

**Avenues: Navigating the Spectrum of
Relationships, Rights & Responsibilities, Inc.**

Dear Prospective Employee: .. .

This package provides you with the four steps required prior to employment.

The first step is to submit an Avenues SLS application and current resume if available and schedule an interview.

The second step is to complete Live Scan fingerprinting. You may need to call in advance for an appointment for the live scan service. You will be given a form to be filled out in triplicate and a list of locations where you can be fingerprinted. I will be notified by the Department of Justice once your fingerprints have been cleared. Sorry, but we cannot accept copies of cleared fingerprints from other agencies. If hired, you will be reimbursed for this fee.

The third step is to obtain a CA DMV record for our files. You must have a valid California Drivers License to work for us. You may do this online at the DMV website or make an appointment at a DMV office. If hired, you will be reimbursed for this fee.

The fourth step is to obtain a TB report from your doctor or a medical facility. We do not reimburse for this fee. All these steps must be completed prior to employment.

We will check your references and see if a match between your availability and our open hours exists. We will also review qualifications and other pertinent information. It will then be determined if we can offer you a job and if you want to accept our offer. If you do not have current CPR and First Aid Certification, then you must complete both within 90 days of your employment. We have an online and blended online course that we use. We will reimburse the cost of the course once you pass. Car Insurance is required and must be kept current throughout your employment. As your coverage is renewed, you will need to provide a copy for our files. Please notify your Insurer that you will be driving for work so that you are properly covered.

If you have any questions, or if anything is unclear, please feel free to contact me. I can be reached at 661-702-9788.

Sincerely,

Kelly Remington
Office Manager

28415 Industry Dr. #502, Valencia, CA 91355
(661)702-9788 / FAX (661)702-9787
E-mail: avesls@pacbell.net

Mission Statement

Avenues Supported Living Services is a non-profit organization created to support people with developmental disabilities in becoming and remaining active participants in their communities. Avenues Supported Living Services is committed to empowering individuals to make their own choices and experience life's diverse possibilities.

Funding Sources

Funding for Avenues SLS services is derived from a variety of sources. Individuals are referred to Avenues SLS and funded primarily by public agencies such as the State Regional Center System. Additional revenue sources include contributions from businesses and individuals, monies from sponsored fundraising events and individual private payment of fees. Avenues SLS also assists with coordination of generic funding sources such as IHSS, Department of Rehabilitation, Social Security and medical insurance for additional support needs.

Eligibility for Services

Avenues SLS services are available to people with developmental disabilities who need support to successfully access their community.

Individuals who receive support through Avenues SLS may have one or more of the following challenges:

- *autism
- *mental retardation
- *physical disabilities
- *communication/behavior deficits
- *sensory impairments

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Providing services in the San Fernando & Santa Clarita Valley areas.

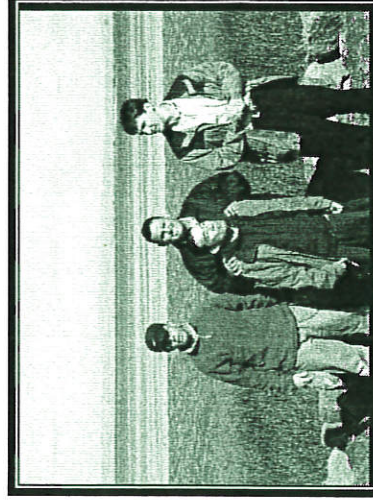
For more information, please contact us at:

**(661) 702-9788
(661) 702-9787 (FAX)**

28415 Industry Drive #502.
Valencia, CA 91355

avesls@pacbell.net
avenuessupportedlivingservices.org

**Dba: Avenues
Supported Living Services,
Inc.**





What is Avenues SLS?

Avenues Supported Living Services is a private, nonprofit Corporation founded in 1997 by Scott and Lori Shepard and a Board of Directors made up of persons who rely on services, family members and advocates with the mission of providing support services to persons with developmental disabilities who want to live, work and recreate in their own communities.

