



Application for Employment

We consider applicants for all positions without regard to race, color, sexual orientation, religion, gender, national origin, age, marital or veteran status, the presence of the non-job-related medical condition or disability or any other legally protected status.

Please Print

Date _____ Email _____

Name _____ Telephone No. _____
Last First MI

Address _____
Street City State Zip Code

What position are you applying for? _____

How did you learn about us? Advertisement Friend/Relative Website Other _____

Do you have any friends or relatives who are currently working for King's College? Yes No

If yes: Name(s) _____ Relationship _____

Are you over the age of 18? Yes No If no, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No Were you previously employed by King's College? Yes No

On what date would you be available to work? _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor? Yes No
explain: _____

***A conviction will not necessarily disqualify you from the job for which you have applied.**

Are you legally eligible for employment in the U.S.A? Yes No

If hired, you are required to submit proof of work eligibility.

Education

High School _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

College/Technical School _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

Other (Specify) _____ Years attended _____
Name Address

Course of Study _____ Did you graduate? Yes No

We Are An Equal Opportunity Employer

(Over)

Employment History

List below present and past employment, beginning with your most recent. Include job-related service assignments and volunteer activities. You may exclude organizations, which indicate race, color, sexual orientation, religion, gender, national origin, disabilities or other protected status.

1. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

2. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

3. Employer: _____ Phone _____
Name *Address*

Dates: From _____ To _____ Salary: Starting _____ Final _____ Supervisor _____

Job Title _____ Reason for Leaving _____

May we contact this employer? Yes No Duties Performed _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Are you physically/mentally able to perform the duties of the job you are applying for? Yes No

If No, what reasonable accommodation could be made? _____

References

(Please give name and telephone number of three references not related to you.)

1. _____

2. _____

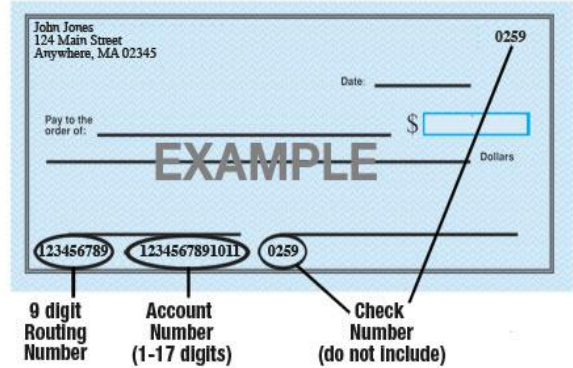
3. _____

The facts set forth in my application for employment are true and complete. I understand that, if employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. My employment may be terminated at any time with or without reason or notice by the College or myself. I hereby authorize King's College to investigate my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice, if job related.

Signature of Applicant

We Are An Equal Opportunity Employer

Direct Deposit Authorization/Change Form



Employee Name: _____

Employee/Student ID: _____

EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize King’s College to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the College to my account. In the event that the College deposits funds erroneously into my account, I authorize the College to debit/credit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

ACCOUNT 1

Bank Name _____ Type of Account

Routing Number (ABA) _____ Checking

Account Number _____ Savings

I wish to deposit: \$_____ of Net Pay **OR** All of Net Pay

ACCOUNT 2

Bank Name _____ Type of Account

Routing Number (ABA) _____ Checking

Account Number _____ Savings

I wish to deposit: \$_____ of Net Pay **OR** Remainder of Net Pay

***Optional:** You may attach a voided check or deposit slip with this application. If you choose to do so, you are not required to sign the check.*



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

Employee's Withholding Certificate

▶ **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.**

2021

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 estimator at www.irs.gov/W4App, and privacy.

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 ▶

TIP: To be accurate, submit a 2021 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 total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above 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)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only 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.

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.

- 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 "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



DEMOGRAPHIC DATA CARD

- Employee
- Non-employee

PERSONAL CONTACT INFORMATION

Name <small>As it appears on Social Security Card</small>	Last	First	MI
Address	Street	City, State	Zip
Phone	Phone	Alternate Phone	
Social Security Number			

DEMOGRAPHIC INFORMATION

<p>Gender <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Date of Birth (mm/dd/yyyy) / /</p> <p>Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Disability Status: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled Individual</p> <p>Are you physically & mentally able to perform the essential functions of your job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Citizenship Status:</p> <p><input type="checkbox"/> US Citizen (Native) <input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> US Citizen Naturalized <input type="checkbox"/> Non Resident Alien</p> <p style="margin-left: 100px;">Vista Type: Exp. Date:</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Single</p>
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EDUCATION INFORMATION

Degree	Month/Year	Major	Name of Institution

EMERGENCY CONTACT(S) INFORMATION

Name	Phone	Alternate Phone

I certify the information which I have provided, is complete and accurate to the best of my knowledge.

