

NEWMARKET FIRE & RESCUE

4 Young Lane
Newmarket, NH 03857
(603) 659-3334
Fax (603) 659-8804



Newmarket Fire and Rescue is a combined department of both per diem members and full time staff. Our per diem members are essential to the operation of the department, and respond to calls at any time during the day or night. We employ two full-time Firefighter/EMTs who create a base level of staffing to our department during the day. Our department provides both fire and emergency medical service to the town of Newmarket, and emergency medical service to the town of Newfields. We respond to close to 1000 calls a year.

As a per diem member you are expected to sign up for duty time and/or turn out for calls regularly. A call can take several minutes or several hours. The cost to train and equip an EMT or firefighter is high; as a result we value your commitment very highly. We expect a strong, long lasting commitment to living in and serving the Town of Newmarket.

We accept per diem members for both fire and medical operations, and encourage member involvement in both. As a new member you are required to attain certification as an EMT, firefighter, or both. These classes are very time and labor intensive, each lasting approximately 120 hours each. We cover training costs for those willing to commit their time to the department.

Continuing training is essential. All members are required to participate in monthly departmental training. Meetings and training are held on Tuesday evenings. The department meeting is held at 6:30 on the first Tuesday of every month. After the meeting there is combined EMS/firefighter training. EMS specific training is held on the second Tuesday at 6:30. Fire specific training is held on the third Tuesday at 6:30. More involved training is periodically conducted on weekends, and there are several mandatory yearly training requirements as well.

Along with membership in the department you will also become a member of the Newmarket Firefighters Association. The Association is a non-profit organization founded to raise contributions which are used to provide equipment and resources above and beyond what the Town of Newmarket provides the department. The Association meets on the first Tuesday of the month, before the department meeting, and hosts many events for the public throughout the year.

Thank you for your interest,

Rick Malasky, Fire Chief

NEWMARKET FIRE & RESCUE

4 Young Lane Newmarket, NH 03857 (603) 659-3334 Fax (603) 659-8804
www.newmarketfire.com

MEMBERSHIP APPLICATION

Date: _____

Which area of the Fire & Rescue are you interested in? FIRE EMS BOTH
(Circle one)

PERSONAL INFORMATION

Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address (please print): _____

Length at present address: _____ Are you a student: _____ If Yes, where do you live? _____

Driver's License #: _____ State: _____

Do you have an adverse driving record? ☐ No ☐ Yes (describe briefly on back of application)

Have you ever been convicted of any crime? ☐ No ☐ Yes (describe briefly on back of application)

EDUCATION

School	Name & Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate					
Other					
Special skills/ Hobbies					
Foreign Language Spoken/Read					

EXPERIENCE AND CERTIFICATION

Do you have any Firefighting or EMS experience: ☐ Yes ☐ No Are you certified? ☐ Yes ☐ No State: _____

If Certified, at what level? ☐ FFI ☐ FFII ☐ FFIII ☐ FR ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ OTHER

Have you ever been a member of a Fire & Rescue Service? ☐ No ☐ Yes

If Yes, list department name and address: _____

Department reference name and phone number: _____

EMPLOYMENT

Present Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of Employment: _____ Position: _____

Previous Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of Employment: _____ Position: _____

REFERENCES

Please list three (3) references not related to you:

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

In the space below please indicate why you wish to join Newmarket Fire & Rescue:

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I authorize Newmarket Fire & Rescue representatives to contact the persons listed as references on this application.

Signature of Applicant

Employee Personal Information Form

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Gender: ☐ Male Marital Status: ☐ Single Veteran Status: ☐ Yes
☐ Female ☐ Married ☐ No

Emergency Contact Information:

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Relationship: _____

Please Provide Optional Ethnic Code (Select Only One):

- | | |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White / Caucasian | <input type="checkbox"/> Other |

Employee Signature

Date

"Serving the people with pride and integrity"

NEWMARKET POLICE DEPARTMENT

GREGORY JORDAN

Chief of Police

Administration • (603) 659-8505

Fax • (603) 659-8507



John Andrew Gordon
Memorial Building

70 Exeter Street
Newmarket, NH 03857

Police Services • (603) 659-6636

NEWMARKET PD BACKGROUND RELEASE WAIVER

I, (print your name) _____

Of (print your current address) _____

do hereby authorize a review of and full disclosure of all records concerning myself be released to the Newmarket Police Department and the for whatever reasons he/she may deem appropriate in order to evaluate any police contact that I have experienced with any law enforcement agency. This applies to any and all records, which may be considered public, private or confidential by law. I hereby request and authorize you to furnish the above listed person/agency with any police files or reports pertaining to any arrest, summons or other police action in which I was involved except juvenile records shall not be released without a court order. This authorization is specifically intended to include any and all information of a privileged nature as well as photocopies of such documents, if requested. I understand that any information obtained by a personal history background check, which is developed directly or indirectly, in whole or part, upon this release may be considered by the requesting person/ agency for whatever purposes they deem appropriate. I hereby affirm and certify that any persons, agencies and businesses listed above or agents thereof who receive such information concerning me shall not be held liable for receiving such information; and I do hereby release the Town of Newmarket and all agents of the Town of Newmarket Police Department from any and all liability which may be incurred as a result of furnishing such information. This Background Release Waiver shall expire ninety (90) days from the date signed and a photocopy, scanned and emailed or facsimile will be valid as an original thereof, even though the said document does not contain an original writing of my signature.