Philosophy

Avenues SLS assists people to coordinate the support they need to live safely in their own homes, access and develop connections within their community, and choose the people and places they spend their time with and about. The "Supported Living" services Avenues SLS provides are completely different and individualized based upon each persons unique needs and skills.

Types of Services

Supported Living services generally assist

people with some, or all of the following:

- *locating housing
- *going to dinner with a friend
- *personal assistance in and around the home with meals, laundry, chores, bills, roommates, etc. as paid for by IHSS
- *getting connected with community activities
- *shopping & budgeting
- *other community access needs

Individualized Day Services provide up to five

days per week of career planning and community

support which can include:

- *seeking and maintaining a job (paid or volunteer)
- *enrolling in classes at college or adult school
- *enrolling in recreational or hobby classes through local Parks & Rec., YMCA, etc.
- *receiving exposure and gaining access to new and preferred community activities
- *providing structured support during times when the individual is NOT working

The level or degree of assistance for any of these areas will be determined by the person and their team of support. Natural supports and generic community resources will be pursued to decrease dependence on paid supports, although the effectiveness and availability of these resources is never predictable.

Services may range from ongoing extensive assistance to intermittent weekly or monthly visits by staff.

How Avenues came to be:

Avenues SLS was originally a part of, and mentored by **CHOICES**: Community Housing Options: Integrated Community, Employment & Social Services from 1993 through June of 1997. CHOICES was one of the initial agencies providing "Supported Living" services in the state of California (which they have been doing since 1988.) Avenues Supported Living Services continues to rely on CHOICES as a valued resource.

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APPLICATION FOR EMPLOYMENT

*Avenues is an Equal Opportunity Employer
Please inform the hiring manager if you require reasonable accommodation to complete
the application or interview.*

Please complete the whole application

Last Name	First	MI	Position Desired	Date of Application
Street Address			Salary Range	Social Security #
City	State	Zip	Home Telephone #	Other Telephone #

How did you hear about Avenues	Means of Transportation	CA Driving Lic #	Current Car Ins	Company & Policy #	Insurance Expiration

Employment record – starting with the present or most recent, list all previous employers. Including self –employment and summary of part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application also.

Last or Present Employer	Type of Business	Job Title	Full time () Part time()
Address	Phone #	Brief Description of Job Duties	
City State Zip	Supervisor		
Reason for Leaving	Salary	Dates Worked From	To
Last or Present Employer	Type of Business	Job Title	Full time () Part time()
Address	Phone #	Brief Description of Job Duties	
City State Zip	Supervisor		
Reason for Leaving	Salary	Dates Worked From	To
Last or Present Employer	Type of Business	Job Title	Full time () Part time()
Address	Phone #	Brief Description of Job Duties	
City State Zip	Supervisor		
Reason for Leaving	Salary	Dates Worked From	To

Educational History

School Name	Location	Major Course or Subject	Dates Attended		Graduated	Degree
			From	To		

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Summarize your Special Skills or Qualifications			
Independent Living Skills Training	Years of Experience	CPR / First Aid	Expiration Dates
Previous attendant duties performed	Can you perform the essential job duties listed in position applied for without limitation	If No – please explain	List Language Spoke Written
Criminal Background Have you ever been convicted of any criminal offence (Felony or Misdemeanor) within the last seven years. If Yes: Please explain		Employment Eligibility Are you legally eligible to work in the United States?	

Professional / Work References List two past employers and one non-related person who have knowledge of your qualifications for the positions for which you are applying.				
Name	Relationship	Address	Phone#	Occupation
May we contact your present employer?		If no, Please explain		
Date available for work	Mornings	Days	Evenings	Overnights
Total Hours willing to work per week	Afternoons	Weekends	On-call	Roommate

I certify that my answers are true and complete to the best of my knowledge. I authorize Avenues to make such investigations and inquire of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries in connection with my application. I understand that filling out this form does not indicate there is a position open and does not obligate Avenues to hire. I understand that any employment is conditional on background checks. If hired, I agree to abide by all company work rules, policies and procedures. I understand that my employment is contingent on valid social security number, work permit number or green card number, verification of birth, and any other pertained information bearing upon my employment that my continued employment depends upon the will of the company or myself.

