



APPLICATION FOR EMPLOYMENT

Revised September 2011

OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

P.O. Box 6369

Norfolk, VA 23508-0369

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Old Dominion University Research Foundation to afford equal opportunity for employment to all individuals. We will recruit, hire, train, and promote persons in all job classifications without regard to race, color, religion, sex, national origin, age, disability, veteran status, political affiliation, sexual orientation, genetic information or any other basis prohibited by law and in accordance with all applicable laws, directives and regulations of Federal and State entities.

INSTRUCTIONS: Please complete ALL items. The information you provide will allow us to consider you for the position for which you have applied.

NOTICE: All offers of employment are contingent upon your providing proof of identity and employment eligibility by completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

APPLICANT'S CERTIFICATION READ CAREFULLY BEFORE SUBMITTING

I _____ by submitting this application for employment with Old Dominion University Research Foundation (the Foundation) whether via electronic means or otherwise, give the Foundation the right to investigate all references and previous employers and to secure job related information about me. I hereby release from liability the Foundation and its representatives for seeking such information and release from liability all other persons, corporations, or organizations for furnishing such information.

Furthermore it is understood that the Foundation is an AT WILL employer and, if employed, just as I am free to resign at any time, the Foundation is free to terminate my employment at any time, with or without cause and without prior notice. Nothing in this application shall be construed as, or imply, a contract of employment, and I understand that no representative of the Foundation, other than the Executive Director, has the authority to enter into a contract or make assurances of a contract of employment. All employees are considered At Will employees.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient for revocation of this application for employment or separation from employment, with the Foundation if I have been employed.

PLEASE PRINT ALL RESPONSES

PERSONAL INFORMATION:

Name: _____ Date: _____
Last First MI

Address: _____
Street City State Zip

E-mail _____ Home Phone (____) _____ Mobile (____) _____ Business Phone (____) _____
May we contact you at work? Yes No If yes, when is the best time to call? _____

Have you applied with the Research Foundation before? Yes No If yes, when? _____

Have you been employed with the Research Foundation before? Yes No If yes, when? _____

Are you currently employed at Old Dominion University? Yes No If yes, secondary employment guidelines may apply.

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Are you at least 18 years old? Yes No If no, do you have a work permit? Yes No

Have you ever been bonded? Yes No (Bonded means Extensive Background has been investigated and applicant is insured.)

Have you ever been convicted of a crime that has not been expunged from your record? Yes No

If yes, give date, place and nature of crime. (Convictions will not necessarily disqualify applicant; each case is considered individually.)

EMPLOYMENT DESIRED:

Position(s) Number applying for: _____

Position(s) Name applying for: _____ Date Available for Work: _____

Type of employment desired: Full Time Part TimeAre you willing to travel if required? Yes No Will you relocate if job requires it? Yes NoAre you willing to work overtime if required? Yes No**EMPLOYMENT HISTORY:**

List your last three (3) positions held starting with the most recent. Add additional pages as necessary. Use the "Additional Employment" section below for any other graduate assistantships, internships, part-time, temporary, summer, or volunteer employment.

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # () - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # () - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # () - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

ADDITIONAL EMPLOYMENT: (Include graduate assistantships, internships, temporary, part-time, and summer employment)

NOTE: Applicants are encouraged to include verifiable prior work experience performed on a volunteer basis.

Name and Address of Employer	From	To	Job Title	Reason for Leaving

U.S. MILITARY RECORD

Branch _____ From: _____ To: _____

Type of Discharge: _____ Final Rank: _____ Specialty/Rate : _____

EDUCATIONAL RECORD:

	School Name, City & State	Major Field	Degree Earned
High School			
College/University			
Graduate School			
Technical, Business, Other School			

Professional License or Certification: _____

DESCRIBE ANY SPECIALIZED SKILLS, LANGUAGE ABILITIES, OR TRAINING THAT YOU POSSESS THAT IS RELATED TO THE JOB(S) FOR WHICH YOU ARE APPLYING.

LIST ANY AWARDS, SCHOLARSHIPS, OFFICES HELD, OR OTHER ACTIVITIES THAT REPRESENT YOUR QUALIFICATIONS FOR THE JOB(S) FOR WHICH YOU ARE APPLYING.

