



Welcome to the Town of Franklin's Recreation Department. It is because of you and your co-workers that we can continue to offer great programs to our Community. We can't do it without you! Thank you!

BEFORE you can begin working for us you must complete some required documents and review our policies:

Emergency Contact Information - Please complete all sections and sign and date.

W-4 for the current year – This form must be completed, signed and dated by you. If you are a full-time student without another job you can claim **"EXEMPT"** in **box 7** - this means you will have no taxes withheld (please consult with your parents before doing this) If you do claim **"EXEMPT"** do NOT put anything in box 5 or 6. Don't forget to sign and date it in boxes 8 and 10.

OBRA – The Town of Franklin does not withhold Social Security but instead has OBRA. An explanation is attached. You are required to complete this form entirely and sign and date it. If you are no longer going to work for the Town, you can withdraw this money by going to <https://www.nrsforu.com> for further information. You must give a formal letter of resignation before you can withdraw your money.

Direct Deposit – If you are going to work for more than a week or two, you must have a bank account set up to have your paycheck deposited into. This is mandatory. You must complete the "Direct Deposit Authorization and Change Form" completely. You must provide a voided check from your bank account or an official document from your bank with the "Transit Routing Number" and your "Bank Account Number" and check off if it is a Checking or Savings Account. Don't forget to sign and date it!

We are paid every other Thursday. Your first check will be a "live" check that will be mailed to you. After that, your pay will be deposited in your bank and you will need to see what you made on line. Attached are the instructions for *Employee Self Service*.

I-9 – All employees are required to complete the "Form I-9" Section 1. You must provide us with identification from the attached "List of Acceptable Documents". You can either supply 1 document from List A or 1 Document from List B along with 1 from List C.

Work Permit – If you are under 18 you must provide a work permit that you can get at the High School.

Sexual Harassment Policy – The Town of Franklin has a very strict Sexual harassment policy – please read it carefully and sign the enclosed form that says you have received the policy.

Notice to Employees/Certification as Seasonal Employer – If the job you are performing is on the list classified as "Seasonal", you are not eligible for unemployment compensation. If your job is on the list, please sign this form. We will also sign the form and give you a copy for your records.

Please contact Sandy Golebiewski at 508-553-4810 to arrange a time to bring all the forms along with your proper ID's and bank information to the Human Resource Office at the Town Hall, 355 East Central Street – Room 222 on the 2nd floor.

Email address: sgolebiewski@franklin.ma.us

NEW EMPLOYEE FORMS CHECKLIST AND ACKNOWLEDGMENT

These are the forms that must be completed and returned to the Human Resource Office **before** you can begin working.

Place a check mark next to each to be sure you have completed all your forms. Be sure they are signed and dated.

Sign your name at the bottom verifying that that all information is complete **before** you contact the Human Resource Office to return your packet.

- _____ EMERGENCY CONTACT FORM
- _____ FORM W-4 – SIGN AND DATE
- _____ OBRA ACKNOWLEDGMENT CARD
- _____ DIRECT DEPOSIT AUTHORIZATION AND CHANGE FORM WITH VOIDED CHECK –SIGN & DATE
- _____ FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION WITH 2 FORMS OF IDENTIFICATION
- _____ WORK PERMIT IF UNDER AGE 18
- _____ I HAVE RECEIVED AND READ THE SEXUAL HARRASSMENT POLICY
- _____ CERTIFICATION AS A SEASONAL EMPLOYER NOTICE – (SUMMER JOBS)
- _____ I UNDERSTAND THAT I AM NOT ELIGIBLE FOR UNEMPLOYMENT AS A SUMMER PROGRAM
RECREATION DEPARTMENT EMPLOYEE

NAME _____ DATE _____

When your forms are complete, contact Sandy Golebiewski at 508-553-4810 to arrange a time to bring all the forms along with your proper ID's and bank information to the Human Resource Office at the Town Hall, 355 East Central Street – Room 222 on the 2nd floor. You cannot begin work until we receive your new hire forms.

Email address: sgolebiewski@franklin.ma.us

Town of Franklin



EMERGENCY CONTACT INFORMATION

This form will be kept as part of your personnel file and used only in the event of an emergency. Please type or print all information clearly.

Note: If your telephone number is unpublished please check the appropriate box below.

If any of the contact information on this form changes in the future, please submit a revised form to Human Resources.

