

SOUTHWEST RANCHES FIRE-RESCUE
APPLICATION FOR POSITION OF FIREFIGHTER
17220 Griffin Road - Southwest Ranches, Florida 33331
(954) 434-8232



Dear Future Member:

Thank you for your interest in becoming a Firefighter with the Southwest Ranches Fire-Rescue Department. Our organization has proudly served the citizens of our area since 1956 and has served the Town of Southwest Ranches since its incorporation in 2001.

Firefighting is a unique experience. Members of our Department continue to carry on in this country's tradition of volunteer service. Membership provides not only the experiences of firefighting and assisting your community, but will also give you unique experience in the bond of comradeship with your fellow firefighters.

The Department conducts training every Tuesday evening (except on meeting nights) from 1900-2100 hours. Department meetings are held on the first Tuesday of every month at 0700 hours at Town Hall. All members are required to attend weekly trainings and meetings.

All Firefighters are required to be certified to at least the Firefighter I/II Level by the State of Florida Division of Financial Services Division of the State Fire Marshal and Emergency Medical Technician Basic (EMT-B) by Florida Department of Health.

The Department will provide you with a set of turnout gear and a basic uniform. The Department maintains worker's compensation insurance, supplemental insurance, and general liability insurance to benefit all members.

Currently the Department is operating 24/7 responding to all calls in Zone 112-Delta in conjunction with Davie Fire Rescue. The Department is running all types of call within the Town limits. Currently the Department is staffing the apparatus 24/7 where members of the department work 24 hour shifts.

Please complete the attached application to start your membership process and return it to our Department. **You must attach all documents and forms in the same order as the checklist and fill in all corresponding dates on the checklist.** For all FEMA NIMS Courses you may visit the following website <https://training.fema.gov/nims/>. For the Courage To Be Safe Certificate you may visit the following link to take the course free of charge https://www.fireherolearningnetwork.com/Training_Programs/Courage_To_Be_Safe.aspx.

If you desire to assist the Department by volunteering in an administrative capacity but do not wish to become a certified firefighter, please contact us directly to begin that process.

Again, thank you for your interest in our Department and we look forward to you becoming part of our team.

Sincerely,

Lee Bennett
Fire Chief



Employee New Hire Checklist

Name: _____	Title: _____
Date of Hire: _____	Date of Separation: _____
Email Address: _____	Cell #: _____
Cell Carrier: _____	Model: _____
Date Badge Issued: _____	Date ID Issue: _____
Date	
Fingerprinting: _____	Results: _____
Polygraph: _____	Results: _____
Medical Exam: _____	Results: _____
Drug Testing: _____	Results: _____
Fitness Testing: _____	Results: _____

REQUIRED DOCUMENTS FOR TSWR & SWRFR RETENION	Date		Date
1. Employee New Hire Checklist		18. Badge & ID Return Policy	
2. Member Data Sheet (Pages 3-11)		19. Bunker Gear Return Policy	
3. Volunteer Agreement (Original)		20. \$100.00 Refundable Badge & ID Fee (If returned upon separation)	
4. Beneficiary Form (Accident & Sickness)		21. State of Florida Student# (FCDICE)	
5. ADP Direct Deposit Authorization Form		22. FEMA NIMS ICS 100	
6. Driver's License Copy		23. FEMA NIMS ICS 200	
7. Voided Check or Bank Issued Direct Deposit Information		24. FEMA NIMS ICS 700	
8. \$250.00 Non-Refundable Application Fee		25. FEMA NIMS ICS 800	
9. \$390.00 Refundable Deposit (After 1 Year of Service)		26. Emergency Vehicle Operation Course (EVOG)	
10. W-4 (IRS)		27. EMT-Basic Certification	
11. I-9 Form (with copies of 2 IDs listed attached)		28. EMT-Paramedic Certification, if applicable	
12. Hepatitis B Vaccine (Copy)		29. Pediatric Educational Prehospital Professionals (PEPP), if applicable	
13. Tuberculosis Immunization (Copy)		30. Pediatric Advance Life Support (PALS), if applicable	
14. Tuberculosis Declination (if not providing immunization record)		31. Advance Cardiac Life Support (ACLS), if applicable	
15. E-Verify		32. Courage to be Safe	
16. Firefighter Certificate		33. Wildland Firefighter Certificate (S130, 180, 190)	
17. Cardiopulmonary Resuscitation (CPR) Card		34. Additional Forms and/or Certifications	
		35. Fire Department Roster	