REFERENCES:

Give the names of three (3) business references that include one direct supervisor/manager.

NAME	ADDRESS	OCCUPATION/TITLE	PHONE NUMBER
			() - E-mail
			() - E-mail
			() - E-mail

ADDITIONAL COMMENTS: (List any additional information you would like us to consider in evaluating your application for employment.)

Signature _____

Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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

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

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



POST-EMPLOYMENT SELF-IDENTIFICATION

EMPLOYEE NAME: _____ **UIN:** _____

POSITION: _____ **DEPARTMENT:** _____

Our Company is a federal contractor subject to various federal laws, regulations, and Executive Orders. As a federal contractor we are committed to affirmative action: to afford equal opportunity for employment and advancement in employment to qualified individuals regardless of their race, color, religion, sex, national origin, age, disability, veteran status, political affiliation, sexual orientation, genetic information, gender identity or any other basis prohibited by law. Information submitted will be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

Gender - Check one: I do not want to identify Male Female

Race/Ethnicity - Check one:

- I do not want to identify.
- Hispanic or Latino
- White
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- Black/African American
- Asian
- Two or more Races

Veteran Status - Check all that apply (*see reverse side for Veteran Status Definitions*):

- I do not want to identify
- Not a veteran
- Active Duty Wartime or Campaign Badge Vet
- Active Reserve
- Disabled Veteran
- Inactive Reserve
- Armed Forces Service Medal Veteran
- Other Protected Veteran
- Recently Separated Veteran (within 1 year)
Discharge Date_ /_ /_
- Retired Veteran

Disability Information – Consider Essential Job Function Limitations

What is the nature of your impairment? (Check all that apply.)

- I do not want to identify
- Not applicable
- Learning Disability
- Attention Deficit/Hyperactivity Disorder
- Psychological Impairment
- Visual Impairment
- Hearing Impairment
- Mobility Impairment
- Chronic Health Disorder
- Other_ _____

Briefly describe the ways in which your impairment may affect your ability to perform the duties of your position, and indicate any accommodations you are requesting.

.....
.....

Employee Signature: _____

Date: _

Veteran Status Definitions:

() **Disabled Veteran**

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

() **Recently Separated Veteran**

Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Discharge Date (mm/dd/yyyy) : ____/____/____

() **Armed Forces Service Medal Veteran**

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit

<http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

() **Active Duty Wartime or Campaign Badge Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(For the current list of campaigns and expeditions for which a campaign badge was authorized, visit

<http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

WRITTEN AFFIRMATIVE ACTION COMPLIANCE PROGRAM

The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with government contracts of \$50,000 or more, it will develop a written affirmative action compliance program for each of its establishments consistent with the rules and regulations published by the Department of Labor in 41 Code of Federal Regulations (hereinafter referred to as "C.F.R.") 60-2.

EE0-1 REPORT

The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with Government contracts of \$50,000 or more, it will file Standard Form 100 entitled: "Equal Employment Opportunity Employer Information Report EEO-1" as required by 41 C.F.R. Section 60-1.7.

EMPLOYMENT OF THE DISABLED

Pursuant to Section 503 of the Rehabilitation Act of 1973, and under 41 C.F.R. 60-741, the affirmative action clause set forth in section 741.4 of the regulations is considered to be included in every federal contractor subcontract exceeding \$10,000.

Therefore, unless exempt, the Contractor certifies that it will take affirmative action to employ and advance in employment any qualified disabled individual, defined as "Any individual who has a physical or mental disability which for such individual constitutes or results in a substantial disability to employment."

The Equal Opportunity Clause may be put into subcontracts by reference, but only by citing the Equal Opportunity Clause in the regulations and including the following sentences in bold text: **This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a).**

This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

The Contractor further certifies that it will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$2,500 covering the procurement of personal property and non-personal services (including construction).