At – Will Disclaimer

If employed by Avenues, I hereby agree that such employment is at will and may be terminated by Avenues at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature _____

Date _____

For Office Use: Reference Check

Name	Date / Time	Outcome

Date Revised: 4/14

JOB DESCRIPTION

POSITION: Direct Support Staff

IMMEDIATE SUPERVISORS: Coordinator of Support Services & Directors

EDUCATION/EXPERIENCE: High School graduate; College and/or experience in the field of human services highly recommended. Must possess a valid California driver's license and be insurable under Avenues Insurance or possess a bus/transit pass. Must complete and pass Avenues Orientation & PBS Training, and Mandt Training Certification within the first 90 days of employment.

KNOWLEDGE, ABILITIES AND SKILLS:

Possesses and displays effective social skills and communication skills in both oral and written format, so as to be able to communicate effectively with the people we support, supervisors & co-workers, family members, community members and other generic community services & customers. Ability to work well without direct supervision, interested in personal and professional growth, comfortable and effective working within a team process and ability to learn and communicate organization philosophy and values.

REQUIRED: Valid Drivers license and current automobile insurance OR ability to take local transit (accompanying people supported); first aid training; CPR training; DMV report (if using own vehicle to transport people); and fingerprint clearance (Livescan). Employees must be willing to be employed under IHSS (In-Home Support Services) for personal attendant services that are provided to eligible people we support. Ability to communicate verbally in English in order to be an effective liaison between the person you are supporting and community members.

RESPONSIBILITIES:

A Direct Support Staff is responsible for providing direct services and providing individualized support to people through Supported Living Services and/or Individualized Day Services under the supervision of Coordinators of Support Services, the Director of Operations and Executive Director.

ESSENTIAL RESPONSIBILITIES/DUTIES: Essential functions of the job are noted. Other duties may also be assigned. Please note that the essential functions may vary depending on organizational structure and/or geographic location. Reasonable accommodations may be made to allow individuals to perform the essential functions of the job or restructure marginal functions.

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- 1. Provides direct services and supports for individuals as assigned by Avenues Coordinators and/or Directors.**
2. Support individuals to implement Individualized Support Plan goals. Participate in and quarterly and Team meetings with individuals, support staff, family members, funding source representatives and other people the individual may wish to have involved.
3. Attend and participate in monthly staff meetings.
4. Assist the people we support to develop and maintain healthy relationships with their neighbors, co-workers, and other community members.
5. Assist the people we support to build local community connections that they enjoy and maintain over time. Examples can include: social clubs, walking clubs, community groups, church, temple and/or other religious services, hobby clubs, sports groups, and other organized or casual community groups that are local and accessible to the person(s) we support.
6. Assist the people we support to build valued roles and develop career and/or other meaningful day opportunities that they can choose from based on experiences that we develop and provide. Examples include paid employment, micro-business, volunteer jobs, community college/university/adult education courses, and other meaningful ways to "give back" to their local communities.
7. Complete and submit accurate time sheets with detailed progress notes by 10:00 am on the 1st and the 16th of every month that you work, mileage and other reimbursement requests within 3 days following the completion of each pay period (or as per Avenues Policy & Procedures) to the office, and all required special incident reports (within 24 hours).
8. Use dignity and respect (professionalism) when communicating with or about the people we support, family members and Team Members (co-workers). Your job performance at all times should be reflective of Avenues Mission Statement and philosophies.
9. Promote autonomy (adult choice) and self-determination (listening to the people we support) to assist people to live the lives they want.
10. Support and teach the people we support with objective in their ISP's and day to day living skills (doing things WITH them, and promote their increased participation), as opposed to doing things FOR people we support (babysitting/careproviding).
11. Participate in conferences and workshops as requested by Avenues Coordinators and Directors.
12. Brings up concerns to Coordinators & Directors, advocating for the people we support.
13. Provide assistance, modeling and training to new team members as requested by Coordinators and/or Directors.
14. Be familiar with and provide each person with support related to the communication style, learning style, and system that they use; and assist with modeling and teaching social and interpersonal skills that are appropriate to the setting or situation.
15. Be able to communicate Avenues mission statements and values and ensure support teams work together. Model for and support team members to keep services person-centered and focused on agency mission.

