

Application for Employment



PLEASE PRINT

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other _____
☐ Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____-____-____

If necessary, best time to call you at home is _____

May we contact you at work?..... ☐ YES ☐ NO

If yes, work number and best time to call (____) _____
Area Code Time

If you are under 18, can you furnish a work permit?..... ☐ YES ☐ NO

Have you filed an application here before?..... ☐ YES ☐ NO

If yes, give date..... ____/____/____

Have you ever been employed here before?..... ☐ YES ☐ NO

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... ☐ YES ☐ NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... ____/____/____

Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Shift desired ☐ 1st ☐ 2nd ☐ 3rd

Preferred location ☐ North ☐ South ☐ West ☐ Clayton ☐ Downtown

Are you on lay-off and subject to recall?..... ☐ YES ☐ NO

Are you able to meet the attendance requirement of the position?..... ☐ YES ☐ NO

Will you work overtime if required?..... ☐ YES ☐ NO

Have you ever been bonded?..... ☐ YES ☐ NO

Have you been convicted of a felony?..... ☐ YES ☐ NO

(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain _____

Emergency contact name and number _____

AN EQUAL OPPORTUNITY EMPLOYER

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with the last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and Minor field of study (if applicable).

A. School	B. No. Of Years Completed	C. Degree/ Diploma	D. GPA/ Class Rank	E. Major	E. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone Number	Years Known
	() -	
	() -	
	() -	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

Without any limitation by any section of this application, Boldt Brothers has the right, at its sole discretion, to make and implement decisions relating to an individual's position, compensation, retention and/or other terms and conditions of employment. Since the relationship between Boldt Brothers and its employees is one of employment-at-will, it is subject to termination by either Boldt Brothers or the employee at any time with or without reason. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ____/____/____

I affirm that everything is true and correct and I acknowledge that I can be terminated at any time if it turns out that any information I supply is false. I affirm that I have a genuine intent and no other purposes for applying for a job with this firm.

This employer does not discriminate on the basis of Race, Religion, Color, Sex, Age, National Origin, Disability, Veteran Status, or any other legally protected status.

Signature of Applicant _____ Date ____/____/____

I understand that if employed, my employment is "at will", as it is not the practice of the company to enter into employment contracts, expressed or implied. Boldt Brothers is in compliance with the Americans with Disabilities Act of 1990.

Be advised that Boldt Brothers Building Maintenance strictly maintains a work force and work environment which is free from the influence of, or the effects from, drug and alcohol usage. Accordingly, Boldt Brothers requires that all applicants for employment provide a blood and urine sample for purposes of drug and alcohol testing.

The drug and alcohol test will not be requested until after Boldt Brothers Building Maintenance has tentatively determined to extend a conditional offer of employment to the applicant. While a conditional offer will have been extended prior to the request to submit to a drug and alcohol test, a negative result is mandatory. If the applicant fails the drug and/or alcohol test, refuses to cooperate in the test or alters and/or tampers with the test, the conditional offer shall be withdrawn and no further consideration of the applicant shall be given.

Signature of Applicant _____ Date ____/____/____

For Personnel Department Use Only

Position(s) applied for _____

☐ Available

☐ Not Available

Other positions considered for _____

Hired _____ ☐ Yes ☐ No Date of Hire ____/____/____

Notes: _____

Job #: _____

Completed by _____ Date ____/____/____

Document Checklist

_____ Application
_____ I-9 Form
_____ W-4 Form
_____ Police Report
_____ Rules & Policies
_____ Picture ID
_____ Orientation
_____ Training

Issued

_____ ID Badge
_____ Shirt (Size) _____
_____ Pants (Size) _____
_____ Dress (Size) _____
_____ Apron
_____ Jacket (Size) _____

Received back into stock

Separation Date: _____

Job #: _____

First Day Worked: _____

Last Day Worked: _____

Reason for Separation

A. Left of Own Accord

_____ To Attend School
_____ Illness or Injury
_____ Personal Reasons
_____ Failed to Return from Leave of Absence
_____ Dissatisfaction With Job
_____ Lost Means of Transportation
_____ Change in Residence (Where) _____
_____ Other: _____
_____ Voluntary Retirement _____
_____ Disability Retirement _____

Explain: _____

B. Suspend Pending Investigation

_____ Insubordination
_____ Improper Conduct
_____ Reporting to Work Under the Influence of Alcohol/Drugs
_____ Violation of Safety Rule
_____ Fighting on Company Property
_____ Leaving Work Area Without Permission
_____ Voluntary Quit
_____ Drinking on Duty
_____ Other: _____

Retire Status: _____ Yes _____ No

Explain: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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	<div>QR Code - Section 1 Do Not Write In This Space</div>	
<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>) <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____		
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 08/31/2019

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	
			Director of Human Resources	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Grazier		Shawn	Boldt Brothers Bulding Maintenance	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
1219 South Vandeventer Ave		Saint Louis	MO	63110

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

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 		<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 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 	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

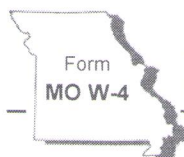
----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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					
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 (This form is not valid unless you sign it.)		Date			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
Boldt Brothers 1219 South Vandeventer Avenue Saint Louis, Missouri 63110-3807				43-1242197	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2018)



Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name	Social Security Number	Filing Status Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/>	
	Home Address (Number and Street or Rural Route)	City or Town	State	ZIP Code
Employee	1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.....			1
	2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter 0. If no, enter 1 for your spouse....			2
	3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....			3
	4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....			4
	5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.....			5
	6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.....			6 \$
	7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.....			7
	8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.....			8
	9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9.....			9
Signature	Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.			
	Employee's Signature (Form is not valid unless you sign it)		Date (MM/DD/YYYY) ____/____/____	
Employer	Employer's Name Boldt Brothers		Employer's Address 1219 South Vandeventer Avenue	
	City Saint Louis		State Missouri	ZIP Code 63110
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____		Federal Employer I.D. Number 4 3 1 2 4 2 1 9 7	Missouri Tax Identification Number 1 1 6 7 9 5 2 2

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit <http://www.dort.mo.gov/tax/calculators/withhold/> to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$6,350 — standard deduction	\$12,700 — standard deduction	\$ 9,350 — standard deduction
\$8,450 — Total	\$16,900 — Combined Total (For both spouses)	\$12,850 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Visit

Form MO W-4 (Revised 12-2016)

<http://dss.mo.gov/child-support/employers/new-hire-reporting.htm>
for additional information regarding new hire reporting.



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158R 08/16

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME FIRST MIDDLE JR / SR

MAIDEN / ALIAS LAST NAME FIRST MIDDLE JR / SR

SEX ☐ MALE ☐ FEMALE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER RACE ☐ BLACK ☐ WHITE ☐ INDIAN ☐ ASIAN ☐ OTHER

ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- ☒ **\$13.00 NAME SEARCH**
Based on NAME, DATE OF BIRTH,
AND SOCIAL SECURITY NUMBER.
Response will be returned with all open
records and records of conviction.
- ☐ **\$20.00 FINGERPRINT SEARCH**
☐ Open Records
☐ Open and Closed Records
- ☐ **\$2.00 NOTARY LETTER**

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

Either the Date of Birth OR Social Security Number MUST be provided for processing.

For faster processing criminal record checks are available online at: www.machs.mo.gov

Please forward the request and fee to:

**Missouri State Highway Patrol
Criminal Justice Information Services Division
Post Office Box 9500
Jefferson City, MO 65102**

MSHP / CENTRAL REPOSITORY RESPONSE

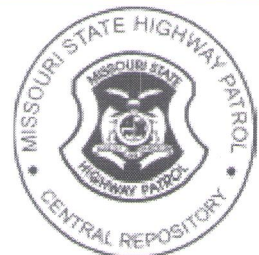
SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) (314) 531-2000

Boldt Brothers Building Maintenance

1219 South Vandeventer Avenue

Saint Louis, MO 63110



Criminal Justice Information Services Division General Information

The Missouri Criminal Records Repository (MCRR) collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by Sections 43.500 and 589.400, RSMo. CHRI is information collected by criminal justice agencies on individuals and consists of arrests, prosecutions, final dispositions, correctional supervision, and releases. All felony and serious misdemeanor arrests (referred to as reportable arrests), including offender registration information as defined under Section 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal background checks may be requested by means of:

- 1) A **Personal Identifier Search** (name-based) which searches information based on the name, date of birth, and social security number of an individual.
- 2) A **Fingerprint Based Search** which searches the state's criminal history files by conducting a fingerprint comparison of the applicants fingerprints with the criminal (arrest) fingerprints on file with the Central Repository. Fingerprint images are collected and submitted using the standard federal applicant fingerprint card (FD-258).

The Personal Identifier Search requires a payment of **\$13.00** per request. The background check results are considered a **"possible match"** and will include only open records. Any individual, business, or agency may request and receive open record information by means of a personal identifier search. **Open records include:**

- Records containing convictions, such as plead guilty to, or convicted of.
- Arrest information that is less than 30 days old from the date of arrest.
- Charges filed from the prosecutor, awaiting final disposition from the court.
- Records that contain a suspended imposition of sentence (SIS) during the probation period.

A Fingerprint Based Search requires a payment of **\$20.00** per request. The results of a fingerprint-based background check are considered a **"positive match"** and will provide either open records or closed (complete) records as requested by the applicant.

An applicant may choose to conduct a fingerprint based criminal record check containing open records thus limiting the dissemination of criminal history information to **only** open record information. The Criminal Justice Information Services (CJIS) Division will release fingerprint-based criminal history information containing only open record information to any individual, business, or agency when requested by the applicant.

An applicant may choose to conduct a fingerprint-based criminal record check for release of closed records thus allowing dissemination of all criminal history information on file with the Central Repository. Closed records will only be released with a record check submitted by means of a fingerprint comparison and will only be released directly to the applicant or to a qualified entity if authorized in accordance with Section 610.120 and Chapter 43, RSMo. **Closed records include:**

- All criminal history data, including all arrests (filed or not filed charges).
- Charges that have been nolle prossed, dismissed, or found not guilty in a court of law.
- Suspended Imposition of Sentence (SIS) after the probation period is complete.

Notary Letters are provided upon request and require an additional \$2.00 processing fee, per request. A notary letter may be requested with either a personal identifier search or a fingerprint search.

PENALTY — A person who knowingly violates any provision of Sections 43.532, 43.540, 610.100, 610.105, 610.106 or 610.120 RSMo is guilty of a class A misdemeanor.

FBI Record Requests

The FBI only has open files meaning that if someone has the authority to receive the records; they receive all that is on file.

Individuals that need a Federal or Federal Bureau of Investigation (FBI) background check, for personal reasons or for employment purposes for entities not authorized through Missouri State Statute or the Missouri VECBS program, can submit fingerprints with an \$18.00 fee directly to the FBI. For information on how to obtain a federal background check directly from the FBI, please refer to information regarding the FBI's Identity History Summary Check on the FBI's website at www.fbi.gov.