Fire/Assistant Chief Signature _____ Date: _____

Finance & Budget Approval _____ Date: _____

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SOUTHWEST RANCHES FIRE-RESCUE MEMBER DATA SHEET

Name: _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Email Address: _____

Date of Birth: _____

Height: _____

Hair/Eye Color: _____

FL State Cert Number: _____

FL Certifications Numbers that apply: Fire (FCDICE) _____ EMT-B _____ EMT-P _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

----DO NOT COMPLETE BELOW THIS LINE----

Hire Date: _____ Department ID Number: _____

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GENERAL INFORMATION:

DATE: _____

NAME: _____
(Last, First, MI)

HOME ADDRESS: _____
(Number, Street, City, State, Zip)

LENGTH OF TIME AT CURRENT ADDRESS: _____ Email Address: _____

PRIOR HOME ADDRESS: _____
(If At Current Address Less Than Two Years) (Number, Street, City, State, Zip)

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____
(Include Area Code) (Include Area Code)

DATE OF BIRTH: _____ SSN: _____ Driver's License: _____

VEHICLE MAKE: _____ MODEL: _____ TAG# _____

AVAILABILITY:

I AM AVAILABLE TO RESPOND TO ALARMS DURING:
(Complete All That Apply)

DAYS: _____ DURING THE HOURS OF: _____

EVENINGS: _____ DURING THE HOURS OF: _____

NIGHTS: _____ DURING THE HOURS OF: _____

ADDITIONAL INFORMATION: _____

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EDUCATION:

GRADE SCHOOL: _____
(School Name, Location, Last Grade Completed)

HIGH SCHOOL: _____
(School Name, Location, Last Grade Completed)

COLLEGE: _____
(School Name, Location, Last Grade Completed)

DEGREE(S) HELD: _____

(List Degree, School And Graduation Date)

CERTIFICATION(S): _____

(List School, Certification and Date) (Attach Additional Pages If Needed)

PLEASE ATTACH COPIES OF ALL FIRE SERVICE RELATED CERTIFICATIONS TO YOUR COMPLETED APPLICATION LICENSE(S):

(List State, License Type and License Number) (Attach Additional Pages If Needed)

MILITARY EXPERIENCE:

Are you an Armed Forces Veteran?

YES _____ NO _____

Service Branch: _____ Final Rank: _____

PLEASE ATTACH A COPY OF YOUR DD-214 TO YOUR COMPLETED APPLICATION IF YOU ARE A VETERAN

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EMPLOYMENT HISTORY:

CURRENT EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

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PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PLEASE PROVIDE AT LEAST A FIVE YEAR EMPLOYMENT HISTORY. ATTACH ADDITIONAL PAGES IF NEEDED

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ABILITY TO PERFORM JOB FUNCTION:

FIREFIGHTING IS CLASSIFIED AS AN ULTRAHAZARDOUS AND UNAVOIDABLY DANGEROUS ACTIVITY BY THE FEDERAL OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

FIREFIGHTERS ARE EXPECTED TO WEAR PERSONAL PROTECTIVE EQUIPMENT THAT WEIGHS APPROXIMATELY 50 POUNDS WHILE PERFORMING FIREFIGHTING TASKS WHICH WOULD INCLUDE THE LIFTING, CARRYING AND RAISING OF HEAVY GROUND LADDERS, USING HEAVY EQUIPMENT AND TOOLS TO PERFORM FORCIBLE ENTRY OR VEHICLE EXTRICATIONS, CLIMBING LADDERS AND/OR WORKING WITH HEAVY HOSE LINES THAT HAVE CONSIDERABLE REACTION.

FIREFIGHTERS ARE EXPECTED TO PERFORM THE TASKS DESCRIBED ABOVE ALONG WITH OTHER PHYSICALLY DEMANDING WORK WHILE WEARING POSITIVE PRESSURE BREATHING EQUIPMENT WITH 1.5 INCHES OF WATER COLUMN RESISTANCE TO EXHALATION AT A FLOW OF 40 LITERS PER MINUTE.

