

COUNTY OF MONMOUTH



NEW EMPLOYEE ORIENTATION PAPERWORK

INSTRUCTIONS

1. Complete and print each of the following pages and bring them with you to New Employee Orientation. Please do not print double-sided. It is not necessary to print this cover page.
2. **Sign and date each form** - The date you sign may be the date you complete the form (the date does not need to reflect your first day).
3. **NJ-W4 Form** – Make sure to complete #4, the total number of allowances you are claiming.
4. **I-9 Form, Employment Eligibility Verification** - Complete Section 1 only. See other related documents if applicable on the New Employee Orientation Website, e.g., List of Acceptable Documents & Supplement A - If you need a preparer and/or translator.
5. **Direct Deposit Authorization Form** – Attach either a voided check, saving account statement or Authorization for Direct Deposit from your Financial Institution.

NOTE: Completing the form with a checking or savings account number is not a substitute for the above-mentioned forms. Please obtain this ahead of time.

6. If you have any questions, please contact your recruiter.

EMPLOYMENT DATA AUTHORIZATION

The COUNTY OF MONMOUTH is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex or any other protected classification.



Monmouth County Human Resources Department
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728
Email: MC.HumanResources@co.monmouth.nj.us

www.visitmonmouth.com
Phone 732-431-7300
Fax 732-431-7924

The following information is required for entry into our Monmouth County Human Resources Management System (HRMS)

NEW HIRE INFORMATION

Name: _____
Last Name First Name Middle Name/M.I.

Title (Mr./Mrs./Ms./Other): _____

Maiden Name: _____
If Applicable

Home: () _____

Address: _____
Permanent residence / Number & Street / Apt. # (PO Box not acceptable)

City County State Zip Code

Cell: () _____

Work: () _____

Social Security Number: _____
xxx / xx / xxxx

E-mail: _____

Date of Birth: _____
Month / Day / Year

RACE / ETHNIC CATEGORIES – THE FOLLOWING IS REQUIRED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

Gender Male Female

Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)
All persons who identify with more than one of the above races.

Signature

Date



MONMOUTH COUNTY EMPLOYEE EMERGENCY CONTACT FORM

It is your responsibility to ensure that the information on this form is accurate and updated as necessary.

Employee Personal Information:

Name: _____

Department: _____ Division: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Primary person to be notified in case of an emergency:

Name: _____

Relationship: Relative Friend Other Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary person to be notified in case of an emergency:

Name: _____

Relationship: Relative Friend Other Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

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

2024

Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	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.)	

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.

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

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). If you or your spouse have self-employment income, use this option; **or**

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

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

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

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: 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) _____
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Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



Monmouth County Finance Department Direct Deposit Authorization Form

ID# Name Phone# or Extension Department

Option 1 PLEASE DEPOSIT MY ENTIRE PAY INTO:

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Option 2 DISTRIBUTE PAY AS FOLLOWS:

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Remainder To:

Checking Savings Primary Account (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Option 3 DISTRIBUTE PAY AS FOLLOWS:

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Fixed \$ Amount

Checking Savings (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

Remainder To:

Checking Savings Primary Account (Note: Money Market Accounts are always considered Checking Accounts.)

Bank Name Transit Routing No./ABA Account Number

ATTACH VOIDED CHECK HERE

EMPLOYEE SIGNATURE

DATE

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

I AUTHORIZE MONMOUTH COUNTY EACH PAYDAY TO DEPOSIT MY PAYCHECK DIRECTLY TO THE BANK ACCOUNT(S) NAMED ABOVE. I UNDERSTAND I MUST GIVE TWO(2) WEEKS ADVANCE NOTICE TO PROVIDE ENOUGH TIME TO ACT ON MY INSTRUCTIONS. ADDITIONALLY, IF MY BANK(S) OR ACCOUNT NUMBER(S) CHANGE, I WILL NOTIFY THE FINANCE DEPARTMENT IMMEDIATELY. IF I ELECT TO HAVE MY PAYCHECK SPLIT, A FIXED AMOUNT WILL BE DEPOSITED WITH THE REMAINDER DEPOSITED INTO THE MAIN ACCOUNT. ALL FINAL PAYCHECKS WILL BE DIRECT DEPOSIT UPON SEPARATION OF EMPLOYMENT; PLEASE KEEP THE BANK ACCOUNT OPEN FOR SIX MONTHS AFTER SEPARATION TO ENSURE THAT ALL FUNDS ARE RECEIVED.