



*Human Resources Department
Town of Belmont
Massachusetts*

455 CONCORD AVENUE
BELMONT, MASSACHUSETTS 02478-2573
TEL (617) 993-2740
FAX (617) 993-2741
www.belmont-ma.gov

INSTRUCTIONS FOR ALL NEW ELECTION WORKERS

These forms should be printed, completed and returned to the Town Clerks Office.

1. Election Worker Application
2. Employee Contact/Emergency Form
3. CORI request Form include copy of Photo ID
4. Form I-9, with 2 ID's - Passport, or Driver's License with Social Security card or Birth Certificate
5. W-4 Federal Withholding Certificate
6. Direct Deposit Form and include Bank Account Verification, either copy of a Voided Check or Official Bank Verification

If you have any questions, please call the Human Resources Department.



TOWN OF BELMONT

Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, 455 Concord Avenue, Belmont, MA 02478;
 By Email: 617.688.3334

By Fax: 617-993-2601;

or by Email as a scan or attachment to: TownClerk@belmont-ma.gov

Name: _____

First Middle Last

Home Address: _____

| # | Street, | Town, | Zip Code |
|---|---------|-------|----------|
| | | | |

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you registered to vote in Massachusetts? Yes ☐ No ☐

Have you ever served as an Election Worker? Yes ☐ No ☐

If yes, for how long? _____ Where? _____ What role? _____

Are you able to work on Election Day from 6:00 am – 1:00 pm Yes ☐ No ☐

Are you able to work on Election Day from 1:00 pm – 8:30 pm Yes ☐ No ☐

What type of transportation would you use to get to precinct polling location?

Car ☐ Walk ☐ Public Transportation ☐

How did you hear about becoming an election worker? _____

I certify that the information given above is true and complete.

Signature _____

Approved: _____



Town of Belmont

Employee Contact Form

Employee Name: _____

Department: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Personal Email: _____

- In Case of an Emergency -

Contact Name/ Relationship: _____

Telephone Number: _____ (Cell? Y/N)

Alternate Contact Name/Relationship: _____

Telephone Number: _____

Primary Care Physician Name: _____

City: _____ Telephone Number: _____

I hereby authorize the Town of Belmont to communicate with my emergency contacts in the event I experience a serious medical emergency. I understand that it is my responsibility to complete a new form in the event that any of my contacts or their contact information changes.

Signature: _____ Date: _____



Criminal Offender Record Information (CORI) Request Form

Must provide a valid Driver's License on another form of valid photo ID.

Circle One: Applicant / Current Employee / Volunteer

NAME: _____

COMPLETE CURRENT ADDRESS: _____

BIRTHDATE: _____

Last Six Digits of you Social Security # XXX-____-____

SEX: _____ RACE: _____

FATHERS NAME: _____

MOTHERS NAME: _____

For office use only

Photo ID Type: _____ Issuing Authority: _____

ID Number: _____

Verifier's Name: _____ Title: _____

Date of Results: _____ Clear CORI? _____



Town of Belmont
Criminal Offender Record Information (CORI) Acknowledgement Form

This form shall be used for employment and certain volunteer purposes in the Town of Belmont.

The Town of Belmont is registered under the provisions of Massachusetts General Law c. 6, §172 to receive Criminal Offender Information (CORI) for the purposes of screening current and otherwise qualified prospective employees whom the Town of Belmont has given a conditional offer of employment.

As a prospective employee, current employee or volunteer, I understand that the Town of Belmont's Human Resources Department will submit a CORI check for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Town of Belmont to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Belmont with written notice of my intent to withdraw consent to a CORI check.

The Town of Belmont may conduct subsequent CORI checks within one year of the date that I signed this form as long as the Town provides me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the back of this Acknowledgement Form is true and accurate.

Name (Printed)

Signature

Date



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 (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| |
|--|
| <input type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) |
| <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. (See instructions) 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. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ |
| QR Code - Section 1 Do Not Write In This Space |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | <div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| 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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024**Step 1:**
Enter
Personal
Information

| | | |
|---|-----------|---|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | 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 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, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

| | | | |
|--|---|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 \$ | | |
| | Multiply the number of other dependents by \$500 \$ | | |
| | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period . . | 4(c) | \$ |

| | | | |
|--|--|--------------------------|--------------------------------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | Employee's signature (This form is not valid unless you sign it.) | | Date |
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |



ACCOUNTING/PAYROLL

19 MOORE STREET
BELMONT, MA 02478

TEL: 617-993-2526

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN TO THE HUMAN RESOURCES DEPARTMENT

NAME: _____ DEPARTMENT: _____

SS# (LAST 4 DIGITS) XXX-XX-____ NAME OF BANK: _____

BANK'S ADDRESS: _____

ACCOUNT #: _____ ROUTING #: _____

☐ Checking Account

☐ Savings Account

Required for a CHECKING account: Please attach a voided check.

Required for a SAVINGS account: Please ask your bank to give you a bank form with the transit # and the account #, then attach to this form.

Authorization Agreement: I authorize and request the Town of Belmont to make payments of my salary/pension to the financial institution listed above.

Employee Signature

Date

ELECTRONIC PAY ADVICES/PAY STUBS

The Town of Belmont is offering employees the option for electronic (Email) delivery of payroll advices. By including an email address and signing the opt-in authorization form, current paper paystubs/advices will be transitioned to an email distribution. The password to access your paystubs/advices electronically is the last four digits of your social security number.

Email address: _____

☐ Yes, I authorize my paystub/advice to be distributed to me at the email address listed above

☐ No, I do not wish to receive an emailed paystub/advice at this time

Employee Signature

Date