

## **WELCOME TO THE CITY OF DULUTH!**

**As a selected job applicant for hiring, there are several forms you need to fill out before you can begin actually working. Please follow these directions for the following forms.**

If you have ANY problems with any form, or are uncertain what to do or how to fill it out, simply leave it blank, bring it with you, and we will assist you with it. We will be glad to answer your questions or explain any aspect of the form or any policy.

**You will bring these completed forms to your “new employee hiring meeting” which you will receive notice of later.**

### **Georgia TAX G-4** **Federal TAX W-4**

The G-4 is the State of Georgia income tax withholding form, and the W-4 is the Federal Tax Withholding form. These forms are designed to tell us how much income tax to withhold from your paycheck.

Each form has a place for you to enter your name, social security number, and home address. On the G-4 form it is at the top of the form, and on the W-4 form it is on the bottom. Please only fill out this section on each form. We will go over the rest of the form with you at your new-hire meeting.

### **DIRECT DEPOSIT AUTHORIZATION FORM**

Fill out your name, your social security number, and check the “Initial Enrollment” box.

Under number 1, put the name of your bank, credit union, etc. as the financial institution; check either the “checking” or “savings” box. Do not mark anything for the “include in separate checks” question.

Put the routing number where marked (must be 9 digits long), and the account number (any number of digits). See the sample at the bottom of the page to determine where the routing and the account numbers are located on your check.

**IF YOU ARE USING A SAVINGS ACCOUNT**—You MUST go to or contact your bank and get a form from them listing your routing and account numbers. Your savings account deposit ticket does NOT have the correct information for direct deposit.

Check the box for “Net Amount”. This means all your money will be direct deposited into your account.

Go to the bottom of the form, read the paragraph, and sign your name above the employee signature line, and write the date.

If you are using a checking account, be sure to bring a voided check with you. This means a blank check with the word “VOID” written in big letters directly across the face of the check. We will attach the check for you. If you have a printout from the financial institution showing this information, that is sufficient in place of an actual check.

We strongly encourage you to use direct deposit, but we can issue actual paychecks if you have no account you can deposit them into.

**EMPLOYEE CONTACT INFORMATION**  
**EMPLOYEE EMERGENCY MEDICAL INFORMATION**

These forms should be self-explanatory and easy to fill out. Information on the emergency medical form is completely voluntary—share what you want to share, don't share what you don't want to share. The purpose of the emergency medical form is to give you the opportunity to tell us about medical issues or concerns which you would like for us to be able to inform medical personnel about if you are unable to do so yourself.

**EMPLOYEE HR MANUAL ACKNOWLEDGEMENT FORM**

This form explains that: (1) all employees are considered "at-will" employees, (2) the City's Human Resources Manual is available to all employees electronically on-line, on the "W:/" computer drive, (3) that you must abide by City policies, (4) that the HR policy manual is a guideline only, all contents are subject to change at any time, (5) that contributions for various benefits programs may change at any time (doesn't apply to you), and, (6) that you are to ask any questions you may have. Please PRINT your name, and then sign and date it.

**CONFIDENTIALITY NOTICE**

The essence of confidentiality is that the information you come across as part of your work is something that should be kept confidential and the details not shared with others outside of the City of Duluth government who do not have a direct need-to-know. There are several types of information that must remain confidential **by law**—personnel files, medical information, criminal history record files, City real estate transactions, pending litigation and legal advice by City attorneys.

The form simply is your acknowledgement of these legal restrictions. Please read the acknowledgment page, print your name, sign your name, and date it.

**WORKERS' COMPENSATION POLICY**  
**WORKERS' COMPENSATION ACKNOWLEDGEMENT**

Any injury in the workplace is covered under our Workers' Compensation policy. This is different than your normal medical insurance.

Under Workers' Compensation law, you must immediately report any injury to your supervisor, and ensure that your department director and human resources are informed. **THIS IS VERY IMPORTANT.**

While injuries are rare, it is VERY IMPORTANT that we know about each and every one of them IMMEDIATELY. Sometimes, we can treat the injury with normal first aid procedures, while other times, professional healthcare is indicated.

