



208 E MAIN ST | MANCHESTER, IA 52057  
563.927.1118 | 563.920.0766

## SEASONAL EMPLOYMENT FORMS

**THESE FORMS ARE REQUIRED FOR EMPLOYMENT WITH THE CITY OF MANCHESTER. YOU WILL BE PROHIBITED FROM WORKING UNTIL THESE FORMS HAVE BEEN ACCURATELY COMPLETED AND RETURNED.**

**DEADLINE: April 1, 2024**

1	APPLICATION	A completed application is required – even if we already have one on file.
2	2024 IA W-4 Employee Withholding Allowance Certificate Form	Complete Page 1 and be sure to sign and date. <ul style="list-style-type: none"> <li>Line #6 should have a total unless claiming “Exempt” in the space provided on the form.</li> </ul> “Centralized Employee Registry Reporting Form,” please fill out lines 9, 10, 11 & 12.
3	FORM W-4 Employee’s Withholding Certificate Form	Must be completed and signed. <ul style="list-style-type: none"> <li>Please fill out Step 1 and Step 5. If Steps 2, 3, 4 apply to you, please fill out.</li> <li>If claiming “Exempt,” please write “EXEMPT” under Step 4c.</li> </ul> Be sure to sign and date the form.
4	Employment Eligibility Verification Form (Form I-9)	Section 1 must be completed and signed.
5	SOCIAL SECURITY CARD <i>(copies can be made at City Hall)</i>	Make sure your social security card is SIGNED exactly how it is printed on the social security card. If your social security card is unavailable, you may provide a copy of your birth certificate or another document as listed on page 2 of Form I-9, List C.
6	DRIVER’S LICENSE <i>(copies can be made at City Hall)</i>	Please provide a copy of your current driver’s license.
7	DRUG FREE POLICY	Please complete and sign in front of a witness (non-relative) This can be done at City Hall when you turn in your forms.
8	STUDENT FORM	Must be completed if you are enrolled as a student.
9	DIRECT DEPOSIT FORM	Must be completed and signed. A voided check or deposit slip must be attached. Routing and account number must be on the voided check or deposit slip.

If you have any questions when filling out the forms, please contact Julie or Erin at the City Office at 563-927-3636.

Thank you for your time and consideration in returning the forms on a timely basis.



# CITY OF MANCHESTER SEASONAL EMPLOYMENT APPLICATION

208 East Main Street | Manchester, IA 52057 | PH 563.927.3636 | www.manchester-ia.org

Position(s) Applying for \_\_\_\_\_

Name  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address  
 Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Are you legally able to work in the United States?  Yes  No

Are you a military veteran?  Yes  No If yes, list years of service: \_\_\_\_\_

I am available to work  Full Time  Part Time  Temporary Date available to start: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, list position and date \_\_\_\_\_

Do you have any relatives that are employed here?  Yes  No If yes, please list them by name \_\_\_\_\_

Are you a U.S. Citizen or an alien legally entitled to work in the positions(s) for which you have applied?  Yes  No

Have you been convicted of a felony or misdemeanor other than a minor traffic violation?  Yes  No

Are you currently required to register as a sex offender in this or any other jurisdiction?  Yes  No

Emergency Contact Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

## EDUCATION

	Name of School, State	Years completed	Graduate		Course/Degree Pursued
			Yes	No	
High School					
College or University					
Other					

**PERSONAL REFERENCES:** List three references who are not related to you and are not previous employers.

1  
 Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

2  
 Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

3  
 Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT RECORD**

Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment.

<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been discharged or asked to resign from any position?  Yes  No If yes, please explain.

**EXPERIENCE:** Check all that apply

Equipment	Years Used	Office Skills	Years Used	Certifications	Date Issued
<input type="checkbox"/> Mowing equipment		<input type="checkbox"/> Typing		<input type="checkbox"/> First Aid	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Microsoft Office		<input type="checkbox"/> Lifeguard	
		<input type="checkbox"/> Multi-line Phone		<input type="checkbox"/> CPR	
CDL License <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Customer Service		<input type="checkbox"/> WSI	
Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> Cash Register		<input type="checkbox"/> LGI	

**Applicant's Statement**

I hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justified for termination or refusal of employment. I authorize the City of Manchester to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. If offered the position, I further agree to submit to a job-related medical and psychological exam (which will be treated as confidential) by an authorized physician and/or fingerprinting as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days.

Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other  Head of Household  Married filing jointly  If so, does your spouse also have earned income? Yes  No

Print your full name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Exemption from withholding**

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here \_\_\_\_\_ and the year effective here \_\_\_\_\_.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 .....