FIREFIGHTERS ARE EXPECTED TO WORK FOR LONG PERIODS OF TIME THAT REQUIRE SUSTAINED PHYSICAL ACTIVITY AND INTENSE CONCENTRATION

FIREFIGHTERS ARE EXPECTED TO MAKE RAPID TRANSITIONS FROM REST TO NEAR MAXIMAL EXERTION WITHOUT WARM-UP PERIODS.

FIREFIGHTERS ARE EXPECTED TO TOLERATE EXTREME FLUCTUATIONS IN TEMPERATURE WHILE PERFORMING THEIR DUTIES. THEY MUST PERFORM PHYSICALLY DEMANDING WORK IN HOT (400 DEGREES FAHRENHEIT) HUMID (100%) ATMOSPHERES WHILE WEARING PROTECTIVE EQUIPMENT THAT SIGNIFICANTLY IMPAIRS BODY-COOLING MECHANISMS.

FIREFIGHTERS ARE EXPECTED TO PERFORM A VARIETY OF TASKS ON SLIPPERY OR OTHERWISE HAZARDOUS SURFACES SUCH AS ROOFTOPS OR FROM POSITIONS ON LADDERS.

FIREFIGHTERS ARE EXPECTED TO RELY ON SENSES OF SIGHT, HEARING, SMELL AND TOUCH TO HELP DETERMINE THE NATURE OF THE EMERGENCY, MAINTAIN PERSONAL SAFETY, AND MAKE CRITICAL DECISIONS IN A CONFUSED, CHAOTIC AND POTENTIALLY LIFE-THREATENING ENVIRONMENT THROUGHOUT THE DURATION OF FIREFIGHTING OPERATIONS.

ARE YOU ABLE TO PERFORM THESE TASKS? YES: _____ NO: _____

PLEASE LIST ANY ADDITIONAL TRAINING/SKILL(S) THAT YOU HAVE THAT YOU FEEL WOULD BE AN ASSET TO THE DEPARTMENT:

(Attach Additional Pages If Needed)

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AUTHORITY TO INVESTIGATE PERSONAL

INFORMATION _____ HEREBY AUTHORIZE THE SOUTHWEST RANCHES FIRE RESCUE INCORPORATED, ALONG WITH ITS AGENTS AND ASSIGNEES, TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND RELATED TO MY APPLICATION FOR MEMBERSHIP AS A FIREFIGHTER.

THIS INVESTIGATION MAY INCLUDE AN INVESTIGATION INTO MY CRIMINAL RECORD (Including arrests, dispositions of charges and review of any law enforcement report listing my name), CIVIL LITIGATION HISTORY, TRAFFIC COURT/CITATION HISTORY, DRIVING RECORD HISTORY, PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND, MEDICAL HISTORY AND ANY OTHER INVESTIGATION THAT THE DEPARTMENT DEEMS APPROPRIATE.

THIS DOCUMENT WILL PERMIT THE CUSTODIAN OF ANY OF THE AFOREMENTIONED INFORMATION TO RELEASE SAID INFORMATION TO THE SOUTHWEST RANCHES FIRE RESCUE INCORPORATED AND/OR ITS DESIGNATED AGENTS AND ASSIGNEES. THIS RELEASE WILL REMAIN VALID UNTIL IT IS SPECIFICALLY REVOKED IN WRITING.

I UNDERSTAND THAT A COPY OF ALL RECORDS OBTAINED BY THE DEPARTMENT WILL BE FURNISHED TO ME UPON MY REQUEST.

FULL NAME: _____
(Print)

ADDRESS: _____
(Number, Street, City, State & Zip Code)

DATE OF BIRTH: _____

DRIVERS LICENSE: _____
(State & Number)

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ DATE: _____



AUTOMATIC DISQUALIFIERS

PLEASE READ ALL OF THE AUTOMATIC DISQUALIFIERS BEFORE COMPLETING YOUR APPLICATION. ANY OF THE FOLLOWING WILL DISQUALIFY THE APPLICANT FROM FURTHER CONSIDERATION DURING ANY STAGE OF THE MEMBERSHIP QUALIFICATION PROCESS. IMPORTANT: IF YOU ARE NOT SURE IF ANY OF THE AUTOMATIC DISQUALIFIERS PERTAIN TO YOU, YOU ARE REQUIRED TO SUBMIT A DETAILED EXPLANATION OF THE CIRCUMSTANCES IN QUESTION WITH YOUR COMPLETED APPLICATION.