EMPLOYEE NAME: _____

DEPARTMENT: _____

NON-WORK HOURS TELEPHONE NUMBER: _____
_____ published _____ unpublished (please check one)

EMAIL ADDRESS: _____

PRIMARY EMERGENCY CONTACT

NAME OF PERSON TO CONTACT IN EMERGENCY:	

DAYTIME TELEPHONE _____	EVENING _____
CELLULAR _____	

SECONDARY EMERGENCY CONTACT

NAME OF PERSON TO CONTACT IN EMERGENCY:	

DAYTIME TELEPHONE _____	EVENING _____
CELLULAR _____	

Employee Signature

Date

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above, or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	

OBRA ACKNOWLEDGEMENT CARD

(Please complete and submit to your Payroll Center)

I. Personal Information

_____-_____-_____-_____-_____-_____-
Social Security Number Date of Birth

SEX(circle one): M or F

Name

Address

Additional Address

_____-_____-_____-_____-_____-_____-
City State Zip Code

Occupation

(_____-_____-_____-_____-_____-_____-) (_____-_____-_____-_____-_____-_____-)
Home Phone Work Phone

II. Plan Information

OBRA Plan # 0036166002

Plan Number: _____

Plan Name: _____

Employer's Phone Number: (_____-_____-_____-_____-_____-_____-) _____

*Deferral Amount:\$ _____ Frequency: _____

* Contributions to the OBRA Plan must be a minimum of 7.5% of compensation

Allocation: 100% Nationwide Fixed Account

III. Beneficiary Information

**If there are additional beneficiaries, please attach a separate sheet.*

Primary Beneficiary: _____

Date of Birth Relationship

Contingent Beneficiary: _____

Date of Birth Relationship

I acknowledge and understand that my participation in the plan is governed by the Plan Document and the Informational Sheet. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

Participant's Signature Date NRS Retirement Specialist /#

DC-2727-1110

Town of Franklin
Direct Deposit Authorization and Change Form

You may choose up to four (4) accounts. If you split amounts between accounts, one account must be indicated as "balance". If you choose to use only one account, that account should be indicated as "balance". This will be the net amount of your paycheck.

Please attach a **personal check** marked VOID for checking accounts, a **deposit slip** marked VOID for savings account(s) and/or an **official bank form** certified and stamped by a banking official which provides your account number and the bank routing number.

I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution(s) indicated. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Please allow two to three pay periods to activate. Once activated, you will receive your check with a non-negotiable check and your stub with your weekly earnings information as normal.

****PLEASE NOTE THAT DIRECT DEPOSIT IS REQUIRED BY THE TOWN OF FRANKLIN****

Employee Name: _____ Employee ID#: _____

******PLEASE SIGN BELOW******

Please Check One

Please Check One

New <input type="checkbox"/> Cancel <input type="checkbox"/> Change Amt. <input type="checkbox"/>		Financial Institution _____ Transit Routing Number _____ Account Number _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Amount \$ _____	
New <input type="checkbox"/> Cancel <input type="checkbox"/> Change Amt. <input type="checkbox"/>		Financial Institution _____ Transit Routing Number _____ Account Number _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Amount \$ _____	
New <input type="checkbox"/> Cancel <input type="checkbox"/> Change Amt. <input type="checkbox"/>		Financial Institution _____ Transit Routing Number _____ Account Number _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Amount \$ _____	
New <input type="checkbox"/> Cancel <input type="checkbox"/> Change Amt. <input type="checkbox"/>		Financial Institution _____ Transit Routing Number _____ Account Number _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Amount \$ _____	

Signature _____

Date _____

Revised 09/10



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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

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 		<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 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 	<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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT

DEPARTMENT OF LABOR STANDARDS

Employment Permit Application for 14 through 17 Year-Olds

Instructions: After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school has authorized to issue work permits, in the school district where you live. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or his or her authorized agent, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹ G.L. c. 149, §§86-89. The following are the steps you should take; please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

Name of Minor:
Name of Employer:
Business Address:
Job Title & Primary Duties:
Number of Hours per day Minor is to be Employed:
The undersigned agrees to employ this minor as stated above and in compliance with state law.

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.

Signature of Employer or Authorized Agent

Date

3. For 14 and 15 year-olds only (16 and 17 year-olds may skip this step): Ask your doctor to complete the following section:

Note: The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date