

## Applicant Check List

1. Complete Application includes w-4, eligibility to work,
2. Certification cards
3. Driver's License
4. EVO
5. Social Security card
6. Social media policy and receipt
7. Physical waiver
8. Drug/Alcohol policy
9. Phone carrier for CBS access
10. Sexual Harassment policy and receipt

Millsboro Fire Department  
PO Box 83  
109 E State Street Millsboro, Delaware 19966  
(302) 934-8359, Fax (302) 934-7960  
www.millsborofire.com

*THANK YOU for considering employment with Millsboro Fire Department. Our highly professional organization is committed to public service and meeting the needs of our citizens and visitors. We hope you find our extensive application process to be uncomplicated. Depending on the number of applications and any examination requirements, we strive to complete the entire hiring process within one month of the position closing. The Department selects the best and most qualified candidate for each vacancy, without regard to familial or political affiliation or influence. If you have questions about Millsboro Fire Department's hiring procedures, please contact us.*

- \* Mail or bring your completed application to the Millsboro Fire Department at the address listed above. The Department cannot be responsible for applications sent directly to departments, individuals or other public or private agencies or via e-mail.
- \* Applications are accepted for vacant and anticipated positions. All applications are retained for a period of one calendar year from date of receipt. If you are interested in a future vacancy, you may contact the Department and request submission of this application.
- \* Employees of Millsboro Fire Department are at will and may resign their employment at any time, although at least two weeks notice is required for payment of accrued vacation time, and may be terminated as provided in the Millsboro Fire Department's ordinances, and/or policies.
- \* Millsboro Fire Department is an equal opportunity employer and will not discriminate against any employee or applicant for employment in a manner that violates the law. Accommodations are available for applicants with disabilities in all phases of the application and employment process. Contact the Personnel Office for an auxiliary aid or service.
- \* Millsboro Fire Department maintains a drug free workplace and will not tolerate the use, possession or distribution of illegal substances. Employees must abide by the Departments's drug free workplace policy.
- \* Millsboro Fire Department requires all offers of employment to be extended with the following conditions: the prospective employee must pass a criminal background investigation and a drug & alcohol use/abuse screening procedure, followed by a 6-month introductory period.

\* READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I AFFIRM THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED OR, IF EMPLOYED BY THE DEPARTMENT, I MAY BE TERMINATED FROM EMPLOYMENT. I UNDERSTAND I MUST PASS A CRIMINAL BACKGROUND INVESTIGATION AND PASS TESTING FOR ALCOHOL AND SUBSTANCE USE/ABUSE, AS A CONDITION OF EMPLOYMENT. I ALSO UNDERSTAND THAT DIRECT DEPOSIT OF PAY IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT IF I AM EMPLOYED, I WILL SERVE AN INTRODUCTORY PERIOD OF PROBATION OF AT LEAST SIX (6) MONTHS AND SUBJECT TO TERMINATION WITHOUT RIGHT OF APPEAL. I FURTHER AUTHORIZE ANY AND ALL OF MY CURRENT OR PREVIOUS EMPLOYERS, ASSOCIATES, OR REFERENCES TO GIVE THE MILLSBORO FIRE DEPARTMENT ANY INFORMATION CONCERNING MY EMPLOYMENT RECORD OR CHARACTER.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## Millsboro Fire Department APPLICATION FOR EMPLOYMENT

PRINT OR TYPE IN BLACK INK - These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". Be sure to sign when completed. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications. Millsboro Fire Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME (Last)	(First)	(Middle)	(DOB)	Home Phone Number
MAILING ADDRESS (Street)				Work Phone Number (May we call you here?)
(City)	(State)	(Zip Code)		E-mail Address (Do you check messages often?)

Please list any other names used if different from name given on application \_\_\_\_\_

LIST EXACT TITLE OF POSITION FOR WHICH YOU WISH TO APPLY:	MINIMUM SALARY DESIRED:
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**Have you ever been convicted of a felony?** Yes \_\_\_ No \_\_\_ *If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the date and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some positions require information relating to misdemeanor convictions or deferred adjudication.*

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes \_\_\_ No \_\_\_

Type of School	Name & Location of School	Dates Attended	# Semester Hours Completed	Graduated?	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Undergraduate College(s) or University(s)							
High School School(s)							
Technical, Vocational or Business School(s)							

LICENSE CERTIFICATION	Date Issued	Issued By (State or Authority)	License No.	Location of Issuing Authority (City/State)

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summary of experience should clearly describe your qualifications. A resume may be attached, but not substituted for the requested information.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a type written history providing the same information in the same format as the application form.

