

HR SERVICES SYSTEM – NEW HIRE FORMS REFERENCE GUIDE



OVERVIEW

This document provides helpful tips on how to complete forms under the HR Services System **New Hire Forms** menu. For additional information on HRSS HR Contact Areas, see the **HRSS Overview** training presentation and/or reference guide. For positions that create job requisitions, see the **HRSS – Job Requisitions** training presentation and/or reference guide.

The forms under the New Hire Forms menu include (*list is subject to change*):

- **Payroll Delivery Form** Select method of pay (direct deposit or pay card)
- Flagstaff Minimum Wage For team members working 25 hours or more in a calendar year within the city limits of Flagstaff
- W-4 Form Select Federal tax withholding
- A-4 Form Select Arizona tax withholding
- Electronic Delivery Consent Form Elect or decline online communications from Goodwill
- Vol Self-ID (Disability & Veteran Status) Self-identify a disability and/or veteran status.
- 401(k) Acknowledgement Accept or decline participation in 401 (k) plan

These forms are generally filled out by a new team member; however, any Goodwill team member can log into HRSS and fill out a new hire form online. To change the information on file at any time, log in to HRSS and create and submit a new form.



PAYROLL DELIVERY FORM

Payroll Delivery Form (How will you get your pay?)				
Gica Nh Payroll Delivery -	000 Submit Request			
Employee Information		~		
Employee	Lara Tardo			
Department	Human Resources			
★ Last 4 SSN				
Direct Deposit or Pay Care	d Selection	~		
You have two options for	r receiving your pay: Direct Deposit or Pay Card. Please select your desired method of getting your pay.			
* Selected Payroll Delivery	-None- V			
Submit Request				

The pay period begins on Sunday, runs for 2 weeks, and then ends on a Saturday. Pay day is the Friday after a pay period ends.

You have the option to select how you want to receive your paycheck, either by direct deposit or pay card.

To complete this form for pay card or direct deposit:

• Type the last 4-digits of your SSN and then proceed with either the pay card or direct deposit steps below.

PAY CARD STEPS



For the pay card option, follow these steps:

- 1. Choose the pay card option from the drop-down menu.
- 2. For pay cards, Bank of America requires a physical address. Type the Street, City, State, and Zip Code.

Submit Request

PAY CARD, CONTINUED

Employee Information* Direct Deposit WARNING they don't Street, Cit	or Pay Card Selection Sample Account and Routing Num Pay Card Information Employee Authorization. B: Bank of America requires a physical street address for anyone who uses a Pay Card. They will withhold your pay from your account if have a physical street address. Please add a physical street address in the box below. ***** P.O. Boxes are NOT allowed. **** INCLUDE: y, State and ZIP Code.
Physical Street Address for Pay Card Employees	
ABA Routing Number	
ABA Routing Number Again	
ABA Account Number	
ABA Account Number Again	
Submit Request	

For Empl	oyer Use Only / Para uso del empleador solamente:
ABA Rout	ing Number: / Núm. de ruta ABA: 067011294
Account I	Number: / Núm. de cuenta: 943210900004306

Sample Account and Routing Number Example

- 3. Ask your manager for a pay card. Managers must keep pay cards in the safe.
- 4. Type the Routing Number and Account Number in the correct fields *(see screenshot above)*.
 - The account and routing number is found on the back of the page containing the physical pay card. Do not use the account number printed on the card. Instead, look for the Bank Account Information box.

Direct	Deposit	or Pay Car	d Selection	~
	You hav	re two options fo	r receiving your pay. Direct Deposit or Pay Card. Please select your desired method of getting your pay.	
* S	elected Pay	roll Delivery	I elect to enroll in the Money Network Payroll Program (Pay Card)	
		I understand account.	that I will be enrolled in the Money Network Payroll Program and that I will be issued a pay card and Money Network checks. My net pay will be deposited to my pay card	rd
Emplo	yee Aut	horization		~
	Pay stat	ements are pro	duced each pay period and posted on ADP's iPay website.	
	I also ag cancel, t	gree that any co transfer, or char	rections/over payments to deposits may be withdrawn within the legally allowable limits (5 business days). These deposits will continue until I notify Goodwill in writing age.	to
	* Do	You Agree?	- None V	

Please indicate that you agree or we are unable to process your request.

