division you are joining. If you are going to be out of town or unable to attend for some other reason, inform your division Captain so you will be marked excused and so that the status board can be kept current.

It is this Department's policy that volunteers are not required to respond to any calls while they are working. If the

volunteer wants to make his own arrangements about time off to respond, it will be between the volunteer and his employer.

Members of the department may be issued identification placards which must be displayed on your vehicle. You will also be issued a pager when your division Captain feels you have completed the appropriate training.

There is a tone test at 6:00 p.m. every night to test the pagers and make announcements about drills and social events.

Members have use of the Fire Hall, including the TV, VCR, kitchen, washer/dryer, and exercise equipment. The station has set quiet hours from 10:00 p.m. to 7:00 a.m., at which time all doors will be locked. From 7:00 a.m. to 10:00 p.m. all doors will be locked except the front door. Please enter through the front door during these times. The Department has several social functions during the year; Easter egg hunt, Christmas party, picnic and parades. Department members and their immediate family are encouraged to participate. Members take turns cooking dinner for the Monthly Business Meeting.

FIRE

Fire drills are the 1st and 2nd Wednesday of the month at 6:30 p.m. New members should receive bunking gear and a pager from the Fire Captain. They are required to go through a new firefighter rookie program, which will be handed out to them. After finishing the new firefighter rookie program, you will be assigned a Fire Company and then you will be able to respond directly to the scene and report to the fire engine for an assignment.

EMS

A current Alaska EMT certification is required prior to joining the EMS division. Drills are the 2nd and 4th Thursday at 7:00 p.m. You will first meet with the EMS Captain, complete a file and must go through orientation before you may respond to EMS calls. The EMS Captain will confirm that your Alaska EMS certification is current, and then he will issue the division's standing orders. You will be signing up as a rookie until you are familiar with the ambulance and procedures on scene. EMS is summoned by pager to respond to the scene. After completing your EMS orientation, you will be required to sign up for ten (10) six (6) hour shifts each month.

DIVE

Dive drills are held on the 3rd Sunday at 1:00 p.m. of each month. Please call in and be excused if you can't make either drill. If you have any questions about Dive Rescue, talk to the Dive Rescue Captain.

SAR

Search and Rescue drills are held on the 2nd and 4th Monday from 6:30 p.m. to 9:00 p.m. New members will complete an orientation and begin training in Search and Rescue operations/incident management. The Search and Rescue team maintains specialty resources including a high angle rescue team and K-9 team in which members may choose to participate. Additional drills for these units will be announced. Upon completion of your application you will be contacted by a SAR officer.

ERV (EMERGENCY RESPONSE VESSEL)

More information to come on this new Division.

AUXILIARY

The Auxiliary Division was organized to assist all divisions when requested or when the Fire Department has a long term emergency situation. This may include preparing meals, assisting in clean up operations, transporting personnel to emergency scenes and other duties as assigned.

SITKA FIRE DEPARTMENT

209 Lake Street
Sitka, Alaska 99835
(907) 747-3233

Date: _____

I hereby make application for membership in the Sitka Fire Department and agree to be governed by its constitution, by-laws, rules and regulations and the Substance Abuse Policy

Check division you are applying for: (one only)

_____ FIRE _____ EMS
_____ DIVE _____ SAR
_____ AUXILLARY _____ Emergency Response Vessel (ERV)

Name: _____ 18 years of age or older? Yes No DOB: _____
Street Address: _____ AND Mailing Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Place of Employment: _____ Work Address: _____
Position Held: _____ Work Number: _____
Length of time in this job: _____

In the event of an accident, who should be notified?
Relationship: _____ Their Street Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Do you have any physical conditions which may limit your ability to perform the duties for the position which you have applied? Yes* No (*Explain) _____

Describe all work or volunteer experience relative to the position you are applying for: _____

Are you a certified: E.T.T. _____ E.M.T. I II III P Which State _____ (Expiration Date _____)
FIRST AID _____ (Expiration Date _____) CPR _____ (Expiration Date _____)

If you have any of the above, please make a copy and include that copy with your application.

Do you have any specialized training? (Scuba diving, instructor, etc.) _____

Social Security #: _____ - _____ - _____ Do you have your own transportation? Yes No

Alaska Driver's License Number: _____ Expiration Date: _____

1. Attach a copy of your driving record for the last five years. A copy of your driving record can be picked up at the Department of Motor Vehicles for approximately \$10.00.
2. Attach a copy of your police record. A copy of your police record can be picked up at the Alaska State Trooper Public Safety Academy for approximately \$20.00.