If the injury requires medical treatment, you must be treated by a physician on our list of doctors (called the Panel of Physicians). If the injury is serious or life threatening, you will be taken to the nearest hospital emergency room. While we can't stop you from going to your own doctor, if you do so, we will not pay for that treatment. We do pay for all treatment that is provided within the guidelines of our policy and as required by law.

Please protect yourself from injury by using common sense guidelines, but if you are injured, don't hesitate to contact your supervisor, department head, or human resources immediately, so we can provide you the care that is appropriate for your injury.

**HARASSMENT, DISCRIMINATION, EEO & ADA POLICY**  
**HARASSMENT, DISCRIMINATION, EEO & ADA ACKNOWLEDGEMENT**

You have received the actual policy and a short recap version acknowledgement page. The policy is yours to keep, but you must turn in the acknowledgement page.

The acknowledgment page restates the City's commitment to maintaining a professional work environment that is free of illegal or improper discrimination or harassment; particularly, but not limited to discrimination or harassment based on the federally protected classes or characteristics of race, color, religion, national origin, sex, age, disability, or any other characteristic protected by law. This includes sexual harassment.

It is your responsibility not to discriminate or harass others, and it is your duty to report any discrimination or harassment that you believe to be happening, whether it is happening to you or to others. You may tell ANY supervisor, any Department Director, the Human Resources Department, the City Clerk, or the City Manager.

Please read the acknowledgment, print your name, sign your name, and date it.

**TECHNOLOGY POLICY**  
**TECHNOLOGY POLICY ACKNOWLEDGEMENT**

The essence of the technology policy is that all City technology is for the business functions of the City's business. Technology includes telephones, computers, modems, routers, fax machines, cell phones, and copy machines, to name a few. Unauthorized use of City technology for non-business use is generally prohibited, unless specifically authorized.

The acknowledge form simply says that you have received a copy of the policy, that you understand that anything that connects to, is stored by, or is in any way processed by any City technology is covered by this policy. You also state that you know you have no expectation of privacy in any use of City technology. The City may read, listen to, or print out, any information which in any way touches the City's technology.

Please read the acknowledgment page, print your name, sign your name, and date it.

## **I-9 FORM**

The I-9 form is a federally required work authorization form, which establishes your ability to legally accept a job in the United States. You will ONLY fill out the top part of section 1 on page 7 in the boxes—your name, address, date of birth, social security number, email address, and telephone number. Stop at that point. Please print out and bring with you pages 8 & 9. We do not need the remainder of the pages. (Sorry we can't alter the form to make it easier; it's provided only "as is" by the federal government.)

You must also **bring** acceptable forms of identification with you to your scheduled appointment, so we can complete the remainder of the form. On page 9 is the list of acceptable documentation. You must bring the original of the forms you wish to present, NOT a copy.

One item from "List A" is sufficient—many people bring a valid U.S. Passport or Passport Card, or their Permanent Resident Card. However, any item in list A is acceptable. It is your choice which document you wish to bring. If you bring a "List A" document, that is all you will need. You will NOT need any further documentation.

If you do not have a "List A" document, then you must bring one document from "List B" AND one document from "List C." Many people bring a driver's license or state issued identification card OR a school picture ID card, and a social security card or birth certificate. However, any item in "List B" and any item in "List C" are acceptable. It is your choice which documents you wish to bring. BUT, remember you must have one from "List B" and one from "List C".

If you have any questions about the documents you must bring, please call us.

## **HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS NOTICE**

This form is required by federal law to be distributed to all new employees, regardless of whether they will receive insurance coverage or not. You will NOT be receiving health insurance coverage, but this form will tell you where insurance coverage may be available in the Health Insurance Marketplaces created under the Affordable Care Act. There is nothing you need to do with this form and it is yours to keep.