- 5. To finish, select **I agree** from the **Do You Agree?** drop-down menu. If you choose No, an error displays.
- 6. Click **Submit Request** to submit the form.



DIRECT DEPOSIT STEPS

One or	Two De	eposits	~
	You can	ı have your pay d	leposited in one or two accounts.
		If you choose account will ha	1 account, then in that account you will select "YES" to deposit ALL your net pay. If you choose 2 accounts, then one of those accounts will have a dollar amount and the other ave "YES" to the question about depositing all your remaining net pay.
	* Numbe	er of Account Deposits	One v

For the direct deposit option, follow these steps:

- 1. Choose the direct deposit option from the drop-down menu.
- 2. Choose **One** or **Two** from the **Number of Account Deposits** drop-down menu.

One Account Example

Bank Account 1 Informatio	on
* Bank Name	
* Account Type	- None V
* Account Number	
* Account Number Again	
* Routing Number	
* Routing Number Again	
* Deposit Net Pay?	Yes 🗸 🗸

 The Sample Account and Routing Numbers and Bank Account 1 Information section display. Type or select the following information: Bank Name, Account Type, Account Number, Account Number Again, Routing Number, Routing Number Again, and Deposit Net Pay. If you selected Two from the previous drop-down menu, two Bank Account Information sections display.

Please ensure both account numbers match.

Please ensure both routing numbers match.

When filling out the Account Number and Routing Number sections, make sure the information matches, otherwise, the fields titles flash and an error appears.

Sorry, but there were some errors. Please see above and try again.

If any error exists for the pay card or direct deposit option, the following error displays.



Two Accounts Example

* Deposit Net Pay?	- None-	<i>·</i>]
★ Deposit Amount (whole dollars only)		

Sorry, you can't deposit all your net pay in both accounts. We reset your selection in Bank Account 2 below.

- 4. This option also requires you to select which account you want to your Deposit Net Pay and an additional Deposit Amount for the other account.
 - You can only select **Yes** for one account, otherwise an error appears.
 - When you select No in the Deposit Net Pay field, you also need to type a deposit amount in whole numbers only.

EMPLOYEE AUTHORIZATION SECTION – FOR ONE OR TWO ACCOUNTS

Employee Information * Direct Deposit	or Pay Card Selection Sample Account and Routing Num Pay Card Information Employee Authorization			
Pay statements are proc	duced each pay period and posted on ADP's iPay website.			
I also agree that any con cancel, transfer, or char	I also agree that any corrections/over payments to deposits may be withdrawn within the legally allowable limits (5 business days). These deposits will continue until I notify Goodwill in writing to cancel, transfer, or change.			
I also acknowledge that Goodwill participates in a "paperless" pay statement program. I understand that I can access my pay statements online via the employee portal or ADP mobile app, both options available at no cost to me. I understand that I am able to "opt out" of the paperless program at any time in order to receive paper pay statements.				
* Do You Agree?	lagree v			
Submit Request	lagree No			

- 5. After filling out or selecting all required information above, click the **Do You Agree** checkbox. This is your electronic signature so make sure what you have filled out in the form is correct.
- 6. Click **Submit Request** to submit the form.

REVIEWER VERIFICATION

Reviewer Verification	~
NOTE: This area is for the manager only. Please ask them to complete this section.	
Manager. Start typing your name then select your name when it appears in the list.	
★ Reviewer Q	
Manager: Please verify that the account number and routing numbers match the check or bank form.	
* Reviewer Verified - None - •	

Direct deposit also requires someone to verify that the account and routing numbers were typed correctly. Before this form can be submitted, a Manager must select or type their name in the Reviewer field and select **Yes, I verified account and routing numbers** from the **Reviewer Verified** field.