Signature: _____

Date: _____

Information Confidentiality Policy

Through the normal execution of their work, in their work/learning environment, and through written and verbal conversations as well as computer records, employees may have access directly or indirectly to employee, student, and alumni information and relationships. Any and all information obtained officially or unofficially concerning a student, employee, or alumni shall be treated and considered confidential information. Acts of disclosure of confidential information about a student, employee, or alumni to any unauthorized personnel or for any purpose that is not work related shall be regarded as grounds for disciplinary action up to and including immediate termination of employment.

Code of Conduct

As stated in the College's Professional Code of Conduct Policy, King's College sets high expectations for conduct of its administration, professional and support staff. As individuals and as employees of the College, we adhere to the values of the College which promote acting with integrity, respect for others, and responsibility setting high standards of professionalism for our services and ourselves and assuming accountability for our conduct.

The College does understand that on occasion it is necessary to share information regarding a student, employee, or alumnus of the College in order to facilitate the efficient operations of the department. In all cases, this information must be business related. If you are unsure if the information is related to this limited purpose, it is the employee's responsibility to request clarification from their supervisor, respective senior administrator, or the Human Resources Department prior to releasing any information.

Potential Violations

Please note that this list is not exhaustive, but is illustrative of potential violations of the Confidentiality Policy of the College which can occur in either verbal or written communication.

1. Discussing any situation, information or event that has been identified by a supervisor or senior administrator of the College as confidential with any individual outside of your direct reporting line or human resources representative.
2. Spreading or repeating gossip or rumors regarding a co-worker, supervisor, student, or alumnus whether you have first hand knowledge or not. Please note information that is business related and required for the efficient operations of the College and your department is permitted with your direct supervisor and/or the appropriate member of the senior administration as well as the Human Resources Department.
3. Discussing a grievance or disciplinary situation with anyone other than your supervisor, respective member of Senior Staff, or the Human Resources Department unless otherwise instructed to do so in writing.

Compliance with the confidentiality standards require all employees exercise care in assuring the secrecy of their respective computer system passwords; the physical security of their work area; personal relationships; individuals personal information; and

the proper storage, transmittal, and disposal of College based information stored on any media.

Family Educational Rights and Privacy

The College adheres to the Family Educational Rights and Privacy Act of 1974, as amended, with respect to the disclosure of student education records to the student, the student’s parents, other College officials, and any other individual, agency or organizations, including officials of other schools or school systems, representatives of the United States Government, state and local government officials, and all other public and private organizations.

Every employee must obtain the authorization of his/her immediate supervisor or appropriate College official before releasing any information with respect to any student, employee, or alumni to any individual, agency organization, or College employee, so that compliance with the law may be assured. It is the employee’s responsibility to gain the necessary clarification before releasing information when any questions related to business necessity are present.

Violation of Policy

Employees who violate this policy will be subject to disciplinary action under the Progressive Discipline Policy. The College reserves the right to terminate employment for willful misconduct when a breach of confidentiality is deemed severe enough to disrupt the normal operations of the College, department, or employee.

Note: *This policy does not prohibit the discussion of wages and other terms and conditions of employment.*

I have read and understand the College’s Policy on Confidential Information and Confidentiality. I affirm that I will exercise diligence in the performance of my duties in accordance with institutional policy and will demonstrate respect for others by acting with integrity. Furthermore, I understand that violation of College policy will result in disciplinary action up to and including termination of employment.

Signature

Date

Name (please print)

ID

Witness

Date

King's College Guidelines for Employees for Interaction with Minors

(A child or minor is defined as a person under the age of eighteen. This includes students seventeen years of age and younger.)

As King's employees, it is our duty to model and maintain appropriate professional relationships with children and minors. Even though our employment at the College may not bring us into routine or direct contact with children, some contact may still occur as part of our work at King's. For example, many first-year students are minors by legal definition during their first year at King's. Residence life staff and coaches, for example, encounter students under the age of eighteen in locker rooms and living quarters. Faculty members who teach dual enrollment courses are in regular contact with minors. Numerous events sponsored by the College itself (Open Houses, Athletic and Fine Arts events, etc.), or outside groups often bring children to our campus.

The following guidelines provide basic information about interacting with minors up to and including children who are seventeen years of age. These guidelines apply both on and off campus while representing King's College. While some of the guidelines presented here might not pertain directly to your employment at the College, it is important to be aware of these guidelines so that together we can exercise our common responsibility to protect the safety and welfare of children. Maintaining appropriate professional boundaries can help to identify and prevent child abuse. King's College maintains separate policies that outline employee reporting responsibilities, as well as clearance, training and education requirements: "[Protection of Children Policy](#)" and "Clearance, Education, Mandatory Disclosure, and Training Requirements for King's College Employees, Students, Vendors and Volunteers." These guidelines are intended to provide an additional resource to promote the safety of minors and the development of healthy, professional and appropriate relationships.

