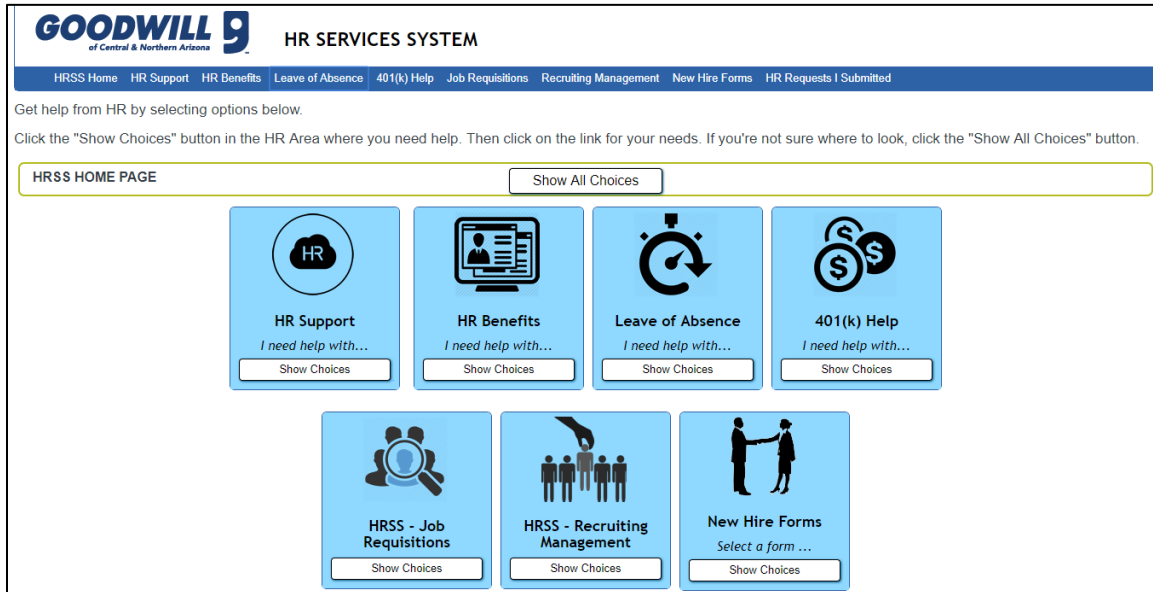


HR SERVICES SYSTEM – NEW HIRE FORMS REFERENCE GUIDE



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

The screenshot shows the 'Payroll Delivery Form (How will you get your pay?)' with the following fields:

- Employee Information:** Employee (Lara Tardo), Department (Human Resources), and Last 4 SSN (empty).
- Direct Deposit or Pay Card Selection:** A dropdown menu currently set to '-- None --'.

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

This screenshot shows the 'Direct Deposit or Pay Card Selection' dropdown menu with the following options:

- I elect to enroll in the Money Network Payroll Program (Pay Card)
- None --
- I elect to use direct deposit to my checking and/or savings account
- I elect to enroll in the Money Network Payroll Program (Pay Card)

This screenshot shows the 'Pay Card Information' section with a warning message and input fields:

WARNING: Bank of America requires a physical street address for anyone who uses a Pay Card. They will withhold your pay from your account if they don't have a physical street address. Please add a physical street address in the box below. *** P.O. Boxes are NOT allowed. **** INCLUDE: Street, City, 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

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.

PAY CARD, CONTINUED

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.

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 Deposits ▼

You can have your pay deposited in one or two accounts.

If you choose 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 account will have "YES" to the question about depositing all your remaining net pay.

* Number of Account Deposits

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 Information

* Bank Name

* Account Type

* Account Number

* Account Number Again

* Routing Number

* Routing Number Again

* Deposit Net Pay?

3. 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 --

* 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.
 - o You can only select **Yes** for one account, otherwise an error appears.
 - o 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 produced each pay period and posted on ADP's iPay website.