APPLICATION DISQUALIFIERS:

- 1) FAILURE TO SUBMIT AN APPLICATION BY THE REQUIRED DEADLINE DATE.
- 2) FAILURE TO SUBMIT ANY SUBSEQUENT REQUIRED DOCUMENTATION AND/OR INFORMATION BY THE REQUIRED DEADLINE DATE.
- 3) MAKING ANY FALSE STATEMENT OF FACT, DECEPTION BY STATEMENT AND/OR DECEPTION BY OMISSION IN COMPLETION OF THIS APPLICATION.
- 4) FAILURE TO SUBMIT COPIES OF ALL REQUIRED CERTIFICATIONS.

CRIMINAL DISQUALIFIERS:

- 1) BEING UNDER INDICTMENT FOR OR CURRENTLY CHARGED WITH ANY FELONY OFFENSE IN STATE COURT OR ANY CRIMINAL CHARGE IN FEDERAL COURT.
- 2) HAVING ANY FELONY CONVICTION IN ANY STATE COURT OR ANY CRIMINAL CONVICTION IN FEDERAL COURT WITHIN THE PAST FIVE YEARS.
- 3) BEING UNDER INDICTMENT FOR OR CURRENTLY CHARGED WITH DRIVING UNDER THE INFLUENCE (DWI/DUI).
- 4) HAVING A CONVICTION FOR DRIVING UNDER THE INFLUENCE (DWI/DUI) WITHIN THE PAST FIVE YEARS.
- 5) HAVING MORE THAN ONE CONVICTION FOR DRIVING UNDER THE INFLUENCE (DWI/DUI) IN YOUR LIFETIME.
- 6) CURRENTLY SERVING PROBATION/COMMUNITY SUPERVISION FOR ANY OFFENSE.
- 7) ANY CRIMINAL RECORD THAT WOULD RENDER AN APPLICANT INELIGIBLE TO OBTAIN A STATE OF FLORIDA FIREFIGHTER CERTIFICATE PURSUANT TO THE REQUIREMENTS OF THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF THE STATE FIRE MARSHAL'S STANDARD OPERATING PROCEDURES.

FOR THE PURPOSES OF THE ABOVE REQUIREMENTS, A PERSON IS CONSIDERED TO BE CONVICTED FOR AN OFFENSE WHEN AN ADJUDICATION OF GUILT, A GUILTY PLEA, AND/OR A PLEA OF NOLO CONTENDRE IS ENTERED FOR ANY OFFENSE.

MISDEMEANOR CHARGES AND/OR CONVICTIONS ARE REVIEWED ON AN INDIVIDUAL BASIS TO DETERMINE IF AN APPLICANT IS INELIGIBLE FOR MEMBERSHIP.

ALL CRIMINAL CHARGES WHERE AN ADJUDICATION OF GUILT IS WITHHELD ARE REVIEWED ON AN INDIVIDUAL BASIS TO DETERMINE IF AN APPLICANT IS INELIGIBLE FOR MEMBERSHIP.



DRIVING RECORD DISQUALIFIERS:

- 1) INVOLVEMENT AS A DRIVER IN THREE OR MORE MOTOR VEHICLE ACCIDENTS WITHIN THE PAST THREE YEARS WHERE THE APPLICANTS ACTIONS CONTRIBUTED TO THE ACCIDENT WHETHER OR NOT CITATIONS WERE ISSUED AGAINST THE APPLICANT.
- 2) CONVICTIONS FOR MORE THAN TWO MOVING VIOLATIONS WITHIN THE PAST THREE YEARS.
- 3) ANY DRIVERS LICENSE SUSPENSION WITHIN THE PAST THREE YEARS FOR DRIVING UNDER THE INFLUENCE (DWI/DUI), FAILURE TO CARRY LIABILITY INSURANCE AND/OR ANY OTHER REASON TO INDICATE POOR DRIVING BEHAVIOR.
- 4) ANY DRIVERS LICENSE REVOKATION WITHIN THE PAST FIVE YEARS FOR ANY REASON.

