

2020 Election Worker Application

Contact Information

Last Name:	First Name:	MI:
Street Address:		Apt./Unit #
City:	State:	Zip:
Telephone: (Home)	(Cell)	
Email Address:		
Social Security #:		D.O.B.:
Occupation:		Gender: M / F

Applicant Information

Are you available to work on: March 3, 2020 YES / NO
 September 1, 2020 YES / NO
 November 3, 2020 YES / NO

Are you a Registered Voter in Massachusetts? YES / NO

Are you affiliated with a party? YES/NO
 Democratic Republican Unenrolled Other

Have you ever served as an Election Worker? YES / NO
 If YES, for how many years _____

Position You Are Applying For:
 Warden Clerk Inspector

If other than Lowell, where? _____ If in Lowell: Ward _____ Precinct _____

Title: _____ Date(s) of service: _____

Do you speak any foreign languages? YES / NO

Please list languages spoken (including American Sign Language (ASL)):

Would you walk, drive or use public transportation on Election Day? _____

2020 Election Worker Application

Important Information - Hours and Compensation

All poll workers you will be paid \$180 for a full day of work (6:30 am to 8:30pm).

BEFORE SIGNING BELOW, PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or made during an interview(s) may result in rejection of this application or in my dismissal if I am hired. I authorize investigation of all statements contained herein and the references listed may be necessary to determine my fitness, skills and qualifications for employment

I certify that I am a citizen of the U.S. or an alien authorized by Visa or immigration status to work in the U.S. I understand that it is the City's intent and obligation to provide a drug-free, healthful, safe and secure work environment. I certify that I am not currently using any illegal drugs and that I am not using any legally controlled drugs in an illegal manner. The City of Lowell is a drug-free, smoke-free workplace.

Cancellation Policy

If for whatever reason you become unable to work on the day of the election, you must notify the Election Office as soon as possible. Failure to notify the office will result in your position being offered to another applicant for all future elections. The Election Office can be reached at (978) 674-4046.

Signed: _____ Date: _____

In case of an emergency, contact:

Name: _____

Address: _____

Phone: _____

New Employees
Data Entry Worksheet

Primary Information

Employee Number _____	Employee (Soc.Sec) Number _____
Department Name _____	
Name (last, first, middle) _____	
Primary org/obj/proj (Account Number) _____	Primary Job Class(Title) _____
Primary Location (Dept #) _____	Primary Pay Freq _____
Primary Group/BUE(Union) _____	Personal Status (Full/Part Time) _____
Check/Office Location _____	

Personal Data

Birth Date _____	Hire Date _____
Unemployment Tax (Y/N) _____	Gender Male/Female _____
Actual Marital Status _____	EEO Ethnic Code (see attached) _____
EEO Part/Full Time/Temp _____	EEO Function (see attached) _____
Comment _____	

Residential Data

Address 1 _____	Address 2 _____	
City _____	State _____	Zip Code _____
CITY Email: _____	Alternative Email: _____	
Advice Delivery: Print only <input type="checkbox"/> City email <input type="checkbox"/> Alternative Email <input type="checkbox"/>		
Supervisor: _____	Supervisor Emp# _____	

Telephone # _____

Tax Data

Federal Marital Status _____	Federal Exemptions _____	Additional FIT \$ _____	Exempt 99 _____
State Marital Status _____	State Exemptions _____	Additional SIT \$ _____	Exempt 99 _____

Salary

Position Code/Grade Step _____	Hourly Base Rate _____	Salary/Pay _____	Standard Hours _____
--------------------------------	------------------------	------------------	----------------------

Deductions

DEDUCTION	DEDUCTION CODE	DEDUCTION	DEDUCTION CODE
<input type="checkbox"/> Medicare	1100	<input type="checkbox"/> City Retire 9%	7009
<input type="checkbox"/> 457%	2900	<input type="checkbox"/> City Retire 2%	7030
<input type="checkbox"/> MST Retire11%	7111	<input type="checkbox"/> Other	

Please list any additional deductions that may apply

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.

2020

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 widow(er)) <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, when to use the online estimator, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works 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. . . . ▶

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 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
Add the amounts above and 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)

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name
Print home address.....

Social Security no.
City..... State..... Zip.....

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$.....
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind.
 - C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed.....

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Mary Callery
Human Relations Director

City of Lowell Human Relations Department
CORI REQUEST & AUTHORIZATION FORM

Date: _____

Dear Prospective City Employee/Volunteer:

The City of Lowell has been certified by the Massachusetts Criminal History System Board to have access to all conviction and pending data. As a prospective employee or volunteer for the position of _____ in the Department of _____, I, _____, understand a criminal records check will be conducted for conviction and pending information only and that this information will not necessarily disqualify me. By signing below, I verify that this information is correct to the best of my knowledge: _____

(Prospective) Employee/Volunteer Signature

Prospective Employee/Volunteer Information

Please Print Last Name First Name Middle Name

Maiden Name/Alias (if applicable) _____ Place of Birth: _____

Date of Birth: ____/____/____ Social Security Number: ____ -- ____

Mother's Maiden Name: _____ State License Number: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Former Street Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Height: Ft _____ In _____ Weight _____ Eye Color _____

*** The above information was verified by reviewing the following form of government issued photographic identification: _____

Requested By: Mary Callery, Human Relations Manager, City of Lowell

Signature of C.O.R.I. authorized official: _____

The City of **LOWELL** *Alive. Unique. Inspiring.*