Signature of Person Authorizing Release

Date of Birth

Date Waiver Signed

Witness Signature

Witness Name-Printed

* Witness must confirm person's identity through a photo driver's license or other valid identification.



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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

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

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)	

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		

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

Refer to the instructions for more information about acceptable receipts.

Town of Newmarket

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Town of Newmarket to initiate automatic deposits to my account at the financial institution named below. I also authorize Town of Newmarket to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Town of Newmarket responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Town of Newmarket receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____ Amount of Deposit _____

Routing Number: _____

Account Number Checking: _____ ☐ Checking \$

Account Number Savings: _____ ☐ Savings \$

Signature

Authorized Signature _____ Date: _____

Print Name _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.



TOWN OF NEWMARKET, NEW HAMPSHIRE
OFFICE *of the* FINANCE DEPARTMENT

Email Form

Account Information

Name of Employee:

Email Address :

Signature

Authorized Signature

Date:

Please return this form to the Payroll Department.

TO DO LIST:

You **MUST** make an appointment with the secretary to meet with Chief Malasky **PRIOR TO** fingerprinting. Chief generally meets applicants on Tuesdays at 6:00pm.

LIVESCAN FINGERPRINTING:

- Fill out and sign Section 1 Form DSSP265
- Section 2 **MUST** be signed in the presence of a Notary - this can be done at Newmarket Town Hall Clerk's Office or any notary
- Applicant **MUST** call to make a finger print appointment at the LIVESCAN Site Location (603) 223-3867

Dover Point DMV Substation, 50 Boston Harbor Rd, (off Route 4), Dover, NH

LIVESCAN hours of operation: Monday – Friday 8:30am – 4:30 pm

Required materials to take with you:

- Photo ID (driver's license; non-driver's license; passport)
- Form DSSP256
- Completed Criminal Record Release Authorization Form (Sections 1 & 2)

Paperwork is good for 30 days from date of fingerprinting

On the **EMPLOYMENT ELIGIBILITY VERIFICATION FORM**: please sign page 1 and bring your passport OR driver's license AND social security card, your State Police fingerprinting receipt, and Form DSSP256 to secretary at the Newmarket Fire & Rescue.

Central Repository for Criminal Records

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTION SHEET

The state police Criminal Records Unit has revamped the authorization form to obtain Criminal History Record Information (CHRI) record checks. The revamped request form will replace all previous forms currently being used. Please substitute the attached revised form for what you have been using. An updated electronic version is also on the Criminal Records Unit website.

The below step by step instructions will assist you in completing the form:

1. This section requires the name and Personal Identifying Information (PII) of the individual of whom you are requesting a criminal history record. Please print the last name, maiden (if applicable), first and middle initial; the physical address, date of birth, hair and eye color, sex, and state and number of the driver's license.
2. This section identifies the reason why a CHRI is being requested. The majority of CHRI requests are for housing, employment, or annulment purposes; all other reasons should be noted on the "other" line. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 3.
3. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 1.
4. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the school individual identified in step 1.
5. The Notary's signature and seal signifies that the Releasee's identity has been validated.
6. In New Hampshire, under the authority of Administrative Rule Saf-C 5703.12, anyone with a criminal history record has the right to challenge that record if he or she believes it may contain inaccurate information.
7. Enclosing a self-addressed envelope will enable a more timely return.



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other _____

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____

(AFFIX Seal)

(comm.. Exp.)

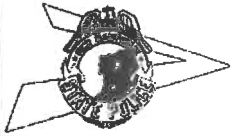
RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate C.JAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

☐ To prevent a delay in processing, I have enclosed a self-addressed envelope

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.

New Hampshire Department of Safety
DIVISION OF STATE POLICE



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

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SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement
Other _____

My signature below certifies I am the individual listed above and the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

Tonya Cougler
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Tonya Cougler - Town of Newmarket

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 186 Main St, Newmarket, NH 03857
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(AFFIX Seal) (comm. Exp.)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

☐ To prevent a delay in processing, I have enclosed a self-addressed envelope. ☒ Prepaid Acc't Number 810024899

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

2022

- ▶ **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.**

**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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

**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 for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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
Dependents**

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 and 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:
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**

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

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.

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 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 2022 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ 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 \$ _____

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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.