



Harvard Town Beach Staff Application



Name of Applicant: _____

Working at the Harvard Town Beach, whether as a Lifeguard, Instructor, or Assistant, is an extremely fun as well as important and serious job - members of our community put the lives of themselves and their loved ones in our hands!

Unpaid Vacation Days: Applicants should identify days/weeks they will not be available during the season, ***at the time of application and interview.***

Last minute Time off Needed: Sickness, family emergencies must be communicated directly to the beach director via email or text message as soon as possible.

Other Commitments: Staff may have other jobs and commitments provided that this job takes precedence over other employment commitments.

Consequences:

Due to the importance of consistent, dedicated staff, there must be consequences if the attendance policy is not adhered to. If additional, non-approved vacation days are taken, a written warning will be filed, and this may affect future hiring.

List of Required Forms:

All required forms must be submitted with the application. Applications will not be considered if there are missing or incomplete documents.

Town of Harvard
Parks and Recreation Department
Beach Staff Checklist

Name: _____

Cell Phone: _____ Email: _____

| <u>DOCUMENT</u> | <u>PLEASE BE SURE TO CHECK</u> | <u>INITIAL</u> |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Application | All sections are complete; Signature required | |
| Job Description (Sent after employment offer) | Review all required functions of the position you are applying for. | |
| Staff Agreement (Sent after employment offer) | This form will have your position and wage(s). | |
| Preauthorized Deposits (Direct Deposit) | Bank information and signature required | |
| MA Form M-4 | Review and complete | |
| IRS W-4 | Review and complete | |
| USCIS Form I-9 | Review and complete; Please use the list of Acceptable Documents to present for verification | |
| Social Security Form SSA-1945 | Review and complete | |
| Copies of all certifications | All certifications must be current and valid for the entire season: <ul style="list-style-type: none"> ○ Lifeguard Exp. Date: _____ ○ CPR Exp. Date: _____ ○ First Aid. Exp. Date: _____ ○ WSI Exp. Date: _____ ○ Other: _____ | |
| CORI Form | A Criminal Sex Offender Inquiry (CORI) background check is required for all staff. | |
| Worker Permit | If you will be under 18 years old at any time during your employment, you are required to get a work permit. | |
| OBRA Form (457(b) Plan) | Review and Complete | |
| Final check | Please be sure that all forms are completed and signed. Attach any copies of certifications to this packet. | |

All paperwork must be complete and return at the same time. If your packet is incomplete, you will not be considered for employment.



Harvard Town Beach Employment Application



Complete Employment Packets must be submitted by:
April 15th

DIRECTIONS:

1. Review Availability Info (Previous Page)
2. Attach ALL Certifications
3. Fill out Application & Required forms

RETURN TO:

kmitrano@psharvard.org

Subject: HTB Staff Application

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Age: _____ Date of Birth: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email: _____

Applicant Status

Position(s) Applying for: **CHECK or HIGHLIGHT ALL** of the positions you are interested in!

| | | |
|-----------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Volunteer! | <input type="checkbox"/> LG: Lifeguard (must be 16 by June 1 st) | <input type="checkbox"/> Head Lifeguard, <input type="checkbox"/> Head Instructor <input type="checkbox"/> Head WSA/Volunteer |
| <input type="checkbox"/> WSA Swimming | <input type="checkbox"/> WSI: Swimming Instructor, | |
| <input type="checkbox"/> WSA Boating | <input type="checkbox"/> WSI: Sailing Instructor | |
| <input type="checkbox"/> WSA Kayaking | <input type="checkbox"/> WSI: Canoe Instructor | |
| <input type="checkbox"/> WSA Canoeing | <input type="checkbox"/> WSI: Kayak Instructor | |
| <input type="checkbox"/> WSA Sailing | <input type="checkbox"/> WEEKEND Instructor | |
| <input type="checkbox"/> WEEKEND WSA | <input type="checkbox"/> ADULT instructor | |
| <i>WSA = Assistant</i> | <i>WSI = Instructor</i> | |

CERTIFICATIONS: ***ALL APPLICANTS MUST INCLUDE COPY OF ALL CERTIFICATIONS**

| Certification | CPR/First Aid/AED | Life Guard | Waterfront Lifeguard | Water Safety Instructor |
|-----------------|-------------------|------------|----------------------|-------------------------|
| Date it Expires | | | | |

Other Relevant Certifications:

Date Expires:

RETURNING APPLICANTS:

(All NEW Applicants Skip to Next Section)

Harvard Town Beach Work History

| Positions Held in Previous Summers: | Number of Summers Held this Position: |
|-------------------------------------|---------------------------------------|
| WSA – Volunteer | |
| WSA – Partially Paid | |
| WSA – Fully Paid | |
| Lifeguard | |
| WSI/ Swimming Instructor | |
| Boating Instructor | |

Short Answer Questions (please attach a separate sheet):

1. Why is it important to you to return to the Harvard Town Beach?
2. What are the IDEAL characteristics of a Harvard Town Beach employee? Give two examples when you embodied these characteristics.