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16. Teach and guide people we support to implement the goals and objectives from their Individual Service Plans (ISP's) and Individual Program Plans (IPP's). Be familiar with the ISP and IPP for each person you support.
17. Teach/assist people to budget their income and develop competency & improved participation in banking, check writing, bill paying and managing their personal spending money.
18. Teach/assist people with issues related to their personal safety and well being; (ex: traffic safety, medications, clothes and attire that matches weather conditions, sunscreen, health/diet, sunscreen, hat/sunglasses, emergency info and general supervision).
19. Providing needed support for people to take their medications as prescribed (following each persons medication procedures) and monitor and report any side effects to medications to the Coordinator or Director.
20. Be reliable and punctual.
21. Be flexible and willing to support people in a variety of community locations and activities based on the persons preference
22. Other duties as requested by Avenues Coordinators or Directors.
23. Assisting people to develop healthy relationships with their landlord and understand the contents of their lease agreement. Assist with making & obtaining home repairs and adaptations as required.

WORK ENVIRONMENT: In general, the following conditions of the work environment are representative of those that an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to allow individuals to perform the essential functions of the job within the environment or restructure marginal functions.

People's residences- this includes support in the kitchen (with meals, etc.), bedroom (assistance with clothes & laundry, cleaning, making bed, etc.), and supporting people with other household chores. (Many of these duties may be provided under IHSS hours- In Home Support Services hours).

Community & Jobsites- This includes supporting people with traffic safety in parking lots, sidewalks and streets (crossing only in assigned crosswalks or at corners when safe), taking the bus, using in stores, gyms, and other community settings, and on the job as a jobcoach for paid employment or volunteer work. Employee dress code may vary based on the jobsite requirements.

SALARY

\$9.00 - 15.00 per hour.

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ACKNOWLEDGMENT:

This is to acknowledge that I have received a copy of the **Avenues** Job Description for my job classification and understand that it contains important information on my job responsibilities. I further understand that this job description may change as the needs of **Avenues** change. In addition, I understand that the employment relationship is based on the mutual consent of each employee and **Avenues**. Accordingly either **Avenues** or I can terminate the employment relationship at will, at any time, with or without cause or advance notice.

Employee

Date

Director

Date

Form W-4 (2016)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
• You are single and have only one job; or	}						
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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

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
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

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 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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>3-D Barcode 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):				

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

VERIFICATION OF PREVIOUS EMPLOYMENT AUTHORIZATION AND RELEASE

In order for your application to be processed, this form must be completed and signed.

Previous Employer: _____

Street Address: _____

and phone #. _____

City, State & Zip: _____

Applicant Name (Please Print): _____

Dates of Employment: _____

From: _____

To: _____

Social Security Number: _____

Job Title: _____

Essential Job Duties: _____

I hereby authorize any and all former employers and its employees and representatives to provide all information they deem appropriate, regarding my employment and job performance, to Avenues and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, and its agents, employees or representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

The person named above has applied for employment with Avenues and has indicated your company as an employment reference. With your cooperation and the prompt return of this completed form, we will be able to consider this applicant for employment.

Is the information provided above correct? _____ If not, please make the necessary corrections.

Please check the rating that best describes this person's most recent employment experience.

	outstanding	above average	average	unsatisfactory
Quality of work				
Cooperation				
Reliability/Attendance				
Professionalism				
Ability to Work Without Direct Supervision				
Reason for leaving your employment?				