MILITARY RECORD DISQUALIFIERS:

- 1) HAVING BEEN DISCHARGED FROM MILITARY SERVICE WITH A DISHONORABLE DISCHARGE.
- 2) HAVING BEEN DISCHARGED FROM MILITARY SERVICE WITH A GENERAL DISCHARGE INDICATING BAD CONDUCT OR ANY OTHER CHARACTERIZATION INDICATING BAD CHARACTER.

DRUG USE DISQUALIFIERS:

- 1) ILLEGAL USE OF ANY CONTROLLED SUBSTANCE OR ILLEGAL DRUG WITHIN THE PAST THREE YEARS.
- 2) HAVING A POLICE OR CRIMINAL RECORD OF ILLEGAL DRUG USAGE, POSSESSION AND/OR POSSESSION WITH INTENT TO SELL/FURNISH DRUGS TO ANOTHER.

GENERAL DISQUALIFIERS:

- 1) BEING A PAST MEMBER, PRESENT MEMBER, APPLICANT OR CLOSELY ASSOCIATED WITH ANY ORGANIZATION THAT ADVOCATES THE OVERTHROW OF A GOVERNMENTAL AGENCY BY FORCE OR VIOLENCE.
- 2) BEING A PAST MEMBER, PRESENT MEMBER, APPLICANT OR CLOSELY ASSOCIATED WITH ANY ORGANIZATION WHICH ADVOCATES OR ENGAGES IN UNLAWFUL CONDUCT DIRECTED AT INDIVIDUALS OR GROUPS BASED UPON A PERSON'S OR PERSONS' RACE, SEX, RELIGION, NATIONAL ORIGIN, AGE, SKIN COLOR, SEXUAL PREFERENCE, DISABILITY AND/OR ENGAGES IN CONDUCT OTHERWISE COMMONLY KNOWN AS A HATE CRIME.
- 3) MAKING ANY FALSE STATEMENT OF FACT, DECEPTION BY STATEMENT AND/OR DECEPTION BY OMISSION AT ANY POINT IN THE APPLICATION PROCESS.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE DEPARTMENT VIA HAND DELIVERY OR MAIL. PLEASE MAKE SURE YOU INCLUDE A COPY OF ALL THE REQUESTED CERTIFICATIONS ON PAGE TWO OF THE APPLICATION FORM.



DEPARTMENT IDENTIFICATION AND BADGE RETURN POLICY

Members will be issued one (1) identification card and one (1) badge denoting their current rank within the Department. Both the identification card and badge remain the property of the Department and must be returned immediately upon the member's separation from the Department.

If, at any time and for any reason, the member loses possession of the identification card and/or badge, then the member must immediately:

- 1) File a police report detailing the circumstances of the loss.
- 2) Advise the Fire Chief in writing of the loss. The written communication must include the name of the police department where the loss was reported along with the case/report number detailing the loss.

The Fire Chief, at his discretion, may require the member to reimburse the cost of a replacement identification card or badge to the Department.

If a member does not follow the procedure for reporting a lost identification card or badge at the time of the loss, and later reports the loss only at the time of separation from the Department, then that member will be required to pay the Department \$100 for the cost of each item missing.

Members are also advised that possession of either the Department's identification card or badge when not an active member of the Department may constitute a violation of Florida Statute 633.122, which has been reprinted below. The Department will report any possible violations of this statute to the relevant law enforcement authorities for investigation and possible prosecution.

633.122 Impersonating State Fire Marshal, firefighter, volunteer firefighter, or fire safety inspector; criminal penalties.—A person who falsely assumes or pretends to be the State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or a fire safety inspector by identifying herself or himself as the State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or a fire safety inspector by wearing a uniform or presenting or displaying a badge as credentials that would cause a reasonable person to believe that she or he is a State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or fire safety inspector commits a felony of the third degree, punishable as provided in ss. 775.082 and 775.083 or, if the impersonation occurs during the commission of a separate felony by that person, commits a felony of the first degree, punishable as provided in ss. 775.082 and 775.083.

I have read and understand this policy.