FLAGSTAFF MINIMUM WAGE

Flagstaff Minimum Wage	Acknowledgment				
L					
CITY OF FLAGSTAFE	F COUNTY OF COCONINO				
CITY OF FLAGSTAFF OFFICE OF LABO	ADMINISTRATION OR STANDARDS				
Gica Nh Flagstaff Min Wage	e - NH_FLAG_0005801			ooo Submit Request	
Number	NH_FLAG_0005801				
Legal Employer Name	Goodwill of Central and Northern Arizona				
Employers Address	2626 W. Beryl Ave., Phoenix AZ, 85021				
Employer Phone Number	602-535-4000				
Employee Name	Lara Tardo				
* Employee Start Date			G	Ð	
Date Submitting Form	2019-09-25				
Minimum Wage	\$12.00	Minimum Wage Tipped Employee	\$9.00		
Letter Body			- +	-	
	As an employee performing or expected to pe	AFF'S MINIMUM WASE LAWJ	Chapter 15-01 of the Flagstaff City Code		
	("Minimum Wage"). You have as of January 1,	2018 the	Chapter 15-01 of one ranging and only 1111		
1. Right to earm no less than the minimum wage if you perform or are expected to perform twenty-five (25) hours or more of work in a calendar year within the city limits of Flagstaff, AZ regardless of employer's location or employee's immigration status. The current minimum wage rate in Flagstaff is (see the Minimum					
Wage value above). The minimum wage is adjusted each year starting January 1, 2018 thereafter. Visit www.flagstaft.az.gov/minwage to view the multi-year minimum wage scheduler. 2. Pieht to receive no less than the minimum wage of (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Wage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee value above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee) above): as a tigned employee when all hours worked (see the Minimum Vage Tigned Employee) above): as a tigned employee the Tigned Employee value above): as a tigned employee the Tigned Employee value above): as a tigned employee tigned employee the Tigned Employee value above): as a tigned employee tigne					
 regin: to: receive no iess sman the minimum wage of isee the <u>minimum wage inpect imployee</u> value above); as a tipped employee, when all hours worked (cash wage) and all tips retained are calculated together during the workweek. Rieht to be provided written notice of the minimum wage. information about the City's Office of Labor Standards and other rights afforded under the law. 					
 regin to dee provided written notice or the minimum wage, micrimation about the City's Ontice or Labor Standards and other rights and/ded Under the Taw. Right to file a complaint with the City's Office of Labor Standards (OLS) or file a civil lawsuit against the employee's employer. Right to be fee for metallation for exercising your rights under the Taw. 					
 Regin to see the monim relation for Selectioning your rights under one set and a selection of the selection of the set of the set					
	If you should have any questions, please do n	at hesitate to speak to your immediate supervisor, a member of your man	rement team, or your human resource		
	department. You may contact the City's Office wage law. Visit www.flagstaff.az.gov/minwage	of Labor Standards (OLS) if you have additional questions about rights an to view the full version of the law.	d responsibilities under Flagstaff's minimun	1	
Employee Information. Type your full	name as your signature				
Employee Name	Lara Tardo	Date Employee Signed	2019-09-25		
* Employee Signature					
Manager: Start typing your name in th	he "Employer Representative" box and select	from the list. Then type your full name as your signature			
* Employer Representative Name	Q	Date Employer Representative Signed	2019-09-25		
* Employer Representative Signature					
Submit Request					

This form is notifying all team members that if they are performing or expected to perform twenty-five (25) hours or more of work in a calendar year within the city limits of Flagstaff, AZ regardless of the employer's location they must fill out the Flagstaff Minimum Wage Form.

The required fields on this form are Employee Start Date, Employee Signature, Employee Representative Name, and Employee Representative Signature.