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? I agree

Submit Request

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

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

CITY OF FLAGSTAFF, COUNTY OF COCONINO
CITY OF FLAGSTAFF ADMINISTRATION
OFFICE OF LABOR STANDARDS

Gica Nh Flagstaff Min Wage - NH_FLAG_0005801
Submit Request

Number:

Legal Employer Name:

Employers Address:

Employer Phone Number:

Employee Name:

* Employee Start Date:

Date Submitting Form:

Minimum Wage: Minimum Wage Tipped Employee:

Letter Body:

As an employee performing or expected to perform work within the city limits of Flagstaff you are afforded rights under Chapter 15-01 of the Flagstaff City Code ("Minimum Wage"). You have as of January 1, 2018 the:

1. Right to earn 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.flagstaff.az.gov/minwage to view the multi-year minimum wage schedule.
2. Right to receive no less than the minimum wage of [see the **Minimum Wage Tipped Employee** value above]; as a tipped employee, when all hours worked (cash wage) and all tips retained are calculated together during the workweek.
3. Right 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.
4. Right to file a complaint with the City's Office of Labor Standards (OLS) or file a civil lawsuit against the employee's employer.
5. Right to be free from retaliation for exercising your rights under the law.
6. Right not to be unlawfully discharged or have any adverse action taken against you for exercising your rights or filing a claim, assisting another person in exercising their rights or informing another person about their rights.

If you should have any questions, please do not hesitate to speak to your immediate supervisor, a member of your management team, or your human resource department. You may contact the City's Office of Labor Standards (OLS) if you have additional questions about rights and responsibilities under Flagstaff's minimum wage law. Visit www.flagstaff.az.gov/minwage to view the full version of the law.

Employee Information. Type your full name as your signature

Employee Name: Date Employee Signed:

* Employee Signature:

Manager: Start typing your name in the "Employer Representative" box and select from the list. Then type your full name as your signature

* Employer Representative Name: Date Employer Representative Signed:

* 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.

Click **Submit Request** to submit the form.

FORM W-4

W-4 Forms

NOTE: Please reference a copy of the W-4 Tax Form (<https://www.irs.gov/pub/irs-pdf/w4.pdf>) for details on completing the form or if you have any questions on completing the form.

Employee: Lane Turley
 * SSN: [Redacted]

FORM W-4

Employee's Withholding Allowance Certificate (OMB No. 1545-0074) - 2020

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

* Street: [Redacted]
 * City: [Redacted]
 * State: --None--
 * ZIP Code: [Redacted]
 * (s) Marital 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 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.

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 estimate 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.

(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.)

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 \$ 0.00
 Multiply the number of other dependents by \$2,000 \$ 0.00
 (b) Add the amounts above and enter the total here \$ 0.00

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.

(a) Other Income (not from jobs) \$ 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.

(b) Deductions \$ 0.00

Enter any additional tax you want withheld each pay period.

(c) Extra Withholding \$ 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 liability in 2020.
 If you meet both conditions, write "Exempt" in the box below:

Exempt

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.

* I do declare: --None--
 Employer Name and Address: Goodwill of Central and Northern Arizona, 2550 W. Beryl Ave, Phoenix, AZ 85025
 EIN: 08-0224423

Submit Required

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-pdf/fw4.pdf>) for details on completing the form or if you have any questions on completing the form.

Employee

* SSN

FORM W-4 ▼

Employee's Withholding Allowance Certificate (OMB No. 1545-0074) - 2020

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

* Street

* City

* State ▼

* ZIP Code

* 1(c) Marital Status ▼

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 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.

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	\$ 0.00
Multiply the number of other dependents by \$500	\$ 0.00
(3) Add the amounts above and enter the total here	\$ 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)	\$ 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	\$ 0.00
Enter any additional tax you want withheld each pay period	
4(c) Extra Withholding	\$ 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 liability 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

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.

* I do declare: -- None --

Employer Name and Address: Goodwill of Central and Northern Arizona, 2626 W. Beryl Ave, Phoenix, AZ 85021
Characters left: 272

EIN: 86-0104415

6. 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

The screenshot shows the 'Arizona Form A-4 Employee's Arizona Withholding Election' form. At the top, there is a header 'A-4 Form' and a navigation bar with a back arrow, a menu icon, and the text 'GCA/HR/HR - NH_A4_000008'. A 'Submit Request' button is in the top right. The main title is 'Arizona Form A-4 Employee's Arizona Withholding Election'. Below this, there is a section for 'Employee' information with fields for 'Last Name', 'SSN', 'Street', 'City', 'State' (a dropdown menu), and 'ZIP Code'. Each field has a red asterisk icon to its left. Below the employee information is a section titled 'Tax Withholding Options' with a dropdown arrow. It contains a yellow instruction bar: 'Choose either Box 1 or Box 2'. Below this are two blue boxes: 'Box 1 Withhold from gross taxable wages at the percentage selected (select only one percentage):' and 'Box 2 I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year'. Each box has a corresponding 'Box 1' or 'Box 2' label and a radio button. Below the tax options is a 'Certification' section with a yellow instruction bar: 'I certify that I have made the election marked above.' and a radio button labeled 'I Certify'. A 'Submit Request' button is at the bottom left.

