



## DRIVER'S APPLICATION FOR EMPLOYMENT

(ALL QUESTIONS MUST BE ANSWERED – PLEASE PRINT)

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, sexual orientation, or non-job-related disability.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
(LAST) (MIDDLE INITIAL) (FIRST)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIPCODE)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: ( ) \_\_\_\_-\_\_\_\_ Home Phone: ( ) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: ( ) \_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

Do you have legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Have you worked for RM McCaleb Transportation before? Yes \_\_\_\_ No \_\_\_\_

If yes, from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you now employed? Yes \_\_\_\_ No \_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the job description)? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony or crime? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Do you use any form of CBD products or any synthetic? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

### CONTACT PERSON'S NAME/PHONE/EMAIL--- REQUIRED

Give a complete record of all employment for the past three (3) years, including any unemployment or self-employment (no gaps in employment) and all commercial driving experience for the past ten (10) years.

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER	EMAIL	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?      YES _____ NO _____				
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?      YES _____ NO _____				

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER	EMAIL	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?      YES _____ NO _____				
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?      YES _____ NO _____				

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER	EMAIL	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?      YES _____ NO _____				
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?      YES _____ NO _____				

**ACCIDENT RECORDS**

THE PAST THREE (3) YEARS RESULTED IN THE FOLLOWING:

(FATALITY/BODILY INJURY REQUIRING IMMEDIATE MEDICAL ATTENTION/TOW AWAY OF VEHICLE).

DATES	LOCATION CITY/STATE	FATALITIES YES OR NO	NUMBER OF INJURIES	NUMBER OF FATALITIES	VEHICLES TOWED

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**CITATIONS** FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**DRIVER'S LICENSE**

LIST DRIVERS LICENSES FOR LAST 3 YEARS	STATE	LICENSE NO.	TYPE	EXPERATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_ NO \_\_\_
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS BELOW.

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# SOCIAL MEDIA AGREEMENT

I, \_\_\_\_\_, in making the choice to become an employee of R.M. McCaleb Transportation Company LLC agree to set a good example as a leader for R.M. McCaleb Transportation Company LLC. I realize that my actions and reputation must be above and beyond reproach.

Social Media is defined as forms of electronic communication (such as web sites for social networking and blogging) through which users create online communities to share information, ideas, personal messages, and other content (as videos/photos). Examples include but are not limited to Facebook, Twitter, My Space, You Tube, Snap Chat and any other similar sites or networks.

I, \_\_\_\_\_, understand that I am a representative of R.M. McCaleb Transportation Company LLC to the general public and should act accordingly. I understand that I should avoid posting material that could be inappropriate, demeaning, offensive, profane or disrespectful to or of others.

I will not post any statement/posting or information regarding my duties, co-workers/employees, vendors, industry pricing or anyone doing business with R.M. McCaleb Transportation Company LLC trucking industry. If I failed to show the said example required as a driver and leader. I understand that the consequences include but are not limited to written warning, final warning, immediate termination and possible attorney fees including financial liability due to loss of income to said Company, R.M. McCaleb Transportation Company LLC due to my actions.

\_\_\_\_\_  
(Employee Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(R.M. McCaleb Transportation Company LLC Representative) Date: \_\_\_\_\_

### EMPLOYER VERIFICATION FORM D-3

**SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE**

NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

I hereby authorize (previous employer) \_\_\_\_\_  
To release the below requested information to R.M. McCALEB TRANSPORTATIO CO. LLC for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including pre-employment drug test results. You are now required by the US DOT and Federal Motor Carrier Safety Regulations 49 C.F.R. 382 & 391 to furnish this information. You are hereby released from all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY per 49 C.F.R. 391.21**

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Did this employee drive a motor vehicle for you? YES \_\_\_ NO \_\_\_ If yes, indicate CDL Class A or Class B  
Reason for leaving: DISCHARGED / RESIGNED / LAID OFF / OTHER: \_\_\_\_\_

**SECTION 3: PERFORMANCE AND SAFETY HISTORY per 49 C.F.R. 391.23 (2)**

Please circle type of motor vehicle operated: TRACTOR-SEMI/trailer, Straight Truck or Other: \_\_\_\_\_

**ACCIDENTS:** Please complete the following for any accident(s) that the applicant was involved in the last 3 years prior to the application date shown above. IF NONE, please check mark here \_\_\_\_.