Name (Print)

Signature

Date



DEPARTMENT KNOX BOX KEY POLICY

Members will be issued his/her own Knox Box Key Code. At no time shall any personnel give his/her code to any member on the department. Once the member has removed the key from the unit it is his/her responsibility to make sure the key gets placed back into the unit prior to leaving the scene.

If the key is lost it is his/her responsibility to call for a Police Report, fill out an incident report and notify all officers prior to leaving the scene. Once you pass code is entered you will have 5 seconds to remove the key and the chiefs have access to see who removed the key last. Upon leaving the department his/her code will be removed from the system. If any personnel remove the key from the unit when he/she is not on a call he/she will be held responsible for the key and if needed to have all Knox boxes replaced within the town.

The department will remain accountable in the event of a call and crews are unable to locate the key. The unit is equipped with a blue strobe light that will remain on while the key is in the unlocked position or removed. The apparatus with the Knox Box key shall not be moved until the key is returned to the unit.

633.122 Impersonating State Fire Marshal, firefighter, volunteer firefighter, or fire safety inspector; criminal penalties.—A person who falsely assumes or pretends to be the State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or a fire safety inspector by identifying herself or himself as the State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or a fire safety inspector by wearing a uniform or presenting or displaying a badge as credentials that would cause a reasonable person to believe that she or he is a State Fire Marshal, an agent of the division, a firefighter, a volunteer firefighter, or fire safety inspector commits a felony of the third degree, punishable as provided in ss. 775.082 and 775.083 or, if the impersonation occurs during the commission of a separate felony by that person, commits a felony of the first degree, punishable as provided in ss. 775.082 and 775.083.

I have read and understand this policy.

Name (Print)

Signature

Date

Name (Print) Witness

Signature

Date

Name (Print) Fire Chief

Signature

Date



DEPARTMENT STANDARD OPERATING GUIDELINE POLICY

This Standard Operating Procedure (S.O.P.) / Standard Operating Guideline (S.O.G.) establishes procedures and provides guidance for maintaining compliance with safety and operation regulations pertaining to Southwest Ranches Fire Rescue. This is to ensure all department personnel have received, read, and agreed to Southwest Ranches Fire Rescue Standard Operating Procedure. If any department personnel have questions about a policy, it is his/her duty to receive clarification on the policy in question.

When there is a S.O.P / S.O.G. update implemented by the department officers, with approval from the department Fire Chief, all personnel will have seventy-two hours (72) or three (3) days to understand changes and/or new policy that is going into effect.

If any personnel have had disciplinary action take place under any policy violation, he/she has the right to review the policy in question.

By signing this he/she is stating they have received, read, understood, and agreed to the Standard Operating Procedure (S.O.P.) / Standard Operating Guideline (S.O.G.) set in place by Southwest Ranches Fire Rescue. Members have an understanding that he/she will be held accountable for all policies from this day forth.

Name (Print)

Signature

Date

Name (Print) Witness

Signature

Date

Name (Print)

Fire Chief Signature

Date

SOUTHWEST RANCHES VOLUNTEER FIRE-RESCUE, INC.

"Neighbors Helping Neighbors"

VOLUNTEER FIREFIGHTER AGREEMENT

It is hereby agreed between _____ ("Volunteer") and the Southwest Ranches Volunteer Fire-Rescue, Inc. (the "Department") as follows:

I. Acceptance

The Department agrees to accept the application of the Volunteer along with a non-refundable application fee of \$250.00, subject to the terms and conditions of this agreement, and a deposit of \$390.00 refundable after the satisfactory completion of 12 months of on-call, active duty service.

II. Status

Volunteer understands and agrees to the status of volunteer only, without expectation of compensation. Volunteer understands and acknowledges that he/she is not an employee of the Department and acceptance of this agreement by the Volunteer in no way constitutes employment with the Department or with the Town of Southwest Ranches ("Town").

III. Termination

Volunteers are at will and their status with the Department may be terminated at any time with or without cause and with or without notice.

IV. Rights

Volunteer understands and acknowledges that there are no rights of contract, no liberty or property interests, and no proprietary or exclusive rights of any kind created or existent in any volunteer position, including that of firefighter and/or firefighter/EMS responder, by virtue of this agreement.

