

## To Apply for Student Employment Jobs:

1. Print the 3 forms below: Application; W-4 Form; I-9 Form
  2. Complete all 3 forms
  3. Contact the person listed on the job you want to apply for and schedule an interview
    - Bring your application with you to your interview
    - If hired, your new supervisor **MUST** complete and sign your application in order to complete the hiring process
  4. If you attend classes at the downtown campus, go to Room S203 and see Brenda Kress. Bring:
    - Completed & signed **Employment Application**
    - Completed **I-9 Form**
    - Completed **W-4 Form**
    - 3 forms of identification:
      - ✓ **Current MATC ID**
      - ✓ **State ID or Driver's License**
      - ✓ **Social Security Card**
  5. If you attend classes at West Allis, Oak Creek or Mequon please call Brenda at 414 297-6905
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***NEW FOR 2009***

NEW & RETURNING Work-study Students **MUST** complete a 30 minute orientation prior to their first day of employment.

Sign up in the **JOBshop**, Room S203 or contact Jenny Thomas or Brenda Kress for a schedule of available dates and times.

Jenny     ...     (414) 297-6302  
Brenda    ...     (414) 297-6905



For students enrolled in 6 credits or more

Position Applying For: \_\_\_\_\_

Interview with: \_\_\_\_\_ ROOM # \_\_\_\_\_ Telephone # \_\_\_\_\_

Granted Work-Study Funds (circle one) **YES NO**

Number of hours you can work per week: \_\_\_\_\_ Work-study student maximum 16 hours per week  
Budgeted 19 hours per week

You can not exceed your financial aid award. Amount you were awarded + by 16 weeks + amount per hour for this position = maximum # of hours you can work a week.

**Example:** If you were awarded \$1700.00 for a semester:  
\$1700.00 ÷ 16 = \$106.25 \$106.25 ÷ \$7.50 = 14.17 (approximately 14 hours per week)  
(See Brenda Kress in Room S203 if you are starting more than a month after the beginning of the semester.)

**AVAILABILITY:**

Monday	Tuesday	Wednesday	Thursday	Friday

**PERSONAL INFORMATION:**

First Name	M.I.	Last Name	Student ID #	
Present Address (Number & Street)		Apt.	City	State Zip Code
Home Telephone #	Alternate Telephone #		Email	

**EDUCATION:**

Major: \_\_\_\_\_ # of Credits currently taking: \_\_\_\_\_  
How many semesters have you attended at MATC \_\_\_\_\_ Last School Attended \_\_\_\_\_

**REFERENCES WE MAY CONTACT:**

Name	Relationship	Telephone #	Address

**HIRING DIVISION TO COMPLETE:**

Date of Hire: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Hourly Rate: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Room: \_\_\_\_\_

Work-Study or Budgeted (circle one) For Budgeted Workers: Acct No: \_\_\_ -- \_\_\_ -- \_\_\_ -- \_\_\_ --  
LOC C CC PROJ OBJ

Email \_\_\_\_\_ Signature: \_\_\_\_\_

**Job Location:**

Mequon  
 Milwaukee  
 Oak Creek  
 West Allis  
 Community

**Financial Aid Use:**

Position No: \_\_\_\_\_  
Award Amount: \_\_\_\_\_  
Last Date of Work: \_\_\_/\_\_\_/\_\_\_  
Termination Reason: \_\_\_\_\_  
Orientation Complete: \_\_\_\_\_

**Name/Address of Community Site:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**STUDENTS COMPLETE SECTION #1**

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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	Date (month/day/year)	

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. . . . . A \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . B \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. . . . . G \_\_\_\_\_

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

**STUDENTS COMPLETE THIS PORTION**

<b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2009</b>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

**MILWAUKEE AREA TECHNICAL COLLEGE  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)**

**Direct Deposit Guidelines**

MATC'S payroll system allows you to have your net pay deposited to a maximum of three (3) accounts at financial institutions of your choice. Please complete the form below to ensure prompt processing of your pay.

**Please Note:** Due to federal and banking regulations, it takes two (2) pay periods for your payroll check to actually be deposited to your account. The first pay period is necessary to notify the financial institution of your intent to have funds automatically deposited and to verify account numbers.

**Authorization**

I authorize Milwaukee Area Technical College to deposit my payroll checks(s) automatically each payday to the named account(s) below. MATC reserves the right in the event of an emergency to cancel direct deposits and process actual checks. If this process should become necessary, every effort will be made to give you prompt notification.

I hereby authorize Milwaukee Area Technical College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account.

- **Confirm the correct Routing Numbers and Account Numbers with your financial institution**
- **Attach a voided check or deposit slip above**

<u>Name of Financial Institution:</u>	<u>Name of Financial Institution:</u>	<u>Name of Financial Institution:</u>
City & State:	City & State:	City & State:
Bank Routing Number:	Bank Routing Number:	Bank Routing Number:
Account Number:	Account Number:	Account Number:
Circle One:    Checking    Savings	Circle One:    Checking    Savings	Circle One:    Checking    Savings
Deposit Amount:	Deposit Amount:	Deposit Amount:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
COSMO ID or Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Work Phone Number