



Application for Employment

Mercer House is an equal opportunity employer. Applicants are considered for employment without regard to sex, marital status, race, color, religion, creed, national origin, age, or physical disability

Your application is a permanent part of your record Please print

Last Name First Name Middle Name Social Security Number

Street Address/P.O. Box City State Zip Telephone number/Fax number

On the last page please provide information on your last 3 previous addresses.

Are you a United States Citizen? () Yes () No U.S. Military Service

If No, Alien Registration # _____ Branch of Service
From: _____ To: _____
Service Duty & Training _____

Position you are applying for: _____
Are you looking for a full time position?() Part-time position?() Temporary position?()

Do you prefer to work: Days() Evenings() Nights() Weekends()

If necessary for the job, is your age over: 16() 18() 21() 25()

SKILLS

Summarize special skills, qualifications, and use of equipment _____

Do you have transportation to job? Yes() No() Valid Driver's License # _____
Type _____ State _____ Expires _____

Have you ever been arrested for Driving under the influence of Alcohol or drugs? Yes() No()
If Yes, when and where?

Have you ever had your driver's license suspended or revoked? Yes() No()
If Yes, for what reason?

EDUCATION

High School Graduate ()Yes ()No G.E.D. () Date _____

Where and when graduated _____

College ()Yes ()No Where and when _____

Degree _____ Date Awarded _____ Major _____

Graduate School ()Yes ()No Where and when _____

Degree _____ Date Awarded _____ Major _____

Other training or degrees _____

(A copy of official transcripts must be included with this application)

PROFESSIONAL LICENSURE/CERTIFICATION List each license/certification by State issued and date of expiration _____

EMPLOYMENT HISTORY List all employment you have held. If more space is required please attach additional information to this application. Please do not use "refer to resume."

Employer:	Work performed:
Address:	
Telephone number:	
Dates of employment From: To:	
Job Title:	
Supervisor:	Reason for Leaving:
May we contact this employer? ()Yes ()NO	

OTHER

Additional comments you feel would assist us in evaluating your qualifications: _____

Have you ever been charged with a felony crime? ()Yes ()No If yes, please provide details: _____

Note: Conviction of a crime may not necessarily disqualify you from employment, depending on the time, nature and circumstances of the crime itself.

Have you ever had a professional license(s) revoke/suspended, limited or censured? ()Yes ()No
If Yes, provide details:

Have you ever been charged with child abuse or neglect? ()Yes ()No If Yes, please provide details.

Have you ever been sued or named as a party in any suit alleging professional negligence, etc.? ()Yes ()No If yes, provide details:

Have you ever been employed by Mercer House? ()Yes ()No If yes, provide date of employment and position held:

From: To: Position

Do you have a relative employed by Mercer House? ()Yes ()No If yes, name of person and what capacity?

Name Capacity

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

If necessary for employment and for continued employment in a specific position, you may be required to have a T.B. test examination, drug screen, criminal background check, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

Signature of Applicant Date

Please return completed application, letters of reference, and transcripts to:

MERCER HOUSE, INC.
425 CY Avenue
Casper, WY 82601
1-(307) 265-7366

Mercer House Employee Contact Information

Full Name: _____

Home Address: _____

City/State/Zip: _____

Mailing Address: _____

Work Phone (425 CY) _____

Work Phone (100 N. Center) _____

Home Phone: _____

Mobile: _____

For Group or individual communication

Work e-mail address: _____

Home e-mail address: _____

(if you are more likely to check your mail at this address)

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. **A** _____

B Enter "1" if: **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit): **G** _____

- If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2006
▶ Whether you are 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.		
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.		
• Last year I had 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 ▶ 7 _____		
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 (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)