



HENRY COUNTY

ELECTIONS & VOTER REGISTRATION DEPARTMENT POLL WORKER EMPLOYEE APPLICATION

TYPE OR PRINT CLEARLY

Date												
Name <i>(Last, First, M.I.)</i>												
Full Address <i>(#, St, City, State, Zip)</i>												
Phone No.(s)												
Email												
US Citizen	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Veterans	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Date of Birth												
Social Security No.												
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow / Widower	<input type="checkbox"/>				
Driver's License Type	CDL	<input type="checkbox"/>	Motor-cycle	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Suspended	<input type="checkbox"/>		
Driver's License No.												
State					Expiration Date							
Emergency Contact Information												
Primary Contact Name												
Primary Contact Phone No.(s)												
Relation	Spouse	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Child	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>
Secondary Contact Name												
Secondary Contact Phone No.(s)												
Relation	Spouse	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Child	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>
Signature												
Date												
Checklist for Applicant												
<i>Ensure Below Listed Forms are Completed and Submitted with Application</i>												
	Poll Worker Employee Application					Federal Tax Form						
	Direct Deposit Form					State Tax Form						
	Voided Check/Letter from Bank					Fingerprint Consent Form						

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

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

Do only one of the following.

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

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

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME 1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route) 2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1
B. Married Filing Separate or Married Filing Joint, both spouses working:
C. Married Filing Joint, one spouse working:
D. Head of Household:

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
(Must be completed in order to enter an amount on step 5)

ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions (If Itemizing Deductions)
B. Georgia Standard Deduction (enter one):
Single/Head of Household \$12,000
Married Filing Joint \$24,000
Married Filing Separate \$12,000
C. Subtract Line B from Line A (If zero or less, enter zero)
D. Allowable Deductions to Federal Adjusted Gross Income
E. Add the Amounts on Lines C and D
F. Estimate of Taxable Income not Subject to Withholding
G. Subtract Line F from Line E (if zero or less, stop here)
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C or D) TOTAL ALLOWANCES (Total of Lines 3 - 5)
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is. My spouse's (servicemember) state of residence is. The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Date

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105499, Atlanta, GA 30359

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN:

EMPLOYER'S WH#:

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.



HENRY COUNTY

PAYROLL DIRECT DEPOSITS AUTHORIZATION FORM

TYPE OR PRINT CLEARLY

Date					
Employee Name				Employee ID #	
<input type="checkbox"/>	ADD New Account(s)	<input type="checkbox"/>	CHANGE Existing Account(s)	<input type="checkbox"/>	REMOVE Existing Account(s)
<p>I herein authorize Henry County, Georgia, hereinafter called EMPLOYER; to initiate credit entries to my Checking and/or Savings Account(s) at the financial institution(s) named below, hereinafter called DEPOSITORY.</p>					
<p align="center"><i>Employee's Name MUST BE on Any/All Account(s) for any Direct Deposit / Dollar Amount to be Deposited into Any Account Listed Below</i></p>					
Primary/Single Account – Check One		<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
<p>If single account, this account will receive 100% of employee's net income. If employee splits net income, the Primary Account will receive the remainder of what is specified for the other account.</p>					
Depository (Bank) Name					
City		State		Zip Code	
Routing Number			Account Number		
Second Account - Check One		<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
Dollar Amount to be Deposited Each Payday	\$		OR	Percentage to be Deposited Each Payday	%
Depository (Bank) Name					
City		State		Zip Code	
Routing Number			Account Number		
<p>This authorization will remain in full force and effect until EMPLOYER has received written notification from the below signed employee of its termination, in such time and manner as determined by the EMPLOYER, as to afford both the EMPLOYER and DEPOSITORY a sufficient opportunity to act on said termination.</p>					
<p>Furthermore, if monies to which I am not entitled are deposited to my account, I authorize the EMPLOYER to direct the DEPOSITORY to return said funds.</p>					
Employee Signature				Date	
<p>EMPLOYEE MUST ATTACH A VOIDED, PERSONAL CHECK OR A FORM FROM THE BANK WITH ROUTING NUMBER AND ACCOUNT NUMBER FOR EACH ACCOUNT LISTED ABOVE</p>					
<p>For Human Resources Use Only</p>					
HR Rep. Processing					
Notes					

HENRY COUNTY POLICE DEPARTMENT

CRIMINAL HISTORY / FINGERPRINT CONSENT FORM

In completion of this form and signing below, I hereby authorize the Henry County Police Department to conduct a Criminal History Fingerprint background check. I understand that this consent is voluntary. I also consent to the Henry County Police Department to release all Georgia and Federal Criminal History record information which may be in the files of any state or local criminal justice agency.

(Name of Applicant) PLEASE SIGN

APPLICANT INFORMATION:

Name:

Eye Color:

Hair Color:

Height:

Weight:

Sex:

Race:

Date of Birth:

Place of Birth:

Social Security Number:

Address:

P.O.S.T. Certification Dates (write N/A, If non-applicable):

PREVIOUS NAMES USED AND TIME PERIODS USED:

PREVIOUS NAME (FIRST/MIDDLE/LAST)

From: MM/YYYY

To: MM/YYYY

1.

2.

3.

_____ : This authorization is valid for 90/180 days (circle one) from signature date

_____ : I give consent to perform periodic Criminal History checks for the duration of my employment with
This company.

Print Name: _____

Date: _____