Eligible for rehire? _____ If no, why? _____

Additional Comments: _____

Print Name of Contact Person

Title

Signature

Date of Completion

VERIFICATION OF PREVIOUS EMPLOYMENT AUTHORIZATION AND RELEASE

In order for your application to be processed, this form must be completed and signed.

Previous Employer: _____

Street Address: _____

and phone #. _____

City, State & Zip: _____

Applicant Name (Please Print): _____

Dates of Employment: _____

From: _____

To: _____

Social Security Number: _____

Job Title: _____

Essential Job Duties: _____

I hereby authorize any and all former employers and its employees and representatives to provide all information they deem appropriate, regarding my employment and job performance, to Avenues and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, and its agents, employees or representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

The person named above has applied for employment with Avenues and has indicated your company as an employment reference. With your cooperation and the prompt return of this completed form, we will be able to consider this applicant for employment.

Is the information provided above correct? _____ If not, please make the necessary corrections.

Please check the rating that best describes this person's most recent employment experience.

	outstanding	above average	average	unsatisfactory
Quality of work				
Cooperation				
Reliability/Attendance				
Professionalism				
Ability to Work Without Direct Supervision				
Reason for leaving your employment?				

Eligible for rehire? _____ If no, why? _____

Additional Comments: _____

Print Name of Contact Person

Title

Signature

Date of Completion

VERIFICATION OF PREVIOUS EMPLOYMENT AUTHORIZATION AND RELEASE

In order for your application to be processed, this form must be completed and signed.

Previous Employer: _____

Street Address: _____

and phone #. _____

City, State & Zip: _____

Applicant Name (Please Print): _____

Dates of Employment: _____

From: _____

To: _____

Social Security Number: _____

Job Title: _____

Essential Job Duties: _____

I hereby authorize any and all former employers and its employees and representatives to provide all information they deem appropriate, regarding my employment and job performance, to Avenues and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, and its agents, employees or representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

The person named above has applied for employment with Avenues and has indicated your company as an employment reference. With your cooperation and the prompt return of this completed form, we will be able to consider this applicant for employment.

Is the information provided above correct? _____ If not, please make the necessary corrections.

Please check the rating that best describes this person's most recent employment experience.

	outstanding	above average	average	unsatisfactory
Quality of work				
Cooperation				
Reliability/Attendance				
Professionalism				
Ability to Work Without Direct Supervision				
Reason for leaving your employment?				

Eligible for rehire? _____ If no, why? _____

Additional Comments: _____

Print Name of Contact Person

Title

Signature

Date of Completion

Oath of Confidentiality

I, _____, agree not to divulge any information obtained in the course of my association with *Avenues: Navigating the Spectrum of Relationships, Rights & Responsibilities, Inc.* to any person, or otherwise make public any information regarding persons about whom I have become knowledgeable.

I recognize that unauthorized release of confidential information may make me the subject to a civil action under provisions of the Welfare and Institutions Code.

signature

date

Avenues: Navigating the Spectrum of
Relationships, Rights & Responsibilities, Inc.
28415 Industry Drive, #502, Valencia, Ca 91355
(661) 702-9788/FAX (661) 702-9787

Agreement for On-Duty Break and Meal Periods

The employee listed below and the employer (Avenues) agree that the nature of the employee's work prevents the employee from being relieved of duty during meal periods. When scheduled, the employee shall work an on the job meal period that shall be paid for by the employer. Employees requiring at off site unpaid meal break will need to work shifts of a short duration to insure their preference is met.

Agreed upon:

Employee Name (print)

Date

Employee Signature

11/28/00

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of Avenues.