NAME OF EMPLOYER (Current/Last)		ADDRESS PO Box 589		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE		REASON FOR LEAVING
From	To	Start	Finish	
Circle type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE		REASON FOR LEAVING
From	To	Start	Finish	
Circle type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary				

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE		REASON FOR LEAVING
From	To	Start	Finish	
Circle type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		JOB TITLE & RESPONSIBILITIES (Use additional pages if necessary)		

### Employment History Continued

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
<b>Circle type:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>JOB TITLE &amp; RESPONSIBILITIES</b> (Use additional pages if necessary)			

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
<b>Circle type:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>JOB TITLE &amp; RESPONSIBILITIES</b> (Use additional pages if necessary)			

NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER
EMPLOYED (Mo. & Yr.)		PAY RATE	REASON FOR LEAVING	SUPERVISOR
From	To	Start	Finish	
<b>Circle type:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>JOB TITLE &amp; RESPONSIBILITIES</b> (Use additional pages if necessary)			

Driving Record

License number \_\_\_\_\_

State \_\_\_\_\_

Do you have any current points on your license? \_\_\_\_\_ If so how many? \_\_\_\_\_

Have you?

Received a Traffic Ticket in the last 3 years? \_\_\_\_\_ If so what violation? \_\_\_\_\_

Ever been revoked or suspended? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ *If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the date and nature of the offense, name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some positions require information relating to convictions or deferred adjudication*

Been arrested for driving under the influence of drugs or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the date and nature of the offense, name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some positions require information relating to convictions or deferrer adjudication*

MILITARY SERVICE

(A copy of DD214 report from the Armed Services may be required).

Dates of Service (From/To) \_\_\_\_\_ N/A \_\_\_\_\_ Branch \_\_\_\_\_

SPECIAL SKILLS/QUALIFICATIONS

Do you type? Yes or No \_\_\_\_\_ N/A \_\_\_\_\_ WPM; Do you speak a language in addition to English? Please List \_\_\_\_\_ No \_\_\_\_\_

List any equipment or machines with which you are proficient All equipment All equipment utilized by ALS and BLS providers. Operation of emergency vehicles in emergent and non-emergent modes. \_\_\_\_\_

List any computer software with which you are proficient DEMERS, Word perfect, excel \_\_\_\_\_

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*THIS PAGE WILL BE DETACHED FROM THE APPLICATION FORM UPON SUBMISSION  
AND ONLY USED FOR AUTHORIZED PURPOSES.*

**AUTHORIZATION TO RELEASE INFORMATION  
AND  
CONDUCT CRIMINAL BACKGROUND INVESTIGATION**

As a candidate for a position in the Millsboro Fire Department, I am required to furnish information for use in determining my qualifications. For that purpose, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby authorize the Millsboro Fire Department and its representatives to conduct a criminal background investigation and provide information below to assist in that investigation. I understand that I may need to be fingerprinted to complete this investigation.

I hereby release you, your organization, and others from liability or damage, which may result from furnishing or receiving the information requested.

NAME (Printed):  
DATE:

SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY # : *( Provide only after hire offer made & accepted. Bring original SS card to new hire orientation)*

DRIVER'S LICENSE #:

STATE ISSUED:

BIRTH DATE:

CURRENT ADDRESS:

PREVIOUS ADDRESS:  
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*We are required to keep information on applicant sex, race, and ethnic background in compliance with federal law. This information will be detached and kept separately from your application. It will not be used as a basis for making employment decisions. Your cooperation is greatly appreciated.*

Position(s) applied for:

Your Social Security Number:

Your Birth date

Your Sex:

Your Race or National Origin: *(Please check one)*:  Hispanic or Latino;  White;  Black or African American;  
 Native Hawaiian or other Pacific Islander;  Asian;  American Indian or Alaska Native;  Two or more Races

Are you handicapped?  No; *If Yes - Explain extent of handicap:* \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
(OMB No. 1545-0047)  
Expires 03/31/2015

**▶ START HERE.** 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 are 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 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 [ ]-[ ]-[ ]		E-mail Address		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):

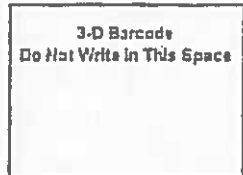
- A citizen of the United States
- A noncitizen national of the United States (See Instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee	Date (mm/dd/yyyy):
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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.

Signature of Preparer or Translator		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





## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1.

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				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**3-D Barcode  
Do Not Write in This Space**

### 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	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State <input type="text"/> Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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	Date (mm/dd/yyyy)	Print Name of Employer or Authorized Representative
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# Form W-4 (2019)

**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](http://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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability**, and
- For 2019 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 2019 expires February 17, 2020. 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 2019 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](http://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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://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](http://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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2019</b>	
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 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
		<b>Date ▶</b>			
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)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b> _____
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b> _____
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b> _____
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b> _____
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b> \$ _____
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	<b>2</b> \$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b> \$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b> \$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b> \$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b> \$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b> \$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b> _____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b> _____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b> _____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

**Millsboro Fire Company, Inc.  
Authorization Agreement for Direct Deposit**

**Please PRINT or TYPE the Information Below**

Part 1: Employee Information	
Name:	
Social Security Number:	