If claiming the military spouse exemption, enter your state of domicile or residence here \_\_\_\_\_

**If you are not exempt, complete the following:**

- 1. Personal allowances. See instructions ..... 1.\$ \_\_\_\_\_
- 2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return ..... 2.\$ \_\_\_\_\_
- 3. Allowances for itemized deductions. See instructions ..... 3.\$ \_\_\_\_\_
- 4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar, and enter on line 4 ..... 4.\$ \_\_\_\_\_
- 5. Allowances for child and dependent care credit. See instructions ..... 5.\$ \_\_\_\_\_
- 6. **Total allowances.** Add lines 1 through 5 ..... 6.\$ \_\_\_\_\_
- 7. Additional amount, if any, you want deducted each pay period ..... 7.\$ \_\_\_\_\_

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employers:** The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: **Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.**

Employer name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Questions about Iowa taxes:** Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email [idr@iowa.gov](mailto:idr@iowa.gov).

### New Hire Reporting

An employer doing business in Iowa is required to report newly hired employees, rehires, and contractors to the Centralized Employee Registry. Use one of the following methods to report.

**Online Reporting-** Online reporting saves time and money and is the preferred method of reporting. Enter employee information or upload data at [iowachildsupport.gov](http://iowachildsupport.gov).

**Fax and Mail Reporting-** To report new hires and rehires, submit the following form or an equivalent form. To report contractors by fax or mail, use the Contractor Reporting form found at [iowachildsupport.gov](http://iowachildsupport.gov).

**Magnetic Media-** Record layout instructions and media types are available at [iowachildsupport.gov](http://iowachildsupport.gov).

#### Employer Information

1. Federal Employer Identification Number (FEIN): ..... 

--	--	--	--	--	--	--	--	--	--	--	--
2. Employer name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Employer contact and phone number: \_\_\_\_\_
5. Income provider name and address where income withholding and garnishment orders should be sent, if different from above.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Employee Information

6. Is dependent health care coverage available? ..... Yes  No
7. Approximate date this employee qualifies for coverage (MM/DD/YYYY):..... 

--	--	--	--	--	--	--	--
8. Employee start date (MM/DD/YYYY):..... 

--	--	--	--	--	--	--	--
9. Employee date of birth (MM/DD/YYYY):..... 

--	--	--	--	--	--	--	--
10. Employee Social Security Number: ..... 

--	--	--	--	--	--	--	--	--	--
11. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_
12. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Mailing and contact information:

Fax to: 800-759-5881 or 515-281-3749 (local)  
Phone: 877-274-2580

Mail to: Centralized Employee Registry  
PO Box 10322  
Des Moines, IA 50306-0322

# Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

**2024**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> 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		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period		<b>4(c)</b> \$ _____

**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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**ACKNOWLEDGEMENT OF  
CITY OF MANCHESTER DRUG POLICY  
PURSUANT TO THE DRUG-FREE WORKPLACE ACT OF 1988**

The City of Manchester believes strongly in making the work environment of all employees free of drugs and the accompanying abuses. Further, the Drug-Free Workplace Act of 1988 mandates that federal contractors and grantees initiate and maintain a drug-free workplace for their employees. Accordingly, all employees are informed as follows:

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, as defined by the federal law and regulation, is prohibited in the workplace or while performing any work for the City of Manchester, and employees found to have engaged in any of the above activities shall be subject to disciplinary action, up to and including termination.

Information on controlled substances and rehabilitation is available through the City Manager or the Chief of Police.

As a condition of remaining an employee of the City of Manchester, all employees must:

1. Abide by the terms of the policy
2. Participate in drug-free awareness programs sponsored from time to time by the City of Manchester.
3. Notify your supervisor of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.

The City of Manchester is required to notify the federal contracting agency of such convictions.

I have received and read the City of Manchester’s Drug-Free Workplace Policy set forth above, understand its contents, and agree to abide by this policy as a condition of my continuing employment with the City.

\_\_\_\_\_  
Witness Signature (May NOT be a relative)

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STUDENT FORM**

**City of Manchester  
208 East Main Street  
Manchester, IA 52057**

This is to certify that I \_\_\_\_\_,  
(printed name)

am a full-time student at \_\_\_\_\_.  
(name of college or high school)

If my student status changes, I will notify the department that employed me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name \_\_\_\_\_ City of Manchester \_\_\_\_\_

Company ID Number \_\_\_\_\_ 42-6004909 \_\_\_\_\_

I (We) hereby authorize the \_\_\_\_\_ City of Manchester \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my (our)

- Checking account
- Savings account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Bank or Financial Institution \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

Social Security # \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Please attach a voided check.**