New Positions (Only if you are returning staff applying for a new position)

New Position(s) Applying For: _____

What character strengths make you a good candidate for this position?

What experiences at the Harvard Town Beach make you an excellent candidate for this position?

What other work, educational, or volunteer experience do you have that would make you an excellent candidate for this position?

EDUCATION

Highschool _____ Date of Graduation _____

College _____ Date of Graduation _____

Please list any Specialized Training (EMT, SCUBA etc.):

NEW APPLICANTS and NEW VOLUNTEERS

1. You are interested in (Check all that apply:

PAID Position: _____ VOLUNTEER Position: _____ Whichever is available: _____

2. What swimming or boating levels have you taken at the Harvard Town Beach?

If not at the Harvard Town Beach where else have you taken classes and to what level?

3. Why do you want to work at the Harvard Town Beach?

4. List any waterfront, summer camp, baby sitting, or other experience working with children 2-12:

5. Are there any other skills/ certifications/ experiences you could bring to the Harvard Town Beach to help us plan and run new programs?

6. List any other experiences that make you the best candidate for this position:

Signatures

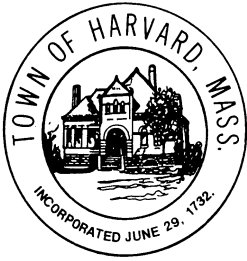
Please list any days you are unable to work due to family (vacation) or school commitments:

Applicant's

Signature _____ **Date** _____

If under 18 years old:

Parent Signature _____ **Date** _____



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DEPOSITS (ACH CREDITS) BETWEEN THE
TOWN OF HARVARD AND THE EMPLOYEE**

NOTE: The TOWN relies upon the accuracy of the information you provide below and is not responsible for errors due to incorrect information supplied to the TOWN.

I authorize the TOWN OF HARVARD to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Please PRINT all information

Check One: _____ Checking Account _____ Savings Account

Please attach a VOIDED check.

BANK NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____

ACCOUNT # _____

This authority is to remain in full force and effect until the TOWN OF HARVARD has received written notification from me of its termination in such time and in such manner as to afford the TOWN OF HARVARD and DEPOSITORY a reasonable time to act on it.

PRINTED NAME _____

SOCIAL SEC # _____ EMPLOYEE # _____

DATE _____ SIGNATURE _____

OFFICE USE

RECEIVED BY _____ DATE _____

PRENOTE DATE _____ LIVE DATE _____

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no.

Print home address.....

City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
 2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
 3. Write the number of your qualified dependents. See Instruction D.
 4. Add the number of exemptions which you have claimed above and write the total.
 5. Additional withholding per pay period under agreement with employer \$
- A. ☐ Check if you will file as head of household on your tax return.
- B. ☐ Check if you are blind. C. ☐ Check if spouse is blind and not subject to withholding.
- D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **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.**

**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 2022 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

Section references are to the Internal Revenue Code.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2022 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, 2023.

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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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

- 1** Enter an estimate of your 2022 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 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-" **3** \$ _____
- 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 **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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.



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 (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 | <div>QR Code - Section 1 Do Not Write In This Space</div> |
| <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> <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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 |



Employer Completes Next Page





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 |
| 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 | | <div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| 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 Town of Harvard | |
| Employer's Business or Organization Address (Street Number and Name) 13 Ayer Road | | City or Town Harvard | State MA | ZIP Code 01451 |

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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|

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 | | <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 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 | <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.

Statement Concerning Your Employment in a Job Not Covered by Social Security

| | | | |
|----------------------|-----------------|---------------------|-----------|
| Employee Name | _____ | Employee ID# | _____ |
| Employer Name | Town of Harvard | Employer ID# | 046001174 |

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Harvard, MA

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

Town of Harvard, MA

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Harvard, MA

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Harvard, MA may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

Employment Permit Application for 14 through 17 Year-Olds

Instructions: After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school (including a charter school) has authorized to issue work permits, in the school district where you live or attend school. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or the person your school (including a charter school) has authorized to issue work permits, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

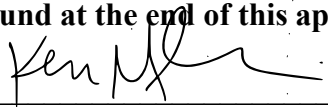
Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹ G.L. c. 149, §§86-89. The following are the steps you should take; **please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.**

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Name of Minor: | |
| Name of Employer: | |
| Business Address: | |
| Job Title & Primary Duties: | |
| Number of Hours per day Minor is to be Employed: | |
| The undersigned agrees to employ this minor as stated above and in compliance with state law. A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form. | |
|  | |
| Signature of Employer or Authorized Agent | Date |

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

NOTE: If the minor seeking an employment permit resides outside of Massachusetts, the minor should obtain a work permit from the superintendent of schools in the city/town in Massachusetts where the minor is to be employed.