THIS INFORMATION IS STRICTLY CONFIDENTIAL. IT IS FOR THE

CHIEFS' AND THE PERSONNEL REVIEW BOARD'S USE ONLY.

Provide two personal and two professional references:

Personal Reference:

Name: _____ Address: _____
 Phone #: _____ Years known: _____

Name: _____ Address: _____
 Phone #: _____ Years known: _____

Professional Reference:

Name: _____ Address: _____
 Phone #: _____ Years known: _____

Name: _____ Address: _____
 Phone #: _____ Years known: _____

The information supplied on this application is reviewed by the membership of the Sitka Fire Department. Any falsification in answering the previous questions will render this application and/or action taken upon it void.

Signature of the Applicant: _____ **Date:** _____

FOR THE PERSONNEL REVIEW BOARD TO COMPLETE

Documents received: MAKE SURE A COPY OF EACH REMAINS IN VOLUNTEER'S FILE

- | | |
|---|-----------------------------------|
| <i>Application For Membership (signed & dated)</i> | [] Yes [] No |
| <i>Personnel Information Sheet</i> | [] Yes [] No |
| <i>Designation Of Beneficiaries Form (signed & dated)</i> | [] Yes [] No |
| <i>Direct Deposit Authorization (They have a choice)</i> | [] Yes [] No |
| <i>W-4 form (signed & dated)</i> | [] Yes [] No |
| <i>Employment Eligibility Verification (signed & dated)</i> | [] Yes [] No |
| <i>2 pieces of ID or Passport</i> | [] Yes [] No |
| <i>Criminal History Record</i> | [] Yes [] No |
| <i>Driving Record</i> | [] Yes [] No |
| <i>Copy of Driver's License</i> | [] Yes [] No |
| <i>Copy of Proof of Vehicle Insurance</i> | [] Yes [] No |
| <i>First Aid Card</i> | [] Yes [] No |
| <i>CPR Card</i> | [] Yes [] No |
| <i>IS 100 Card [] Yes [] No</i> | <i>IS 700 Card [] Yes [] No</i> |
| <i>Shot Records</i> | [] Yes [] No |

<i>Checklist:</i>	<i>Initial</i>	<i>Date</i>	<i>Action Taken</i>
<i>Personal Review Board</i>	_____	_____	<i>Approved/Disapproved</i>
<i>Chief</i>	_____	_____	<i>Approved/Disapproved</i>
<i>Membership</i>	_____	_____	<i>Approved/Disapproved</i>
<i>Probation Ending Date:</i>	_____	_____	

DATE BROUGHT INTO THE VOLUNTEER ORGANIZATION: _____



City and Borough of Sitka Personnel Information Sheet

Date _____

Name (First, Middle, Last) Please Print				Social Security Number
Nickname or Preferred name:				
Mailing Address				Birth date
Physical Address				Home Phone Number
Emergency Contact Name				Emergency Phone Number
Driver's License Number	State	CDL (Y/N)	Exp. Date	Personal Email Address

EEO info

Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Black
US Citizen:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hispanic
Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Alaska Native / American Indian
Current Military:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Asian or Pacific Islander
					<input type="checkbox"/>	White
					<input type="checkbox"/>	Mixed

Race: (check one)

Benefits (office use only)

	<u>Type</u>	<u>Rate</u>
Premera Health Insurance		
USABLE life		
Voluntary:		
Voluntary:		

POST-HIRE HEALTH QUESTIONNAIRE

The purpose of this form is to document preexisting conditions for Second Injury Fund purposes in the event of a work injury per Alaska Statute §23.30.205, and for other lawful employment purposes. Responses are considered confidential medical records and will be stored separately from your personnel file.

Last Name:	First Name:	Middle Name:
Social Security Number:	Position:	Date of Hire:

PERSONAL MEDICAL HISTORY: (Please mark answers to all questions)