V. Rules and Procedures

Volunteer shall comply with all Department rules, policies, and procedures ("SOGs" and "SOPs"), and with the terms and conditions of this agreement, at all times. Non-compliance may subject the volunteer to penalty and/or discipline up to and including suspension or termination of services and participation.

The Department has the right to and may alter, amend, or in any way change the rules and procedures of any aspect of Department operations at any time without prior notice to the Volunteer.

VI. Performance and Duty Schedule

Volunteer understands and acknowledges that the essence of the Department is to provide qualified

17220 Griffin Road, Southwest Ranches, FL 33331

Phone: 954-434 8232 - Fax: 954-252-0570

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firefighter and firefighter/EMS personnel for emergency response. Compliance with Department requirements for training, alarm response, SOPs, SOGs, attendance at meetings, fundraisers, Town Events and any other requirements as determined or to be determined by the Department as mandatory.

VII. Compensation

The Department shall provide to the Volunteer, the following:

- Volunteer related liability insurance and workers' compensation.
- A stipend, which is not in any way to be considered a substitute for wages. Said stipend will be set by the Board of Directors and Officers and which may be adjusted from time to time.

VIII. Voluntary Resignation

Volunteer shall provide, when reasonably practical, two weeks notice to the Department when Volunteer elects to leave the Department. Such notice shall be in writing and shall be forwarded to the Fire Chief and/or designee.

IX. Equipment

Upon resignation or termination from the Department, Volunteer agrees to return all Department issued gear, badg and I.D. cards.

X. Anti-Discrimination/Anti-Harassment Policy

The Department has a "zero tolerance" policy against harassment or discrimination. To this end, the Department will not tolerate discrimination or harassment based on any legally protected status, including but not limited to, race, color, creed, pregnancy, religion, sex, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law. Volunteer agrees to comply with this policy.

XI. Third-Party Beneficiary

The Department and Volunteer agree that the Town of Southwest Ranches is a third-party beneficiary of this agreement and the services provided herein are for the benefit of the Town.

Volunteer hereby certifies that he/she has read, understands, and agrees to the terms and conditions of this agreement.

Volunteer _____

Date _____

On behalf of Department:

Date _____



183 Leader Heights Road
 P.O. Box 2726
 York, PA 17405
 (800) 233-1957 or (717) 741-0911
 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Insured Beneficiary Change Name Change: From: -----

Complete all of the following information:

Policyholder Name and Policy Number(s) <i>(Emergency Service Organization Name)</i>		
<input type="checkbox"/> _____	Policyholder _____	Policy# _____
<input type="checkbox"/> _____	Policyholder _____	Policy# _____
<input type="checkbox"/> _____	Policyholder _____	Policy# _____
<input type="checkbox"/> _____	Policyholder _____	Policy# _____
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Last Name	First Name	MI
Date of Birth	Date of Membership	Social Security Number / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION - Primary Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
BENEFICIARY DESIGNATION - Contingent Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: -----

Date: -----

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



Direct Deposit Authorization

Employee Name: _____

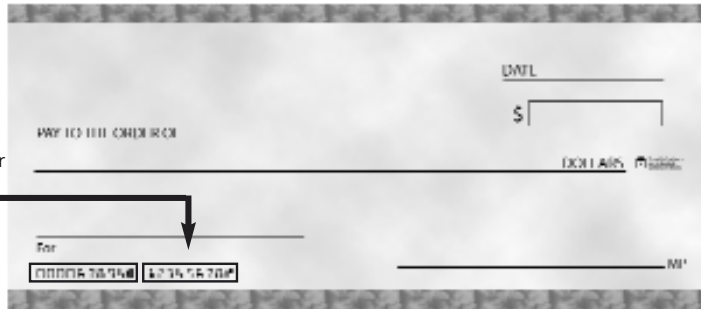
Last 4 Digits of SSN: _____ Date: _____

Employer: _____

- I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below) Employees are allowed to set up a maximum of three direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

Account Number:
Your bank account number follows the transit number on the lower, left corner of the check (see diagram).

Transit Number:
A nine-digit number located in the lower, left corner of the check (see diagram).



	Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Send remainder as a live check.

Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize my employer and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds to my employer.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

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	\$
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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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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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

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

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

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



- 1 Enter an estimate of your 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions 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 Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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 <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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)
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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
<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.