FORM W-4

W-4 Form	
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NOTE: Please reference a	zpy of the W-H Tax Form (https://www.is.govp.tdn/s.pdf/set_pdf/set
Employee	Law Tents
* 35N	
EOPM W.4	
1000 H-F	
Employee's Withholding Allowance Ce	rtificate (OMB No. 1545-0074) - 2020
Complete Form W-4 so that your employer can withhold the correct federa	Income tax from your pay. Your witholding is subject to review by the IRS.
Step 1: Enter Personal Information	
* Street	
* City	
* Stele	v v
* 780.4	
Check Head of Household only in your e un	neme ano ay more nen ner ine cosa cri eservira de a cuertoria y constante en a cuerto ner a cuerto de la cuerto de a cuerto de la cuerto de
Does your name match the name on your social security card? If not, to er	um you got creatine your earinings, contact son at 800-772-193-09 go to wine sea gov.
Step 2: Multiple Jobs or Spouse Works	
Complete this step if you (1) hold more than one job at a time, or (2) are m Do only one of the trilowing	anised filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
(a) Use the estimator at www.is.gov/W44pp for most accurate withholding	for this step (and Steps 3-4; or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step	- (4) below for roughly accurate withholding or
(c) If there are only two jobs total, you may check this box. Do the same or	Form VM-4 for the other job. This option is accusate for jobs with similar pay; otherwise, more tax than eccessary may be withheld
2(c) Two Joba Tobal	
TIP: To be accurate, submit a 2020 Form WH for all other jobs. If you (or)	air spoae) have self-employment income, industry as an independent contractor, use the estimator.
Complete Steps 3-4(b) on Form W-4 for only CNE of these jobs. Leave th	se steps blank for the other jobs. (Your withholding will be mast accurate if you complete Steps 3-4(b) on the Form Wr4 for the highest paying job.)
Step & Claim Dependents	
Step 3: Claim Dependents If your income will be \$200,000 or iess (\$400,000 or iess If manied filing)o	a);
Etep 5: Claim Dependents If your income will be \$200,000 or less (\$400,000 or less I married \$1 mg)o Nulliply the number of qualifying shildren under age 17 by \$2,000	Nij: 1 * 000
Btep 3: Claim Dependents If your income will be \$200,000 or less (\$400,000 or less If manted \$11mg); Nulliply the number of qualifying shildren under age 21 by \$2,000 Nulliply the number of other dependents by \$200	htp: 1 * 1 440
Bitep 2: Claim Dependents Types income with the S000,000 or inso (5400,000 or inso F manifest Fing): Multiply the number of quartifying shifteen under arga 10 to 50,000 Multiply the number of other dependents to 5000 (3) Add the memory and and where the table here	Hyp: 1 v 600 v 1 00
Itep 2: Claim Dependents Fyour income with the B000,000 or inter (\$400,000 or inter 1 minimate 11 mg); Multiply the number of question (\$400,000 or inter 1 mg); Multiply the number of their dependentshy \$200 (31/Ad the number of states the low tableshow) Itep 4 (\$pottion);	HYp: 1 V 600 3 V 600
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The set of a section of the set o	erty: 1 * 640 1 * 640
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Form W-4 is a federal form that tells your employer what amount of your paycheck to withhold for federal taxes.

Your employer is **not allowed** to give you advice on what withholding status to claim. If you are unsure of what is appropriate for you, you can always consult a tax expert for help and then complete a new online form. It is your responsibility to check your earnings statement and make sure that the correct withholding status is listed.

This form has three main sections: personal information, allowances and additional amount, and the electronic signature.



W-4 FORM, CONTINUED

	NOTE: Please	reference a copy of the W-4 Tax Form (https://www.irs.gov/pub/irs-pdi/fw4.pdf) for details on completing the form or if you have any questions on com	pleting the form.
	Employee	kara Tardo]
	★ SSN		
FORM W-4			~
Employee'	s Withho	lding Allowance Certificate (OMB No. 1545-0074) - 2020	
Complete Form W-4	so that your emp	loyer can withhold the correct federal income tax from your pay. Your withholding is subject to review by the IRS.	
Step 1: Enter Pers	sonal Informat	ion	
	★ Street		
	* City]
	★ State	-None V]
:	\star ZIP Code]
★ 1(c) M	larital Status	- None 🗸	
	Check	Head of Household only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.	
Does your name mat	ch the name on y	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.	

To fill out Form W-4, follow these steps:

- 1. Under the **Step 1: Enter Personal Information** section, type or select the following: **SSN**, **Street**, **City**, **State**, and **Zip Code**.
- 2. In the 1(c) Marital Status field, select your Marital Status from the drop-down menu. The IRS uses one of two tax tables to determine how much tax to take out: the single tax table withholds a higher rate than the married tax table. If you are married, but are legally separated or your spouse is a nonresident alien, select Single.

Step 2: Multiple Jobs or Spouse Works
Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
Do only one of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld
2(c) Two Jobs Total
TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Only complete **Step 2: Multiple Jobs or Spouse Works** if one of the following applies to your situation:

- You hold more than one job at a time
- Your filing status is married filing jointly and your spouse also works

As stated on the form, the correct amount of withholding depends on income earned from all of these jobs.

3. If there are only two jobs total, check the box.



W-4 FORM, CONTINUED

Step 3: Claim Dependents					
If your 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	S	Ŧ	0.00		
Multiply the number of other dependents by \$500	S	٣	0.00		
(3) Add the amounts above and enter the total here	S	٣	0.00		

- 4. Under the **Step 3: Claim Dependents** section; enter the total number of allowances you want to claim in the first field and second field, if applicable.
- 5. Add the amounts from the first and second field and type it in the third field.