Guidelines

- 1) When organizing a College activity involving children not enrolled at the College, the person in charge of the event should consult the College's Child Safety Protection Officer to ensure that appropriate levels of supervision are present.
- 2) Children not enrolled at the College must have parental permission for the child's participation in the activity.
- 3) When facilitating programs for children, the program supervisors must ensure that each child's whereabouts can be accounted for at all times and that activities are conducted in open areas with appropriate levels of supervision whenever possible.

- 4) With the exception of medical or other emergencies, employees should not be alone with a child, particularly in an isolated or private setting. Follow the “rule of three.” Always have at least two adults or one adult and two children present. This provides safety for the children in the event of an injury or other emergency and is most protective of the employee and the program. Professors and professional staff may meet privately in college offices with students enrolled at the College on matters related to their common work.
- 5) During sports camps and other organized activities involving young children, safety requires adult supervision in locker rooms, restrooms, and changing areas. When supervising showers or changing areas, or any circumstance in which a child may be dressing or undressing, two adult supervisors should be present nearby. Supervisors are always to respect the privacy of the child. In addition, supervisors should not undress in front of or shower with minors.
- 6) If the program involves overnight accommodations, never sleep in the same bed or share sleeping accommodations (e.g. hotel rooms, bedrooms, tents) with a child.
- 7) Whenever possible, require children to use the buddy system (each child is assigned to another child as a companion) when participating in an off-campus program. Children should not be permitted to leave the group by himself or herself.
- 8) Do not hit or strike a child in any manner. Do not use any form of physical discipline or verbally abuse a child. Regarding verbal abuse, for example, do not ridicule, demean, bully, threaten, or scream at a child.
- 9) Always respect a child’s physical boundaries and use good judgment about physical contact. Physical contact is not always necessary or appropriate in conveying concern. When physical contact seems appropriate the least intrusive form that communicates concern and support ought to be chosen. While it may seem perfectly natural, at times, to initiate an appropriate form of physical contact (e.g. placing your hand on the shoulder of a crying child), remember that not all children are comfortable with physical contact; children have the right to reject displays of affection. Hugs, initiated by the child, are permissible, but ought not to be prolonged. Respecting the child’s physical boundaries while remaining supportive is key.
- 10) Do not engage in any form of inappropriate contact, for example, holding a school-aged child on your lap for an extended period of time, or slapping a child on the buttocks. Do not engage in physical “play” (e.g. tickling or wrestling) with children.

- 11) Treat all children consistently and fairly and avoid displaying favoritism.
- 12) Use age-appropriate language. Do not curse and do not discuss sensitive personal matters, especially anything sexual in nature. If a child initiates a conversation that leads you to suspect child abuse, follow the guidelines in # 17.
- 13) Do not use alcohol or drugs or encourage the use of alcohol or other drugs with or in front of children.
- 14) Do not give gifts to children without the permission of the child's parents or guardians. If a child gives you a gift valued at \$25 or more acknowledge receipt of the gift to the child's parent or guardian.
- 15) As a general rule, do not exchange any personal information such as phone numbers or e-mail addresses, and do not respond to or initiate any relationships with children outside of the program (e.g., do not "friend" children on Facebook, engage in other social media, exchange texts, or initiate any face-to-face meetings). Contacting students enrolled in one's courses or programs on matters related to the common work engaged is, of course, permissible, but it should be through official King's College email accounts. Any contact with minors through personal email, telephone, or social media must be with parental knowledge and permission.
- 16) If a child is initiating contact outside of the program setting, especially multiple times, inform your supervisor or department chairperson.
- 17) If you have reasonable cause to suspect child abuse, or a child discloses abuse to you, follow the protocols established in the College's "Protection of Children Policy." If a child is in immediate danger call 911. If the danger is not immediate contact the PA ChildLine hotline (800-932-0312) and the Executive Director of Campus Safety and Security.
- 18) Employees who have questions about appropriate boundaries should speak with their supervisors, department chairs, program director, the College's Child Safety Protection Officer, or the Executive Director of Safety and Security.

I, hereby, attest that I have read the attached guidelines, understand the contents of this document, and I will follow these guidelines in my interactions with children.

(Name: printed)

(Signature)

(Date)

Notification to Employees of Their Rights and Duties Under the PA Workers' Compensation Act Section 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to notify your employer of treatment by a non-designated provider (after the 90-day period) within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Employee's Printed Name	Employee's Signature	Employer Representative	Date
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**If you have any questions, ask your human resources office or
call the Bureau of Workers' Compensation at 800.482.2383**

Text of Section 306 (f.1)(1)(i): The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a non-designated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

Pennsylvania Workers' Compensation Information

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, PA 17104-2501

Telephone number within Pennsylvania: 800-482-2383
Telephone number outside of this Commonwealth: 717-772-4447

TTY- 800-362-4228 (for hearing and speech impaired only)

www.state.pa.us, PA Keyword: workers comp.

