

RECORD OF EDUCATION

Name & Address Of School		Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
High School Or GED			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Branch of Service: _____

Dates of Duty: From _____ to _____ Rank at Discharge _____
(Month/Day/Year) (Month/Day/Year)

List duties in the service, including special training _____

(Provide copy of your DD-214, if applicable)

PERSONAL REFERENCES

LIST BELOW 3 INDIVIDUALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE *(Not Relatives)*

	Name and Occupation	Address	Phone Number
1			
2			
3			

LIST ANY FRIENDS OR RELATIVES WORKING FOR US
(Optional)

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT EXPERIENCE

Beginning with your present or most recent job, list all employers for the past 10 years. Identify any part-time employment. Use the reverse side if more space is needed. A resume may be submitted in addition to, but not in place of, completing the section below.

1	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
2	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
3	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
4	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				

SPECIALIZED SKILLS, TRAINING OR QUALIFICATIONS

Summarize any special skills, qualifications, current certifications or licenses.

I hereby certify that the statements and answers provided by me on this application are true and complete. I understand that misrepresentation or falsification or omission of facts is cause for rejection from consideration or dismissal from employment if discovered after employment begins. I understand that failure to complete this application completely may result in disqualification for consideration for employment. Further, I understand and agree that my employment is for no definite period and may be terminated at any time for any reason absent some other basis in writing to continue employment. I also authorize all persons and companies named above to furnish any information regarding me, whether or not it is in their records, and hereby release them from all liability for damage for providing this information. If employed, I agree to comply with all rules and regulations established by the City governing employees and employment practices. All employment offers are contingent upon passing a drug screen.

Date _____

Signature _____

CITY OF BRISTOL
APPLICANT DATA

INSTRUCTIONS: The following information is needed for various governmental reporting requirements such as EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process. The information requested below is for STATISTICAL PURPOSES ONLY. The completion of this form is voluntary on your part.

THE CIVIL RIGHTS ACT of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. It is also unlawful to discriminate because of age, sexual orientation or disability. The City of Bristol does not discriminate against qualified applicants with a disability or disabilities, and will make reasonable accommodations for disabilities when they will not impose undue hardship.

1. ETHNICITY *(Please check one)*

- A. Yes, Hispanic or Latino
- B. No, not Hispanic or Latino

2. RACE *(Please check one)*

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or other Pacific Islander
- E. White

3. SEX

- Male
- Female

4. DATE OF BIRTH: _____

.....
Last Name, First Name _____

Address _____

City _____ State _____ Zip Code _____

I certify that the above information is true and correct.

Date _____

Signature _____



CITY OF BRISTOL
BRISTOL, CONNECTICUT 06010

AUTHORIZATION FOR RELEASE OF PRE-EMPLOYMENT INFORMATION

I, _____, understand that the City of Bristol may conduct an investigation into my qualifications for a position with the City of Bristol. An offer of employment from the City of Bristol is also contingent upon passing a pre-employment drug test. Depending on the position, a physical examination/evaluation may be required. I understand that the inclusion of any false or misleading information on my application form may be grounds for immediate dismissal.

I hereby authorize and request that my current and all former employers and those people I have listed as references on this application or my resume furnish the City of Bristol with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities and other qualities pertinent to my qualifications for employment. I also authorize the following agencies to furnish information pertinent to my application for employment: schools and colleges, criminal and law enforcement agencies, armed forces, federal and state agencies, and state motor vehicle departments. I hereby indemnify and release those entities giving information to the City of Bristol as well as the City of Bristol from all liability and responsibility in connection with the provision of any such information.

A photocopy of this authorization shall have the same force and effect as an original.

My Date of Birth: _____ SS# _____ - _____ - _____
(Your date of birth and social security number are requested for the sole purpose of accessing records used in verifying application information.)

Please indicate below if you have been employed or educated under another name and the dates this name was used. (i.e. **maiden name, nickname, alias**)

PLEASE PRINT LEGIBLY

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

I confirm that any criminal history information requested and obtained by the City of Bristol was subsequent to the application process.

NOTICE: An applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o, or 54-142a; criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which a person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings and may so swear under oath.

Have you ever been convicted of a felony? Yes No

If yes, describe in full. This information will not necessarily be a bar to your employment.

Applicant's Signature: _____

Date: _____



CITY OF BRISTOL
BRISTOL, CONNECTICUT 06010

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

By this document, the City of Bristol discloses to you that a consumer report, including a report which may contain information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

A summary of your rights under the Fair Credit Reporting Act is enclosed for your review.

Please sign below to signify your receipt of this disclosure and to authorize the procurement of a consumer report by the City of Bristol as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Bristol to procure consumer reports at any time during your employment.

APPLICANT'S SIGNATURE: _____

DATE: _____



**PULL THIS FORM FROM
THE PACKET & KEEP FOR
YOUR REFERENCE**

City of Bristol
BRISTOL, CONNECTICUT 06010

PAYCHECK DIRECT DEPOSIT – ADVICE NOTICES (Via Email)

The City of Bristol delivers weekly Direct Deposit Advices (Paycheck Information) via E-MAIL to all employees. Therefore, you will receive an E-MAIL from "<CityofBristolDD@bristolct.gov>" when the weekly Direct Deposit Advice is available.

To view and gain access to your weekly paycheck advice:

- Open the email
- Click on the attachment
- Enter your password. (PASSWORD = LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER)
[Note: Passwords are hardcoded and may not be altered.]

What to do when your E-Mail address changes:

Immediately notify the Payroll Division, Comptroller's Office when your E-Mail address changes while you are employed by the City. Contact Phone Numbers (860) 584-6139 or (860) 584-6133. This ensures your direct deposit advice will be sent to the corrected E-Mail address in a timely manner.



CITY OF BRISTOL
OFFICE OF THE COMPTROLLER

Direct Deposit Authorization

Employee Name: _____ SS# XXX-XX-_____

(last four digits)

Email address (This section is to be completed with a personal email address by only those employees who are not provided a City email address): _____

I request that my wages be direct deposited to the banking institution(s) and account number(s) as noted below (limit of three accounts); and that my weekly Direct Deposit Advices (Paycheck Information) are delivered to me via E-MAIL.

Bank/Credit Union Name: _____

Routing Number _____

Checking Account

Account Number _____

Savings Account

Amount or Net: _____

(check one)

Bank/Credit Union Name: _____

Routing Number _____

Checking Account

Account Number _____

Savings Account

Amount or Net: _____

(check one)

Bank/Credit Union Name: _____

Routing Number _____

Checking Account

Account Number _____

Savings Account

Amount or Net: _____

(check one)

Attachment Required: Voided Check(s) -or- Deposit Slip(s)

Employee Signature: _____ Date: _____

For City Use Only:

Form CT-W4

Employee's Withholding Certificate

Effective January 1, 2019

Complete this form in blue or black ink only.

Employee Instructions

- Read instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.

- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Widow(er) With Dependent Child	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____
2. Additional withholding amount per pay period: If any, see instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see instructions. 3. \$ _____

Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
----------------------	------

Employers: See *Employer Instructions* on Page 2.

Is this a new or rehired employee? No Yes Enter date hired: _____
mm/dd/yyyy

Employer's business name	Federal Employer Identification Number	
City of Bristol	06-600-1866	
Employer's business address		
111 North Main Street		
City/town	State	ZIP code
Bristol	CT	06010
Contact person	Telephone number	
Wendi A. Connolly, Personnel Analyst	(860) 584-6175	

Form W-4 (2019)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2019
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	
City of Bristol, 111 North Main Street, Bristol, CT 06010			06-6001866	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	<u> </u>
B	Enter "1" if you will file as married filing jointly	B	<u> </u>
C	Enter "1" if you will file as head of household	C	<u> </u>
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	<u> </u>
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	<u> </u>
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	<u> </u>
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	<u> </u>
H	Add lines A through G and enter the total here	H	<u> </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ <u> </u>
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	2	\$ <u> </u>
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ <u> </u>
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ <u> </u>
5	Add lines 3 and 4 and enter the total	5	\$ <u> </u>
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ <u> </u>
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ <u> </u>
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	<u> </u>
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	<u> </u>
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	<u> </u>

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 who claims no withholding allowances; 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 aren't required to provide the information requested on a form that's 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.



Administrative & Retirement Solutions, Inc.
 211 East Main Street, Suite 100, Lakeland, FL 33801
 800.430.7999 ♦ Fax 863.686.9727 ♦ www.midamerica.biz

The Premier Plan

Eligible Full-Time, Part-Time, Seasonal, and Temporary Employees
 Social Security Alternative Retirement Plan

Acknowledgement and Designation of Beneficiary Form

Employer: City of Bristol, Connecticut New Enrollment Address Change Beneficiary Change

Name Change – Please insert former name here _____ and fill in new name below. You must provide documentation of proof of name change (ie. Copy of Marriage Certificate, Social Security Card, etc.).

Participant Information (please print legibly)

Name: _____ Social Security #: _____ Date of Birth: _____ Male/Female _____
(Last, First)

Address: _____
(Street / PO Box) (Apt. #) (City, State Zip)

Daytime Phone: () _____ Evening Phone: () _____ Email: _____

Beginning (Hire Date) _____, I will participate in the (Employer) City of Bristol, Connecticut Deferred Compensation Plan, IRC Section 457, and hereby forego my rights to receive compensation equal to 7.5 % of my eligible gross annual compensation in return for the benefits provided thereunder. I wish this contribution to be invested in an annuity contract with American United Life. I understand that my total amount of deferred compensation shall not exceed the lesser of the Section 415 dollar limit or 100% of the participant's includable compensation or such other sum as is permissible pursuant to the provisions of Section 457 of the Code in any calendar year. I understand that my participating in this Plan is a condition of employment required by IRC Section 3121(b)(7) OBRA 1990. I further understand that payment(s) will be based on the value of the individual account(s). I acknowledge that a copy of the Deferred Compensation Plan Document is available to me for my review and understanding. The terms, conditions, and provisions of the Plan Document are hereby incorporated into this agreement.

Beneficiary Designations If you need more space than provided below, please attach an additional page.

Primary	Name: _____	Social Security #: _____	Date of Birth: _____
	Address: _____	Relationship: _____	Percent: _____
Contingent	Name: _____	Social Security #: _____	Date of Birth: _____
	Address: _____	Relationship: _____	Percent: _____

A \$0.75 monthly fee will be applied to inactive participant account balances. Inactive participants are those participants who have not made a contribution to the plan for one year, are no longer employed with this Employer, and who could, at any time, request a distribution of their account balance.

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

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. 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. Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplmsoswm.rqct.orders@ssa.gov or by fax at 410-965-2037.

Form SSA-1945(12-2004)

Employee Signature

Print Name

Date

Submit completed form to:
 MidAmerica Administrative & Retirement Solutions, Inc.
 211 E Main Street, Suite 100, Lakeland, FL 33801

EMPLOYEE ACKNOWLEDGEMENT OF THE PERSONNEL POLICIES AND PROCEDURES FOR THE CITY OF BRISTOL

My signature below acknowledges that I have received a copy of the Personnel Policies and Procedures for the City of Bristol, which includes an explanation of their purpose and scope, a harassment policy and a substance abuse policy, as well as other important policies and procedures. I also understand that this Personnel Policies and Procedures manual supersedes any previous Personnel Policies and Procedures Manual that may have been issued by the City. I also understand that these policies and procedures may be amended from time to time by the City and that such updates will be incorporated into these policies and procedures. Finally, I also understand that these policies and procedures do not create a contract of employment for a definite term or a contract with respect to any particular procedure or policy, such as progressive discipline. I agree that I am responsible for reading and following the Personnel Policies and Procedures. If I have any questions on the Personnel Policies and Procedures, I will contact my Supervisor or the Personnel Department. I understand that the Policies and Procedures for The City of Bristol may only be amended in writing through action by the City Council.

By signing below, I acknowledge my receipt of the Personnel Policies and Procedures and my duty to read and comply with the Personnel Policies and Procedures.

Employee Signature

Employee's Name (Printed)

Date