Part 2: Depository Financial Institution Information	
Name of Bank:	
Address:	
Account Number:	
Routing Number:	
Type of Account: (Please check one):	<input type="checkbox"/> Checking (Please attach a copy of a check marked "VOID") <input type="checkbox"/> Savings

Part 3: Employee Authorization	
<p>I hereby authorize Millsboro Fire Company, Inc. (MFC) to initiate credit entries to the account indicated at the depository financial institution named and to credit same to such an account. I reserve the right to revoke or cancel this order and I understand that such action shall take effect only upon written authorization from me received by the MFC Treasurer. This authorization is to remain in full force and effect until MFC has received written notification from me of its termination at such time and in such manner as to afford both MFC and the depository financial institution a reasonable opportunity to act on it.</p>	
Signature of Applicant:	
Date:	

**ATTACH VOIDED CHECK HERE**

**Purpose:**

To define acceptable practices and guidelines for conduct by members of the Millsboro Fire Company, Inc. while engaging in the use of Social Media and Social Networking venues where there is reference to the Millsboro Fire Company in any form.

**Definitions:**

1. **Member:** This term shall include all paid employees of the Millsboro Fire Company, as well as those individuals defined as members in the latest revision of the Millsboro Fire Company Constitution & By-Laws and the Millsboro Fire Company Ladies Auxiliary By-Laws.
2. **Social media/networking:** Means by which information including but not limited to photographs, video, audio and printed material, can be shared through electronic methods such as Facebook, Twitter, YouTube, Instant Messenger, personal websites, blogs, chat rooms, discussion boards, or any other method that allows interaction between users.

**Policy:**

1. Members of the Millsboro Fire Company shall not communicate information concerning the organization, its employees or its members that is inaccurate, false or not publicly available.
2. No member shall communicate what has been said or done in organized meetings of the Millsboro Fire Company to non-members, except in matters of a public nature. In no case shall the position taken by an individual member be disclosed.
3. Information that would compromise the integrity of the organization, its members or its employees shall not be divulged in any form.
4. No member of the organization shall be authorized to share pictures, videos or publications on any website or social network featuring members of the Millsboro Fire Company, taken while responding on an emergency call as a member of the organization, without written authorization of the Chief, the President, or their designate. This includes but is not limited to photos or videos of the operations or functions of the organization.
5. Statements and/or comments that would be considered "insensitive", "harmful" or "offensive" or that would bring embarrassment or public concern to the organization or its members in any way shall not be published in any form.
6. Posting or sharing of patient information or Protected Health Information (PHI), including but not limited to the following, is strictly prohibited:
  - a. Patient's name, address, age, race, hospital destination, type or extent of injury
  - b. Photos, images, or videos of any type, addresses or vehicle license plates that could possibly be used to identify patients.

**Enforcement of policy violations:**

Violations of this policy may result in disciplinary action up to and including expulsion, as specified in the latest revision of the Millsboro Fire Company Constitution and By-Laws.

Takes effect January 1, 2019



STATE OF DELAWARE DEPARTMENT OF LABOR  
DIVISION OF INDUSTRIAL AFFAIRS

Employers must distribute this information sheet to new employees at the commencement of employment and to existing employees by July 1, 2019

Download this Notice at [www.dol.delaware.gov](http://www.dol.delaware.gov)

4425 N. MARKET STREET, 3<sup>RD</sup> FLOOR  
WILMINGTON, DE 19802  
(302) 761-8200

BLUE HEN CORPORATE CENTER  
855 S. BAY ROAD, SUITE 2H  
DOVER, DE 19901  
(302) 422-1134

8 GEORGETOWN PLAZA, SUITE 2  
GEORGETOWN, DE 19947  
(302) 422-1134

## DELAWARE SEXUAL HARASSMENT NOTICE

### The Delaware Discrimination in Employment Act

The Delaware Discrimination in Employment Act protects all individuals against discrimination in the workplace based on gender. Sexual harassment is a form of gender discrimination. A new law against sexual harassment passed in 2018 extends protections to all individuals, in all workplaces, including employees, applicants, apprentices, staffing agency workers, independent contractors, elected officials and their staff, agricultural workers, domestic workers, and unpaid interns.

### Sexual Harassment and the Law

Sexual harassment of an employee is unlawful when the employee is subjected to conduct that includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an employee's employment; (2) submission to or rejection of such conduct is used as the basis for employment decisions affecting an employee; or (3) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

### Some Examples of Sexual Harassment

- unwelcome or inappropriate touching
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors

- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

### Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak out against sexual harassment in the workplace. The Delaware Discrimination in Employment Act prohibits employers from retaliating or discriminating against any person because that person opposed an unlawful discriminatory practice. Retaliation can occur through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The Delaware Discrimination in Employment Act protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

### Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the Delaware Department of Labor Office of Anti-Discrimination. Call 302-761-8200 or 302-424-1134 or visit <https://dia.delawareworks.com/discrimination/> to learn how to file a complaint or report discrimination. The Department can investigate or mediate your complaint and may be able to help you collect lost wages and other damages.