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

Electronic Delivery Consent Form
Gica Nh Regulatory Material Delivery - DEL0003044 Submit Request

Goodwill of Central and Northern Arizona - Consent to Receive Electronic Delivery

As a participant in the company health and welfare benefit plans, we must provide you with information about the plans under federal law. The information which must be disclosed may include, but is not limited to, the following types of documents:

- Summary Plan Description (SPD)
- Summary of Benefits and Coverage (SBC)
- Summary of Material Modifications (SMM)
- Summary Annual Report (SAR)

Electronic Delivery of Communications

By choosing electronic delivery you will receive communications electronically instead of receiving a paper copy.

Your consent remains in effect until 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 consent and for updating the address for receiving electronically delivered documents is to send email or written communication to the electronic or physical address below.

Requirements to Access and Retain Information

In order to receive and retain electronic communications, you must have access to a computer or other device which is capable of accessing the Internet and you must have software which permits you to receive and access Portable Document Format or "PDF" files.

I consent to receive electronic delivery of participant disclosure materials to the following address:

I consent

I choose NOT to receive information via electronic delivery.

I choose not to receive information via electronic delivery.

Employee Information

Employee

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:

I consent

Email

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.

Click **Submit Request** to submit the form.

VOLUNTARY SELF-ID (DISABILITY & VETERAN STATUS)

Voluntary Self-Identification Form

Submit Request

Voluntary Self-Identification of Disability

Form CC-305 -- OMB Control Number 1250-0005 -- Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities! To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever 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 private and will not be used against you in any way.

If you already work for us, your answer 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 information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability 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 impairment or medical condition.

Disabilities include, but are not limited to:	<ul style="list-style-type: none"> • Blindness • Deafness • Cancer • Diabetes • Epilepsy 	<ul style="list-style-type: none"> • Autism • Cerebral palsy • HIV/AIDS • Schizophrenia • Muscular dystrophy 	<ul style="list-style-type: none"> • Bipolar disorder • Major depression • Multiple sclerosis (MS) • Missing limbs or partially missing limbs 	<ul style="list-style-type: none"> • Post-traumatic stress disorder (PTSD) • Obsessive compulsive disorder • Impairments requiring the use of a wheelchair • Intellectual disability (previously called mental retardation)
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Please select one of the options below:

* Please select one option (**): I DON'T WISH TO ANSWER

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

(f) Section 503 of the Rehabilitation 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 Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According 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 control number. This survey should take about 5 minutes to complete.

Voluntary Self-Identification Form for Veterans (Confidential When Completed).

* Are you a Disabled Veteran of any era? -- None --

(A person entitled to disability compensation by the Veteran Administration for a disability rated at 30% or more, a person who has been rated at 10 or 20% disabled and has a serious employment handicap, or a person discharged for a disability incurred in the line of duty during any era.)

* Are you an Other Protected Veteran? -- None --

(A veteran who served on ACTIVE DUTY during the dates listed for any of the wars, campaigns or expeditions at the bottom of this form ##).

* Are you an Armed Forces Service Medal Veteran? -- None --

(Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12965. See the "VetGuide Annex A" link at the top of the page to review the VetGuide. Search for "Appendix A" on that page to read about what applies to the Armed Forces Service Medal).

* Are you a recently separated veteran? -- None --

(A veteran within 36 months (3 years) from discharge or release from active duty)

If at any time in the future you wish to self-identify, please contact Human Resources. Telephone: 602-535-4681, Fax: 602-535-4335, Email: human.resources@goodwillaz.org.

(*) Additional Information on Voluntary Self-Identification for Veterans

As a government contractor, Goodwill of Central and Northern Arizona is subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1972, The Veterans Employment Opportunities Act of 1996, and is required to take Affirmative Action to employ and advance in employment qualified covered veterans.

If you are a covered veteran and would like to be considered under the Company's affirmative action programs, please answer the above questions. Participation is voluntary and information will be used only in accordance with the Act.

Employee Information

Employee: Lara Tardo Department: Human Resources

Employee Number:

Submit Request

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.

Click **Submit Request** to submit the form.

401(K) ACKNOWLEDGMENT

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.