I, _____,
employee of _____ (employer),
certify that I received, read, and understood the information provided above on my date
of hire _____ (date).

If applicable:

I, _____,
employee of _____ (employer),
certify that I received, read, and understood the above information on _____ (the
date of work-related injury or disease).



Kings College
 133 N River Street
 Wilkes Barre, PA 18711

Specialty	Name	Address 1	City	State	Zip	Phone
Occupational Health	Concentra	268 Highland Park Blvd.	Wilkes Barre	PA	18702	570-822-8831
Urgent Care	Medexpress Urgent Care	677D Kidder Street	Wilkes Barre	PA	18702	570-825-2046
Orthopedics	Orthopedic Specialist	150 Mundy Street , MAC 3	Wilkes Barre	PA	18702	570-826-5559
Orthopedics	Sports Medicine Bone & Joint	720 South River Street	Plains	PA	18705	570-826-1555
Ophthalmology	Northeastern Eye Institute	679 Kidder Street	Wilkes Barre	PA	18702	570-825-3491
General Surgery	Surgical Specialist	200 South River Street	Plains	PA	18705	570-821-1100
Chiropractic	Maurer Chiropractic	104 Wilkes Barre Township Blvd.	Wilkes Barre	PA	18702	570-822-3212
Chiropractic	Yanik's Chiropractic & Fitness Center	37 Tener Street	Luzerne	PA	18709	570-718-0440
Physical Therapy	Procare Physical Therapy	40 W Northampton St	Wilkes Barre	PA	18701	5700-208-0466

OPTUM Pharmacy Program- To find a local Optum network pharmacy, please call (800) 897-9470 or visit www.tmesys.com and click on "Pharmacy Locator"

If you need assistance finding an appropriate provider, please contact your workers' compensation insurance company, MEMIC, at 800-660-1306 and ask to speak with your claims specialist.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at inquiry@corvel.com

For assistance with diagnostic referrals, contact One Call Medical at 800-872-2875

CorVel has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the healthcare provider, prior to receiving services, that he/she is currently participating with CorVel or one of CorVel's affiliate networks.

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at _____ for your review. Also, you may get a copy of this from _____.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f. 1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.

If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.

You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.

You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.

If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.

You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (circle one):

TIME OF HIRE

WHEN I WAS INJURED

OTHER

EMPLOYEE: _____ DATE _____

EMPLOYER REPRESENTATIVE: _____ DATE _____



**Kings College
133 N River Street
Wilkes Barre, PA 18711**

NOTICE TO ALL EMPLOYEES

If you sustain a compensable accident while at work, your employer has arranged for the payment of your medical care with your insurance payor. It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF INJURY

Under the terms and conditions of the Pennsylvania WORKERS' COMPENSATION (Section 306 (f.1) (I) (I) of the (Medical Benefits) your employer has the right to select and authorize physicians to treat employees for a period of 90 days following the first visit. If during the 90-day period you visit other providers, your employer or your employer's insurance carrier may refuse to pay for such treatment. The following physicians, who participate in CorVel Corporation Managed Care Network, have been selected to provide treatment for job related disability.

If you suffer a work-related injury, your insurance payor will pay for reasonable and necessary surgical and medical services, medication, supplies, orthopedic appliances and prosthesis including training in their use.

After 90 days, you as the employee have the right to be treated by the medical provider of your choice provided you give notice of your intent to employ such provider and you provide in writing within 5 days of receiving service, notice that you exercised this right. The following page(s) are suggested providers participating in our managed care network. They offer quality care to you at affordable prices to your employer. If you decide to use a provider from this list; you would not be required to give notification as indicated above.

If you need assistance finding an appropriate provider, please contact your workers' compensation insurance company, MEMIC, at 800-660-1306 and ask to speak with your claims specialist.

This panel is in effect during your worker's compensation policy period with your insurance payor. Report all work related injuries to your supervisor immediately.

RA/RC Checklist

- Application for Employment
*complete if you have not already submitted, reference to resume can be noted in applicable areas
- Direct Deposit Form (mandatory)
***Resident Counselor do not complete**
- Residency Certification Form
[*http://munstatspa.dced.state.pa.us/Registers.aspx-for](http://munstatspa.dced.state.pa.us/Registers.aspx-for) assistance with PSD code
***Resident Counselor do not complete**
- W4 ***Resident Counselor do not complete**
- I-9 *applicable identification must be submitted in hard copy for review
- New Employee Demographic Card
- Information Confidentiality
- Employee Guidelines for Interaction with Children
- Workers Compensation Packet
*review and sign acknowledgments

Please note we will need all the above forms to be completed and applicable identification provided before we can begin to process your new position with King's College.