EMPLOYMENT OF PROTECTED VETERANS

41 C.F.R. 60-300 contains a clause required in every Federal invitation to bid or contract for \$100,000 or more for the procurement of personal property and non-personal services (including construction), and every subcontract entered into in carrying out such contract, The clause which is included herein by reference (and which should be referred to in its entirety), requires among other things, that all suitable employment openings of the Contractor which exist at the time of the execution of the contract and those which occur during the performance of the contract, including those not generated by the contract and those occurring at an establishment of the Contractor other than the one wherein the contract is being performed but excluding those of independently operated corporate affiliates, shall be offered for listing at an appropriate local office of the State employment service system wherein the opening occurs and to provide such reports to such local office regarding employment openings and hires as may be required. The Contractor agrees to and certifies that it is in compliance with the above provision and that it will place it in any subcontract of \$100,000 or more directly under this contract. Further, if required, the Contractor will annually file a VETS-4212 Report.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 23508

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)
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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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2019
1 Your first name and middle initial _____ Last name _____	2 Your social security number _____	
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
	4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____	9 First date of employment _____	10 Employer identification number (EIN) _____



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

CHILD SUPPORT AUTHORIZATION

Virginia employers are required by law to notify the Child Support Enforcement Reporting Unit of the Virginia Employment Commission of the identities of all new employees, VA. Code Section 60.2-114.1. If an employee is subject to an income withholding order, employers are required to make appropriate withholdings. The following information will be reported to the Virginia Employment Commission and the Department of Social Services:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Are you subject to any income withholding order for child support? _____ Yes _____ No

If yes, please provide a copy of the order upon completion of this form.

The employer is authorized to charge a service fee of \$5.00 per remittance of child support payments.

The above information shall be kept confidential by the Research Foundation except as required by law. Falsification or material misrepresentation in providing the above information may subject an employee to a withdrawal of the offer of employment, or immediate termination.

Signature below indicates that the employee has read the above and understands what information will be reported to the Virginia Employment Commission upon commencement of employment with the Research Foundation.

Employee's Signature

Date



HANDBOOK ACKNOWLEDGEMENT

I have been given access to Old Dominion University Research Foundation's Employee Handbook and I understand that it is my responsibility to read and abide by these policies and practices, even if I do not agree with them. I further understand that policies may be updated, revised and posted on the internet at any time; therefore, I should routinely access the electronic Handbook to ensure I am aware of all updates and information. If I have questions about any policy or practice, I understand that I need to ask my supervisor or contact the ODU Research Foundation's Human Resources Department for clarification.

This handbook is not an employment contract. I understand that all employees are at-will employees. As such, you and Old Dominion University Research Foundation have the right to end the employment relationship at any time. The handbook may be accessed on the ODU Research Foundation website at:

<http://www.researchfoundation.odu.edu/pdf/handbook.pdf>

Printed Name

Signature

ODU E-mail

Date

Original For Personnel File and Employee Provided a Copy



Payroll Authorization for Direct Deposit

Employee Information:				
Name:		UIN:		Date:
Address:		City:		State: Zip:
Phone:		E-mail:		
I authorize the Research Foundation to initiate credit entries to my account(s) and depository(s) listed below. In the event a credit error is made to my account, I authorize the Research Foundation to correct errors after notification				
Depository Information: NOTE: VERIFICATION OF THE ROUTING AND ACCOUNT NUMBER MUST BE ATTACHED. THIS MAY INCLUDE A VOIDED CHECK OR FINANCIAL INSTITUTION STATEMENT. INITIAL DEPOSIT WILL TAKE PLACE ON 2ND CHECK. (1ST CHECK WILL PROVIDE TESTING/VERIFICATION OF ACCOUNT INFORMATION AND WILL NOT BE DIRECT DEPOSIT				
Depository Name:			<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Address:			\$ Amount of Pay to Be Deposited:	\$
City:	State:	Zip:		
Depository Routing Number:		Account Number:		
Depository Name:			<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Address:			\$ Amount of Pay to Be Deposited:	\$
City:	State:	Zip:		
Depository Routing Number:		Account Number:		
Depository Name:			<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Address:			\$ Amount of Pay to Be Deposited:	\$
City:	State:	Zip:		
Depository Routing Number:		Account Number:		
This authorization will remain in effect until the Research Foundation has received written notification of its termination. New account information will be processed on the next pay cycle.				
Employee Signature:				Date: