



# Applicant New Hire Checklist

Applicant Name: \_\_\_\_\_  
 Participant Employer Name: \_\_\_\_\_

Document Type	Required Document	Instructions for Applicant & Employer Completion	Completed
Applicant & Payroll Forms	Applicant Data & Payroll Form	Page 1 applicant clearly PRINT responses in all fields. (Provided information is used to send background link.)	
		Page 2 participant enter all requested service codes & rates of pay approved in the budget.	
		Page 3 applicant print name, sign, & date.	
		Page 3 participant print name, sign, & date.	
Authorization to Work	I-9 Form	Page 1, Section 1 applicant complete all fields, sign & date.	
		Page 1, Section 2 - participant complete List A <u>or</u> List B <u>and</u> List C in full.	
		Page 2, Section 2 - Certification section completed in full - participant name, address, signature, & date.	
Tax Forms	W-4 Form (current year)	Step 1 - applicant complete all fields, including SSN and one marital status.	
		Step 2 - applicant check the box, if applicable.	
		Step 3 - applicant use the instructions to add a total dollar figure based upon number of qualifying dependents. Leave blank if not applicable.	
		Step 4 - applicant use for additional withholding, income, or deductions. <b>**Leave blank if claiming exempt.</b>	
		**If claiming exempt, enter "Exempt" in the open space under line 4( c ); and leave steps 3 & 4 blank.	
		Step 5 - applicant sign & date.	
		Employers Only - participant's name and address.	
	MW507 Form (current year)	Applicant - complete all fields.	
		County - county the applicant resides in. If applicant does not reside in MD, then they will enter the participant's county of residence.	
		Marital Status - applicant select one box.	
		Line 1 - applicant enter the number of exceptions (dependents) if NOT claiming exempt.	
		Line 2 - applicant enter additional amount to withhold per pay, if applicable	
		Line 3 - **applicant notate "Exempt", if applicable, check the boxes that apply, and include the applicable year.	
		Lines 4 - 8, applicant - complete if applicable.	
		**If claiming exempt due to Difficulty of Care, write "Exempt" under line 8 & leave line 1 blank.	
Applicant signature / date and participant's name and full address.			

**\*\*Note: We are not Tax Advisors; we recommend that all applicants seek tax advice if they have questions related to forms.**



# Applicant New Hire Checklist

Applicant Name: \_\_\_\_\_  
 Participant Employer Name: \_\_\_\_\_

Document Type	Required Document	Instructions for Applicant & Employer Completion	Completed
Tax Forms	Special Tax Exemption Form	Applicant - must complete questions 1 - 3, even if not applicable.	
		If #3 is yes and the applicant chooses the Difficulty of Care exemption, the "Exempt" instructions may apply to tax forms. Note: we are not Tax Advisors. We recommend seeking a Tax Advisor for tax advice.	
		If #3 is yes, but the applicant chooses to opt out of the Difficulty of Care exemption, they may write "waive" next to #3 after selecting "yes".	
		Applicant must print, sign and date page 3.	
		Participant must print, sign and date page 3.	
Payroll & Banking Information	Paycom Direct Deposit Form	Applicant - complete full account number, routing number, bank name, and indicate checking or savings. Complete the bottom of the form in full.	
		If the applicant wishes to decline direct deposit, please write "decline" on the form, then complete and sign the bottom.	
	Voided check or Bank Letter	Must confirm account name, account number, and routing number. Applicant name must be listed.	
Employee Agreement	Employee Agreement	Page 3 signed and dated by the applicant.	
		Page 3 signed and dated by the participant.	
Certifications	CPR Certification	Must ensure training includes in-person skills testing to meet DDA guidelines.	
	First Aid Certification	Must ensure training includes in-person skills testing to meet DDA guidelines.	
Identification	State-Issued Identification	Validate applicant age to ensure they meet DDA minimum age requirements.	
	Social Security Card	Validates applicant's full legal name for the State of Maryland's New Hire Registry reporting compliance.	
Final Review & Submission <i>(Note: forms with blank fields can not be processed)</i>		All documents reviewed for accuracy and completeness. Required signatures are complete. Copies of certifications attached. *See guidelines below for legal guardian signatures.	

## SIGNING ON BEHALF OF PARTICIPANT EMPLOYERS - Legal Guidelines

### \* Legal Guardians

Legal guardians who sign on behalf of a participant must print the participant's name, sign their own name, and enter their relationship to the participant (Example: Participant Name, legal guardian's signature, Legal Guardian). **NOTE: An applicant who is a legal guardian CAN NOT sign their own new hire paperwork on behalf of a participant.**

Reviewed By: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

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