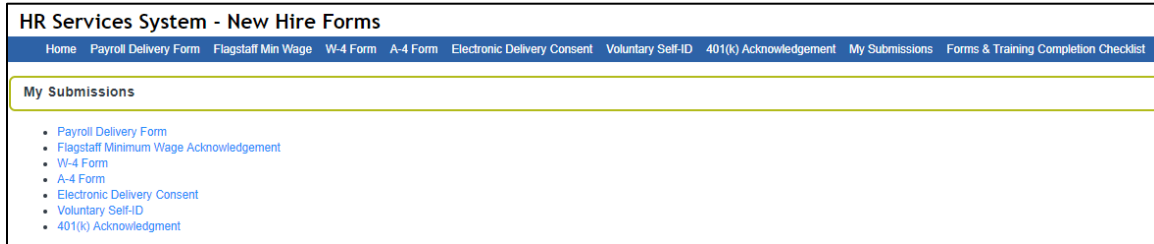
If you do not want to participate now, choose **No, I do not wish to participate at this time.**

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.

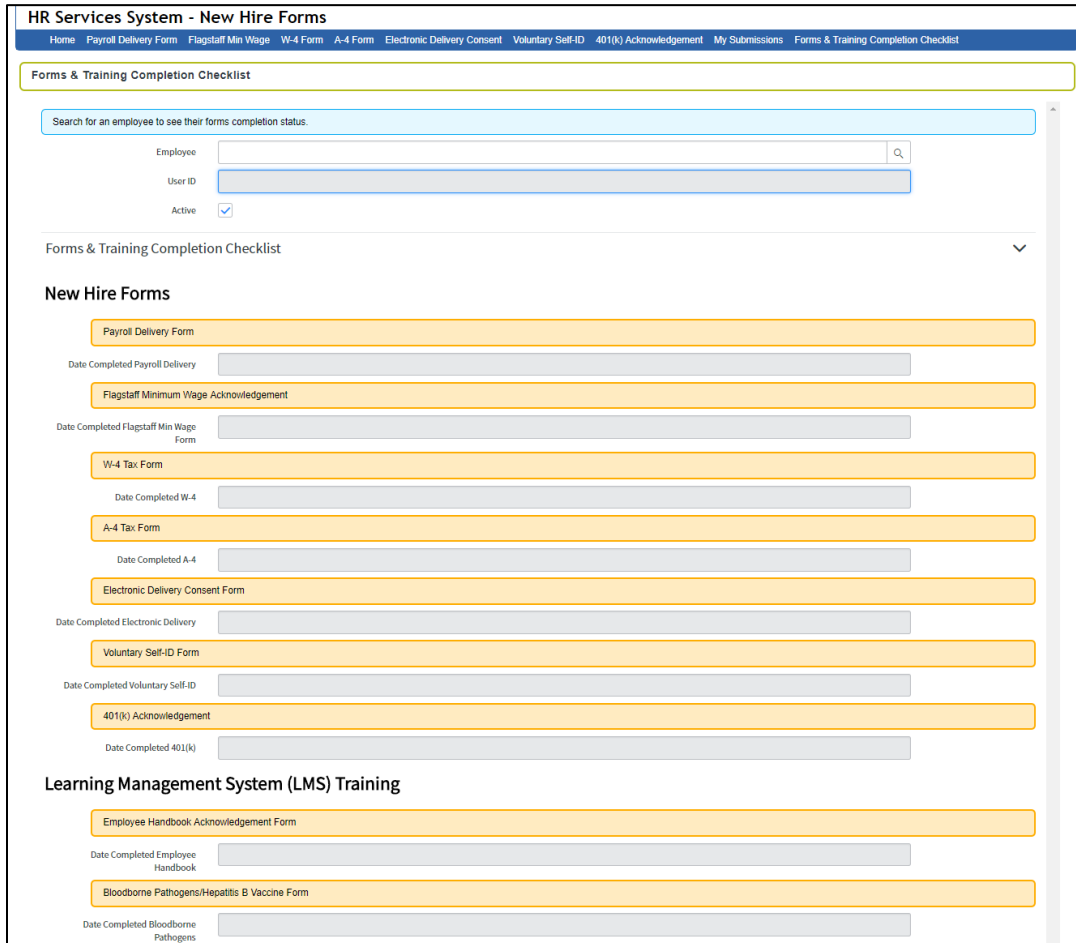
Click **Submit Request** to submit the form.

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.



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 Hire Forms	
Payroll Delivery Form	
Date Completed Payroll Delivery	2017-01-24
Flagstaff Minimum Wage Acknowledgement	
Date Completed 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 Consent Form	
Date Completed Electronic Delivery	2018-04-23
Voluntary Self-ID Form	
Date Completed Voluntary Self-ID	2018-07-17
401(k) Acknowledgement	
Date Completed 401(k)	2018-04-23
Learning Management System (LMS) Training	
Employee Handbook Acknowledgement Form	
Date Completed Employee Handbook	2017-11-22
Bloodborne Pathogens/Hepatitis B Vaccine Form	
Date 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.