Step 4 (optional): Other Adjustments				
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) Other Income (not from jobs)	s •	0.00		
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) Deductions	S	0.00		
Enter any additional tax you want withheld e	ach pay peri	od		
4(c) Extra Withholding	S v	0.00		
I claim exemption from withholding for 2020	, and I certify	that I meet BOTH of the following conditions for exemption.		
- I had no federal income tax liability in 2019	, AND			
- I expect to have no federal income tax liab	ility in 2020			
If you meet both conditions, write "Exempt" in the box below.				
Exempt				

Only complete **Step 4 (optional): Other Adjustments**, if one of the following is applicable for your situation:

- If you want tax withheld for other income you expect this year that won't have withholding, type in an amount in the **4(a) Other Income (not from jobs)** field.
- 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 type in an amount in the **4(b) Deductions** field.
- If you want to have additional federal tax withheld **each pay period**, type in an amount in the **4(c) Extra Withholding** field.
- If you want NO federal tax withheld and meet the conditions stated on the form, write **Exempt** in the **Exempt** field.

Important: You cannot have other adjustments and be exempt. So if you enter information in ANY of the fields above AND type Exempt, the Exempt field takes priority in the ADP system.



W-4 FORM, CONTINUED

tep 5: Sign Here			
Under penalties of perjury, I	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
* I do declare:	None 🗸		
Employer Name and Address	Goodwill of Central and Northern Arizona, 2626 W. Beryl Ave, Phoenix, AZ 85021		
	Oharactors left: 272		
EIN	86-0104415		
Submit Request			

- After filling out or selecting all required information above, click the I Do Declare checkbox. This is your electronic signature so make sure what you have filled out in the form is correct.
- 7. Click Submit Request to submit the form.



FORM A-4

_	4 - NH_M_0008508		Submit Request
rizona For	m A-4 Employee's Arizona Withholding Election		
	Employee Lass Tanto		
	* 59K		
	* Street		
	* City		
	🐮 Slate - None -	•	
	* 2P Code		
ax Withholdin	ng Options		~
Cheese	edher Box 1 or Box 2		
	Box 1: Withhold from gross tavable wages at the percentage selected (select only one percentage).		
	802		
	Box 2 1 elect an Arcona withholding percentage of zero, and I certify that I expect to have no Arcona tax liability for the current taxable year.		
	8w2 🗌		
			~
ertification			
ertification	that I have made the election marked above.		

Form A-4 is a state form that tells your employer what amount to withhold for state taxes. It is based on a percentage of your gross taxable wages of each paycheck.

Your employer is **not allowed** to give you advice on what withholding status to claim. If you are unsure of what is appropriate for you, you can always consult a tax expert for help and then complete a new online form.

The amount taken out of each paycheck is different each time because it is based on a percentage of the number of hours worked and overtime, if relevant. It is your responsibility to check your earnings statement and make sure that the correct withholding status is listed.

To complete this form:

- 1. Type or select the following: SSN, Street, City, State, and Zip Code.
- 2. Choose a tax withholding option **Box 1** or **Box 2**.
- 3. If you want state tax withheld, check Box #1, then select a withholding rate percent from the Box 1 Options drop-down menu. The lower the percent, the less tax will be withheld.
- 4. If you want to have additional state tax withheld, check the box below the withholding rate and type in an amount in the **Extra Amount** field.
- 5. If you want NO state tax withheld, check Box #2
- 6. After filling out or selecting all required information above, click the **I Certify** checkbox. This is your electronic signature so make sure what you have filled out in the form is correct.
- 7. Click Submit Request to submit the form.



