



Northern California Conference of Seventh-day Adventists  
P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/hr Phone (916)  
886-5698 • FAX (888) 609-3904 • hr@nccsda.com

## NEW CHURCH EMPLOYEE CHECKLIST

For all Church Employees except NCC-hire Pastors and Student Employees

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Live Scan and child protection training must be completed—and employment clearance received—before the employee is hired.** Email or fax completed forms to the Human Resources Department at hr@nccsda.com or (888) 609-3904.

\_\_\_\_ **PERSONNEL ACTION REQUEST** – Administrator or other authorized employee completes and signs.

\_\_\_\_ **CALIFORNIA ASSEMBLY BILL 506 REQUIREMENTS (Live Scan & Child Protection Training)** – All employees (18 years & older) must get Live Scanned and complete Child Protection Training before being hired.

\_\_\_\_ **SOCIAL SECURITY CARD COPY** – Employee's name on the W-4 form must match the name on the card. For a lost card or a name change, a copy of the receipt for the issuance of a new card from the local Social Security office is acceptable until employee receives a new card.

\_\_\_\_ **EMPLOYMENT ELIGIBILITY (I-9 FORM)**

Section 1 - Employee completes, signs and dates.

Section 2 - Employer witnesses appropriate ID documents (not a FAX or copy) provided by employee from the List of Acceptable Documents, and then completes form for reverification or rehire. (These situations require different forms.)

\_\_\_\_ **NEW EMPLOYEE RECORD FORM** – This form is for employees who are age 20 or older and who regularly work half-time or more at one or more NCC locations when the position is expected to last 12 months or more. (The employee need only list the last *denominational* employment under the Employment section.)

\_\_\_\_ **DIRECT DEPOSIT AUTHORIZATION FORM** – Employee completes and signs the form and attaches a voided check or printout from bank. (Handwritten direct deposit information is not acceptable.)

\_\_\_\_ **APPLICATION FOR EMPLOYMENT** – Employee completes and signs.

If you have any questions, please contact the HR Department at (916) 886-5698 or hr@nccsda.com.



... 10-17-17 HOURS PER WEEK (include for full-time and seasonal employees)

... SICK LEAVE

... Act (ACA) benefits...

... Full-time Temporary (38 hours per week) ... Act and ACA

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... 10-17-17 HOURS PER WEEK (include for full-time and seasonal employees)

... SICK LEAVE

after getting Live Scan done

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or



*Applicant Submission*

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ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

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Contributing Agency Information:

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

~~ATB~~

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.  
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

ZIP Code

& K X U F K : 1 D P H

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

## Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for

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# REQUEST FOR LIVE SCAN SERVICE

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## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup>



Please make a copy.



# Employment Eligibility Verification

## Department of Homeland Security

USCIS

OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number

**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**

Signature of Employee

Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine

Document Number (if any)	
Expiration Date (if any)	
<b>Document Title 3 (if any)</b>	
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
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For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. Section 1421(b)(1) of the Code of Federal Regulations (42 CFR 142.101) document</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 1</a> and <a href="#">Section 1</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> </li> </ol> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p>



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Form **W-4**

# Employee's Withholding Certificate

OMB No. 1545-0074

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

**General Instructions**

**Specific Instructions**

See the instructions for the Internal Revenue Code

Step 1(a) Check your anticipated filing status. This will

**Future Developments**

determine the standard deduction and tax rates used to compute your withholding.

**Step 2(b)—Multiple Jobs Worksheet** *(Keep for your records.)*



**ONE Form W-4.** Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770



**Employee's Withholding Allowance Certificate**

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

The California Employer's Guide (DE 44) ([http://edd.ca.gov/pdf/pub\\_etide44.pdf](http://edd.ca.gov/pdf/pub_etide44.pdf)) provides the income tax withholding tables

This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications) ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications))

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your **Married or Single** status. **Married** means you are married about the end of

personal situation:

Household? marital status how if you meet all of the following tests:

- |  |    |
|--|----|
| 1. Enter estimate of total wages for tax year 2024.  | 1. |
| 2. Enter estimate of nonwage income (line 6 of Worksheet B).   | 2. |
| 3. Add line 1 and line 2. Enter sum.   | 3. |
| 4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). | 4. |
| 5. Enter adjustments to income (line 4 of Worksheet B).  | 5. |
| 6. Add line 4 and line 5. Enter sum.   | 6. |
| 7. Subtract line 6 from line 3. Enter difference.  | 7. |