3. **For 14 and 15 year-olds only (16 and 17 year-olds may skip this step):** Ask your doctor to complete the following section:

Note: The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date

Summary of Massachusetts² Laws Regulating Minors' Work Hours and Occupation Restrictions

Prohibited Jobs (Hazardous Orders)

Persons under 14 may not work: There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special permit).

Persons under 16 years old may *NOT*:

- Operate, clean or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
- Cook (except on electric or gas grills that do not have open flames)
- Operate fryolators, rotisseries, NEICO broilers, or pressure cookers
- Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters and mixers
- Perform any baking activities
- Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
- Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit
- Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
- Work in freezers or meat coolers
- Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler)
- Work on ladders, scaffolds or their substitutes
- Work in garages, except dispensing gas and oil
- Work in brick or lumber yards
- Work in amusement places (e.g., pool or billiard room, or bowling alley)
- Work in barber shops
- Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the job-site)
- Work in warehouses (except doing clerical work)
- Load or unload trucks, railroad cars, or conveyors
- Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)

- Wash windows in public or commercial buildings if the window sill is more than 10 feet above the ground

² This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).

- Work doing laundry in a commercial laundry or dry cleaning establishment
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, or poultry processing or cracking nuts, bulk or mass mailing)
- Work around boilers or in engine rooms
- Do industrial homework
- Work with dangerous electrical machinery or appliances
- Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of minors
- **Work in any of the occupations or tasks prohibited for persons under age 18**

Persons under 18 years old may *NOT*:

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
- Ride as a passenger in a forklift
- Operate, clean or repair power-driven meat slicers, grinders or choppers
- Operate, clean or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, wood chippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
- Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- **Work in any job requiring the possession or use of a firearm***

Tasks not specifically permitted by the US DOL Secretary of Labor are prohibited.
Legal Work Hours for Teens in Massachusetts

Note: After 8:00 p.m., all minors must have the direct and immediate supervision of an adult supervisor who is located in the workplace and is reasonably accessible to the minor, unless the minor works at a kiosk, cart or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.*

14 and 15 Year Olds
Work Hours

Only between 7 a.m. and 7 p.m. during the school year
Not during school hours
Only between 7 a.m. and 9 p.m. during the summer
(from July 1 through Labor Day)

Maximum Hours When School Is in Session

18 hours a week
3 hours a day on school days
8 hours a day Saturday, Sunday, holidays
6 days a week

Maximum Hours When School Is Not in Session

40 hours a week
8 hours a day
6 days a week

16 and 17 Year Olds
Work Hours*

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the minor may be employed until 10:15 p.m.
Only between 6 a.m. and 11:30 p.m. (on nights not preceding a regularly scheduled school day).
Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights not preceding a regularly scheduled school day).

Maximum Hours of Work – Whether or Not School is in Session

48 hours a week
9 hours a day
6 days a week

* Indicates a change MA Child Labor Laws, effective date January 3, 2007.



Participant Enrollment Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

Participant Information

| | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|--|------------|--|--|----------|--|--|
| Last Name | | | First Name | | | MI | | |
| Address - Number & Street | | | | | | | | |
| City | | | State | | | Zip Code | | |
| () | | | () | | | | | |
| Home Phone | | | Work Phone | | | | | |
| <input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish. | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|--|--|--------------|--|--|----|--|--|-----|--|--|------|--|--|
| Social Security Number | | | | | | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | |
| Mo | | | Day | | | Year | | | Mo | | | Day | | | Year | | |
| Date of Birth | | | | | | Date of Hire | | | | | | | | | | | |
| Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |

Important Notice: Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.mass-smart.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

| | | | | | |
|-----------------|--|----------------------|--|-----------------|--|
| Town of Harvard | | To be completed by | | Te | |
| Division Name | | Representative: 6891 | | Division Number | |

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION NAME

INVESTMENT OPTION CODE (Internal Use Only)

SMART Capital Preservation Fund..... MELINC.....100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

| | | | | |
|----------------------|------------------------|--------------------------|--------------|---------------|
| % of Account Balance | Social Security Number | Primary Beneficiary Name | Relationship | Date of Birth |
|----------------------|------------------------|--------------------------|--------------|---------------|

Contingent Beneficiary

100.00%

| | | | | |
|----------------------|------------------------|-----------------------------|--------------|---------------|
| % of Account Balance | Social Security Number | Contingent Beneficiary Name | Relationship | Date of Birth |
|----------------------|------------------------|-----------------------------|--------------|---------------|

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Compliance With Plan Document and/or the Code - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

Participant forward to Service Provider at:

Great-West Retirement Services®

P.O. Box 173764

Denver, CO 80217-3764

Phone #: 1-877-457-1900

Fax #: 1-866-745-5766

Web site: www.mass-smart.com

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.