Date:	Location:	Injuries?	Vehicles Towed?	Preventable?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 4: DRUG and ALCOHOL INFORMATION per 49 C.F.R. 391.23**

Was this applicant in a DOT controlled substance testing program with your company? YES \_\_\_ NO \_\_\_

Has this person tested positive for a test specimen for controlled substance? YES \_\_\_ NO \_\_\_

Has this person had alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up test? YES \_\_\_ NO \_\_\_

If this person has violated a DOT drug and alcohol regulation, did he/she complete an SAP, prescribed rehabilitation program in your employment including return-to-duty and follow-up tests? YES \_\_\_ NO \_\_\_  
(If yes, please send documentation with this form.)

For a driver who completed an SAP's rehabilitation, did the applicant remain in your employment? YES \_\_\_ NO \_\_\_  
(Please include any required DOT Drug & Alcohol testing information obtained in the past three years.)

Print name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

## Previous Employment Verification Form

### Applicant Information

Name: _____	Date: _____
Position Applied For: _____	

### Previous Employment

Name of Contact: _____		
Company: _____		
Job Title: _____	Phone Number: _____	
Company Address: _____		
_____	_____	_____
City	State	Zip Code

### For Company Representative

Was the applicant an employee for your Company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Applicant's Position: _____			
Beginning Date: _____	End Date: _____		
Reason for Leaving:	<input type="checkbox"/> Active	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned
Was the applicant involved in any accidents while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES: _____			
Did the applicant fail any drug and/or alcohol tests while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES: _____			
Is the applicant eligible for rehire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If NO: _____			

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with RM McCaleb Transportation Co LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize RM McCaleb Transportation Co LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.



## **AUTHORIZATION TO RELEASE DRIVER BACKGROUND INFORMATION**

In connection with your application for employment with RM McCaleb Transportation Co. LLC ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize RM McCaleb Transportation Co. LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

**R.M. McCaleb TRANSPORTATION COMPANY LLC.**

**APPLICANT DRUG TESTING CONSENT AGREEMENT**

As a prerequisite or requirement prior or during employment, I, \_\_\_\_\_ hereby agree to allow R.M. McCaleb Transportation Company LLC to collect urine or blood samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to release my test result to R.M. McCaleb TRANSPORTATION COMPANY LLC for appropriate review and authorize the said company to use the test results as a defense to any legal action to which I am party.

I understand that the results of the drug testing of my urine or blood, if confirmed positive will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration of employment.

Further, I understand that if or when I was employed by R.M. McCaleb Transportation Company LLC, I must abide by the terms of the company's drug-free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol at pre-employment or post-employment. I understand that submission to such testing is a condition of employment with the company, and disciplinary action, up to and including discharge, may result if (1) I refuse to consent to such testing; (2) I refuse to execute all forms of consent and releases of Liability as are usually and reasonably attendant to such examination; (3) I refuse to authorize release of the test results to the company (if the tests establish a violation of the company's drug free work place policy); or (4) I otherwise violate the policy.

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**ACCEPT – I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.**

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS' SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REFUSE – I hereby refuse the drug detection urine or blood test.**

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS' SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
DRUG AND ALCOHOL CLEARINGHOUSE CONSENT**

**FMCSA SECTION 382.703(a)**

I, \_\_\_\_\_, hereby provide consent to R.M. McCaleb Transportation Co. LLC to conduct an unlimited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I further understand that if I refuse to provide consent for R.M. McCaleb Transportation Co. LLC to conduct an unlimited query of the Clearinghouse, R.M. McCaleb Transportation Co. LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCA's drug and alcohol program regulations.

\_\_\_\_\_  
EMPLOYEES SIGNATURE

\_\_\_\_\_  
DATE

## MVR RELEASE CONSENT FORM

In conjunction with my employment, at \_\_\_\_\_ (“the company”),  
I \_\_\_\_\_ (employee/applicant name) Consent to the release of  
*(print name)*  
my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. “Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent” as required by this Act.

\_\_\_\_\_  
*Employee/Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number (last 4 digits)*

\_\_\_\_\_  
*Drivers’ License Number*

\_\_\_\_\_  
*License Expiration Date*

\_\_\_\_\_  
*Issuing State*

(Required for all drivers)



# 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)	<b>Additional Information</b>				
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.

## Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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

2023

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: 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) Reserved for future use.

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

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

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

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	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	

<b>Employers Only</b>	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](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

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

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

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

## Specific Instructions

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

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

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
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 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.