ELECTRONIC DELIVERY CONSENT

ectronic Delivery Consent	Form		
۲ 🗧 Gica Nh Regulatory Mat	srial Delivery - DEL0003044	1 000	Submit Reques
Goodwill of Centr	al and Northern Arizona - Consent to Receive Electronic Delivery		
As a participant in the company he to, the following types of document	alth and welfare benefit plans, we must provide you with information about the plans under federal law. The information which must be disclosed may 3:	/ include, but	is not limited
- Summary Plan Description (SPD)			
- Summary of Benefits and Covera	ge (SBC)		
- Summary of Material Modification	s (SMM)		
- Summary Annual Report (SAR)			
Electronic Delivery of Communicat	ons		
By choosing electronic delivery yo	will receive communications electronically instead of receiving a paper copy.		
Your consent remains in effect unt	you withdraw it. You may withdraw your consent at any time and choose to receive paper mailings by notifying Human Resources.		
The procedure for withdrawing con	sent and for updating the address for receiving electronically delivered documents is to send email or written communication to the electronic or phys	ical address	below.
Requirements to Access and Reta	n Information		
In order to receive and retain elect and access Portable Document Fo	onic communications, you must have access to a computer or other device which is capable of accessing the Internet and you must have software w mat or "PDF" files.	/hich permits	you to receive
I consent to	receive electronic delivery of participant disclosure materials to the following address:		
l consent	0		
I choose No	T to receive information via electronic delivery.		
I choose not to receive information via electronic delivery.			
Employee Information			~
Employee	Lara Tardo		
Submit Request		-	

Please ensure you consent to electronic delivery or choose NOT to receive information electronically.

I consent to	receive electronic delivery of participant disclosure materials to the following address:
l consent	
Email	Lara.Tardo@goodwillaz.org

This form tells Goodwill how you would like to receive documents that are required by law to be provided (e.g., Benefits and 401k). You have the option to choose electronic (email) delivery or paper (mail) delivery. One of these options must be selected, otherwise an error appears.

If **I consent** is selected, communications are sent to the default email address which is your goodwillaz.org email. If **I choose not to receive information via electronic delivery** is selected, written communications are sent via the mail.

VOLUNTARY SELF-ID (DISABILITY & VETERAN STATUS)

Gica Voluntary Self ID - N	H_VSID0003018 000	Submit Reque
View the VetGuide Annex A		
	Voluntary Self-Identification of Disability	
	Form CC-305 OMB Control Number 1250-0005 Expir	s 1/31/2020
	Why are you being asked to complete this form?	
Because we do business with the g us if you have a disability or if you e will not be used against you in any	overnment, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities(i) To help us measure how well we are doing, we are aski wer had a disability. Completing this form is voluntary, but we hope that you will choose to fill it, out. If you are applying for a job, any answer you give will be kept p way.	ng you to tell rivate and
f you already work for us, your ans īve years. You may voluntarily self-	wer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their infor identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.	nation every
	How do I know if I have a disability?	
You are considered to have a disab medical condition.	tillty if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impai	ment or
Disabilities include, but are not limited to:	Blindness Autism Bipolar disorder Post-traumatic stress disorder (PTSD) Deafness Cerebral palsy Major depression Obsessive compulsive disorder Cancer HIV/AIDS Multiple sclerosis (MS) Impairments requiring the use of a Diabetes Schizophrenia Missing limbs or partially Intellectual disability (previously called mental retardation)	
Please select one of the o	pptions below:	
* Please select one option	I DON'T WISH TO ANSWER	
	Reasonable Accommodation Notice	
specialized equipment. i) Section 503 of the Rehabilitation Federal Contract Compliance Progu- PUBLIC BURDEN STATEMENT: A Disc surge schuld take about 5 mi	Sation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or us Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's C rams (OFCCP) website at www.dol.gov/ofccp. cccording to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB co nucles to combles.	ffice of trol number.
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This form is required by the government. The first part is asking you to self-identify if you have a disability; you may also choose I don't wish to answer. The second part is asking you to self-identify if you are a Veteran. If you answer Yes to the Are you a recently separated veteran? Question, a calendar also prompts you to select a separation date.



401(K) ACKNOWLEDGMENT

401(k) Acknowledgement				
C = Gica Nh 401K acknowledgement - ACK0009770 Submit Request				
Employee	Lara Tardo			
Goodwill of Central and Northern Arizona offers all full-time and part-time team members the opportunity to participate in the 401(k) retirement plan upon the first day of employment. Team members are eligible to enroll at any time.				
Goodwill of Central the 401(k) ret	and Northern Arizona offers all full-time and part-time team members irement plan upon the first day of employment. Team members are elig	the opportunity to participate in gible to enroll at any time.		
Goodwill of Central the 401(k) ret * Do you wish to participate now?	and Northern Arizona offers all full-time and part-time team members irement plan upon the first day of employment. Team members are elig	the opportunity to participate in gible to enroll at any time.		
Goodwill of Central the 401(k) ret * Do you wish to participate now?	and Northern Arizona offers all full-time and part-time team members irement plan upon the first day of employment. Team members are elig 	the opportunity to participate in gible to enroll at any time.		
Goodwill of Central the 401(k) ret * Do you wish to participate now?	and Northern Arizona offers all full-time and part-time team members irement plan upon the first day of employment. Team members are elig 	the opportunity to participate in gible to enroll at any time. *		