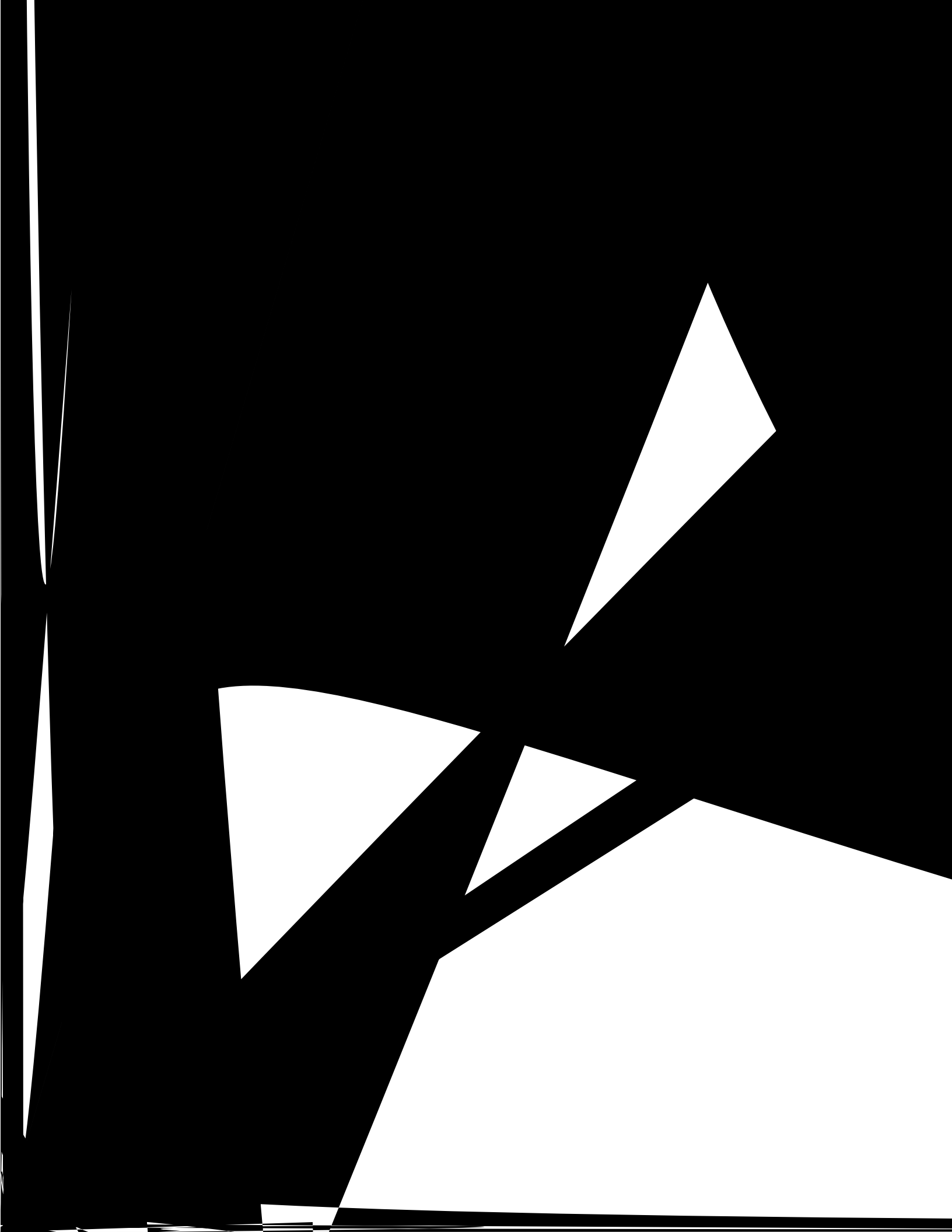
8. Enter personal exemptions (line E of Worksheet A + \$159,400) 0

## Employee Service Record Information

Please complete all sections.

Employment

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(complete all sections)

Name (Last, First, Middle Initial as stated on the SS Card)

Social Security #

E-Mail Address

Please list all employment for the past 10 years, beginning with the most recent. Attach additional sheet if needed.