

Bard  Human Resources Department

Office of Human Resources, P.O. Box 5000, Annandale-on-Hudson, NY 12504-5000
Tel: 845-758-7428 Fax: 845-758-7826 Email: HR@bard.edu

Please print clearly, Answer all sections. These forms must be completed as part of the new hire process.

Position _____

Name _____

Address _____

Age (only if under 18 and a student) _____ Social Security Number _____

1. Have you ever been employed by or applied for a position with Bard College, under either the same or a different name? If yes, please give application date or employment dates and position held.

2. Are you a citizen of the United States or an alien authorized to work in the U.S.? _____
3. Have you ever been convicted of any crime (other than motor vehicle violations)? If yes, please describe the nature of the crime & the outcome of the case. Note that conviction of crime is not necessarily a bar to employment.

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? If so, please explain. Note that conviction of a crime is not necessarily a bar to employment.

Complete sections 4, 5, and 6 only if the position for which you are applying requires driving.

4. Driver's license number _____
5. Driver's license classification _____
6. Have you been convicted of a motor vehicle violation within the past 3 years? If yes, please specify.

Have you been driving for at least 3 years? _____ If no, for how long have you been driving? _____

I attest that all information herein is true and complete to the best of my knowledge.

AGREEMENT

I authorize a College representative to contact references, employers, schools, or other individuals to conduct a professional investigation and inquiry concerning matters related to employment as may be necessary to arrive at a hiring decision. I hereby release employers, schools, and other individuals from all liability in responding to inquiries in connection to my application.

I understand that the contents of this application are provided to express my interest in securing employment with Bard College and that this application does not serve to create an employment contract between Bard College and an applicant or employee, either for employment or regarding any particular term or condition of employment.

In the event of employment, I understand that giving false or misleading information on my application or during an interview may result in discharge. I further understand that accepting employment with Bard College means I agree to accept and adhere to all policies and procedures of the College.

Any offer of employment is subject to compliance under the Immigration and Control Act of 1986. The appropriate verification of identity and right to work in the U.S. and completion of the I-9 Employment Eligibility Certification are required documentation. This documentation must be provided with 72 hours after the applicant has been hired; if it is not, the offer of employment is void.

I do do not give my permission to Bard College to use the information I have supplied in the Applicant Data
Signature of applicant _____ Date _____

APPLICANT DATA RECORD

The submission of this information is voluntary.

The information is used for equal employment opportunity and affirmative action reporting only.

Applicants are considered for all positions and employees are rated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, or handicapping conditions.

As an employer, Bard College complies with government regulations and affirmative action responsibilities in record keeping and reporting.

This information will be kept in a confidential file, separate from the application for employment, and will not be used in the hiring process.

Referral Sources (check one):

Advertisement Friend Relative Current Staff Other (specify)
Sex: Male Female

Racial/Ethnicity Self Identification:

Are you Hispanic or Latino? Yes No

Select one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Island
- White



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.

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.**

2021

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 2021 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	\$
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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Employee Withholding Exemption Certificate (L-4)
Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "Single" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

 Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form L-4 Louisiana Department of Revenue	Employee's Withholding Allowance Certificate		
1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature _____ Date _____

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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Bard College Direct Deposit Advice Instructions



Approximately two days prior to the actual payroll date, you will receive an email with the subject:
"Bard College – Forthcoming Payroll Direct Deposit" from payroll@bard.edu

Attached to this email will be an encrypted PDF file containing your current direct deposit advice.

Your password is:

The first four letters of your last name and the last four digits of your Social Security Number.

The password is **not case sensitive** and is generated by a computer based on the information the system has on file.

Your password cannot be changed.

Your direct deposit advice will be sent to your Bard email address, unless the Payroll Office is notified otherwise. If we are not provided a valid email address, you will receive a paper direct deposit advice. Please be cautious when considering where you want your direct deposit advice sent.

Receiving direct deposit advices via email allows you the convenience of accessing and printing or filing them for easy access on demand. To change the email address associated with your direct deposit advice emails, contact the Payroll Office at payroll@bard.edu.

Bard College Payroll Office

Phone (845) 758-7829 | Fax (845) 758-7637 | Email payroll@bard.edu

PO Box 5000, Annandale-on-Hudson, New York 12504-5000

Bard College Direct Deposit Authorization Form



CHECKINGACCOUNT—attach voided check

SAVINGSACCOUNT—see below

You must provide a document from your financial institution (check, printout from bank, etc.) verifying the bank routing and account numbers. **Incomplete forms will be returned.**

I HEREBY AUTHORIZE BARD COLLEGE AND THE FINANCIAL INSTITUTION(S) SHOWN TO DEPOSIT MY NET PAY DIRECTLY TO MY ACCOUNT(S) EACH PAY DAY AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY BARD COLLEGE PAYROLL DEPOSIT ENTRIES MADE IN ERROR TO MY ACCOUNT(S). THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I FILE A NEW AUTHORIZATION FORM OR MY EMPLOYMENT IS TERMINATED WITH THE COLLEGE.

Check the appropriate box: New Set-up Change Information Cancel Direct Deposit

EMPLOYEE INFORMATION AND AUTHORIZATION	
Employee Name:	Date:
Bard ID Number:	Contact Telephone Number:
Employee Signature:	Contact Email:

Distribution #1	
_____ % OR \$ _____ (of net distribution)	
Name of Financial Institution:	Account Type (Checking/Savings)
Routing Number (9 digit code at the bottom of your checks)	Account Number:
Distribution #2	
_____ % OR \$ _____ (of net distribution)	
Name of Financial Institution:	Account Type (Checking/Savings)
Routing Number (9 digit code at the bottom of your checks)	Account Number:
Distribution #3	
Remainder of Pay	
Name of Financial Institution:	Account Type (Checking/Savings)
Routing Number (9 digit code at the bottom of your checks)	Account Number:

EMERGENCY CONTACT INFORMATION

Please provide the name and phone number for your emergency contact(s). This information will only be used in the event of an emergency. *We require at least one emergency contact on file.*

- (1) Name: _____ Relationship: _____
Phone: _____
- (2) Name: _____ Relationship: _____
Phone: _____
- (3) Name: _____ Relationship: _____
Phone: _____

BARD COLLEGE DIRECTORY INPUT

Please fill out all fields. If you do not wish a particular item to appear in the directory, please indicate that by placing an X in the box to the left of that item. We would also appreciate your input of any other changes or corrections that should be made to the current directory.

Thank you for your cooperation!

Last Name: _____ First Name: _____

Title: _____

Department: _____

Office Location: _____

Work Phone (Other than 758-6822): _____ ext: _____

Cell Phone: _____ Non-Bard Email: _____

Would you like your home address to appear in the directory? _____ Yes _____ No