✤ Do you wish to	None
participate now?	No, I do not wish to participate at this time.
	Yes, I do wish to participate please send me enrollment information.
	Flease contact the R benefits ream at 002-000-4100 (option b) if you have any questions.

This form is notifying all team members that they are eligible to enroll in the 401(k) plan offered by Goodwill of Central and Northern Arizona on the first day of employment – and can change their participation in the plan at any time.

If you do not want to participate now, choose **No**, **I do not wish to participate at this time**.

If you do want to participate, choose **Yes**, **I do wish to participate please send me enrollment information**. The Benefits department will follow up with you shortly and send you more information regarding the 401(k) plan.



OTHER LINKS

There are also a couple of links available under the New Hire Forms menu that can help you manage your form submissions. They are **My Submissions** and **Forms & Training Completion Checklist**.



Any Goodwill team member can click the **My Submissions** link to access and check what form information they have on file if they initially filled out the form(s) online.

HR Services Sy	HR Services System - New Hire Forms				
Home Payroll Delivery Form Flagstaff Min Wage W-4 Form A-4 Form Electronic Delivery Consent Voluntary Self-ID 401(k) Acknowledgement My Submissions Forms & Training Completion Checklist					
Forms & Training Completion Checklist					
Search for an employ	vee to see their form	ms completion status.			
	Employee	٩			
	User ID				
	Active				
Forms & Training	g Completior	n Checklist	~		
New Hire For	rms				
Payroll De	elivery Form				
Date Completed Pa	ayroll Delivery				
Flagstaff I	Minimum Wage Ad	knowledgement			
Date Completed Flags	staff Min Wage				
W-4 Tax F	Form				
Dette Gr					
Date Co	ompreted w-4				
A-4 Tax F	-orm				
Date C	Completed A-4				
Electronic	c Delivery Consent	Form			
Date Completed Electr	ronic Delivery				
Voluntary	/ Self-ID Form				
Date Completed Volu	luntary Self-ID				
401(k) Ac	cknowledgement				
Date Com	npleted 401(k)				
Learning Ma	Learning Management System (LMS) Training				
Greeter					
Employee		mendenen r. kun			
Date Complet	ted Employee Handbook				
Bloodborr	ne Pathogens/Hep	atitis B Vaccine Form			
Date Completed	d Bloodborne Pathogens				

Any Goodwill team member can click the **Forms & Training Completion Checklist** link to validate his/her completion status of required new hire forms and training *(list subject to change)*. New hires must complete the items on this checklist on his/her first day.



OTHER LINKS, CONTINUED

New H	lire Forms				
	Payroll Delivery Form				
Date	Completed Payroll Delivery	2017-01-24			
	Flagstaff Minimum Wage A	icknowledgement			
Date Cor	npleted Flagstaff Min Wage				
	Form	Missing.			
	W-4 Tax Form				
	Date Completed W-4	2017-12-28			
	A-4 Tax Form				
	Date Completed A-4	2017-12-28			
	Electronic Delivery Conser	t Form			
Date Cor	npleted Electronic Delivery	2018-04-23			
	Voluntary Self-ID Form				
Date G	ompleted Voluntary Self-ID	2018-07-17			
	401(k) Acknowledgement				
	Date Completed 401(k)	2018-04-23			
Learn	Learning Management System (LMS) Training				
	Employee Handbook Ackn	owledgement Form			
	Date Completed Employee Handbook	2017-11-22			
	Bloodborne Pathogens/He	patitis B Vaccine Form			
D	ate Completed Bloodborne Pathogens	2017-11-22			

To search, either type a name in the **Employee** field or use the magnifying glass icon and scroll to the desired name.

The items that have been finished have the **Date Completed** field populated. Any missing forms or acknowledgments have a **Missing** error below the **Date Completed** field highlighted in red.

Note: Anytime an item is updated, the new completion date displays.