Have you ever had or been treated for:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinism
<input type="checkbox"/>	<input type="checkbox"/>	Amputated Foot, Leg, Hand or Arm	<input type="checkbox"/>	<input type="checkbox"/>	Ionizing Radiation Injury
<input type="checkbox"/>	<input type="checkbox"/>	Ankylosis (fused joints)	<input type="checkbox"/>	<input type="checkbox"/>	Joint Injury or Pain
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis / Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems / Disease
<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Metal Poisoning
<input type="checkbox"/>	<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophies (wasting of muscles)
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease or Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Neck or Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular Disorder (stroke)	<input type="checkbox"/>	<input type="checkbox"/>	Osteomyelitis (bone infection)
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis (loss of bone density)
<input type="checkbox"/>	<input type="checkbox"/>	Compressed Air Sequelae	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Blindness (partial or complete) or Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured Intervertebral Disc (herniated disc in spine)
<input type="checkbox"/>	<input type="checkbox"/>	Fainting / Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis (lung condition from stone dust)
<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rashes
<input type="checkbox"/>	<input type="checkbox"/>	Chronic or Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Spondylolisthesis
<input type="checkbox"/>	<input type="checkbox"/>	Whole or Partial Loss of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis (inflamed vein with clots)
<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or Prolonged Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure or Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Any other permanent injury, disease or condition

Please provide a full explanation for all "yes" answers, including a description of the condition(s), treatment, and body part(s) affected:

Alaska National Insurance Company does not discriminate in hiring, promotion or retention policies or practices against persons who have, in good faith, filed a claim for or received benefits under the Alaska Workers' Compensation Law.

I hereby certify that I have answered the above questions to the best of my knowledge and the answers are true and complete. I understand that misrepresentation or omission of facts is cause for dismissal and may result in denial of workers' compensation benefits.

Employee Signature:	Date:
Employer Representative Signature:	Date:

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying 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, other details, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

Do only one of the following.

(a) Reserved for future use.

(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

TIP: If you have self-employment income, see page 2.

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

Step 3: Claim Dependent and Other Credits	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	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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

Date

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

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly 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 2023 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.

- 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 1 \$ _____
- 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 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 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 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. 3 _____
- 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) 4 \$ _____

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



- 1 Enter an estimate of your 2023 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 1 \$ _____
- 2 Enter: {
 - \$27,700 if you're married filing jointly or a qualifying surviving spouse
 - \$20,800 if you're head of household
 - \$13,850 if you're single or married filing separately
 } 2 \$ _____
- 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-" 3 \$ _____
- 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 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



City and Borough of Sitka

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name

Last 4 digits of Social Security Number

Effective Date _____

- Initial Enrollment
- Cancellation
- Change Account #
- Change Amount

I authorize and request the City and Borough of Sitka to direct deposit the net amount of my payroll funds to my account(s) as indicated below:

Financial Institution _____

Bank Routing Number _____

	Amount	Payrolls
<input type="checkbox"/> Savings Account # _____	_____	1st
<input type="checkbox"/> Checking Account # _____	_____	2nd
		ALL

Cancellation of this authorization can be initiated by any participating party, myself, my financial institution, or the City and Borough of Sitka. To be effective, cancellation must be in writing and must be delivered to all parties before the end of the pay period. I also authorize the City and Borough of Sitka to make adjustments to the above account to correct any credit entries made in error. I further understand that direct deposit will begin after the above account information has been electronically verified.

Once these monies are delivered according to these instructions, all parties agree that the City and Borough of Sitka no longer holds any right or title to or control over the funds deposited.

Employee Signature

Date

Authorized Employer Signature

Date

Please return form to:

City and Borough of Sitka

Lindsey.vilandre@cityofsitka.org

Fax (907) 747-0536 (payroll)

Questions? Please call 747-1825

Designation of Beneficiaries Form
For U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.
5. If none of the above, to the officer's parents in equal shares.

**"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

**PURPOSE
OF THIS
FORM**

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ (print full name), as a member of
 _____ (print agency name), hereby designate

the following beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

Name	Address	Relationship	Percent (must total 100)
------	---------	--------------	-----------------------------

Officer signature: _____ Date: ____/____/____

Witness signature: _____ Date: ____/____/____

IMPORTANT

**PLEASE BRING IN TWO PIECES OF ID
OR A PASSPORT.**

**SEE THE LIST OF ACCEPTABLE
DOCUMENTS ON THE LAST PAGE OF
THIS APPLICATION.**

**BRING IN YOUR ID WHEN YOU BRING
IN YOUR PAPERWORK.**

**PLEASE LET THE COMMITTEE OR
STAFF KNOW THAT YOU HAVE THOSE
PIECES OF ID. REMIND THEM, THEY
HAVE TO TAKE A PICTURE OF THIS
AND DOCUMENT THAT THEY SAW IT.**



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

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

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

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

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page STOP



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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name <i>City & Borough of Sitka</i>		
Employer's Business or Organization Address (Street Number and Name) <i>100 Lincoln street</i>		City or Town <i>Sitka</i>	State <i>AK</i>	ZIP Code <i>99835</i>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.