AT-WILL DISCLAIMER

If given employment, I hereby agree that such employment is at-will and may be terminated by Avenues at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes___ No___

Remarks

Interviewer Date

Employed: Yes___ No___ Date of Employment _____

Job Title: _____ Hourly Rate/Salary _____ Dept. _____

By: _____
Name/Title Date

Avenues:

***Navigating the Spectrum of
Relationships Rights & Responsibilities, Inc.***

STATEMENT ACKNOWLEDGING LEGAL REQUIREMENTS CONCERNING ABUSE REPORTING

All Avenues employees are categorized as "care custodians" as stated in Section 15630 of the Welfare and Institutions Code; therefore, IT SHALL BE THE POLICY OF AVENUES THAT ALL EMPLOYEES SHALL COMPLY WITH THE LAW'S REPORTING PROCEDURES WHENEVER THEY HAVE KNOWLEDGE OF OR OBSERVE A DEPENDENT ADULT IN THE COURSE OF THEIR EMPLOYMENT WHO THEY KNOW OR REASONABLY SUSPECT TO HAVE BEEN VICTIM OF PHYSICAL ABUSE.

1. REPORT THE INCIDENT TO THE PROPER PROTECTIVE AGENCY (POLICE, OR SHERIFF'S DEPARTMENT, COUNTY WELFARE DEPARTMENT, OR COUNTY SOCIAL SERVICES DEPARTMENT) IMMEDIATELY BY TELEPHONE;
2. SEND A WRITTEN REPORT OF THE INCIDENT TO THE SAME AGENCIES WITHIN 36 HOURS.

Avenues will defend any employee who makes a report consistent with this policy in the course of their employment against any actions or claims that may be made as a result of said report. Any failure to comply with this policy may subject an EMPLOYEE to disciplinary action.

Your signature below certifies that you have knowledge of the foregoing provisions concerning dependent adult abuse reporting and that you will comply with them.

NAME: _____ SIGNATURE: _____
DATE: _____

9/13/00

*Avenues: Navigating the Spectrum of
Relationships, Rights & Responsibilities, Inc.*

EMPLOYEE EMERGENCY INFORMATION

Name: _____ Date Updated: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Zip Code: _____ E-Mail: _____

Date of Birth: _____

NOTIFY IN CASE OF EMERGENCY:

1. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City+Zip: _____ Work Phone: _____

2. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City+Zip: _____ Work Phone: _____

MEDICAL ADVISOR / DOCTOR:

Name: _____ Telephone: _____

Address, Office #, City + Zip code _____

Additional Medical Information: _____

In the case of extreme emergency, I authorize medical treatment at my expense.

YES _____ NO _____ Special Instructions: _____

Employee Signature

Date

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A2634 Type of Application: Employment
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Community Support Staff

Agency Address Set Contributing Agency:

Avenues, Inc.

Agency authorized to receive criminal history information

06003

Mail Code (five-digit code assigned by DOJ)

28415 Industry Drive, #502

Street No. Street or PO Box

Lisa Griffin

Contact Name (Mandatory for all school submissions)

Valencia, CA91355

City

State

Zip Code

(661) 702-9788

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL - 143142

Agency Billing Number

Height:

Weight:

Phone

Misc. Number:

Home Address:

Eye Color:

Hair Color:

Street No.

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ☐ FBIIf resubmission, list Original ATI
Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A2634 Type of Application: Employment
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Community Support Staff

Agency Address Set Contributing Agency:

Avenues, Inc.

Agency authorized to receive criminal history information

06003

Mail Code (five-digit code assigned by DOJ)

28415 Industry Drive, #502

Street No. Street or PO Box

Lisa Griffin

Contact Name (Mandatory for all school submissions)

Valencia, CA91355(661) 702-9788

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL - 143142

Agency Billing Number

Height:

Weight:

Phone

Misc. Number:

Home Address:

Eye Color:

Hair Color:

Street No.

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ☐ FBIIf resubmission, list Original ATI
Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: A2634 Type of Application: Employment
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Community Support Staff

Agency Address Set Contributing Agency:

Avenues, Inc. 06003
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
28415 Industry Drive, #502 Lisa Griffin
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Valencia, CA 91355 (661) 702-9788
City State Zip Code Contact Telephone No.

Name of Applicant: [REDACTED]
(Please print) Last First MI
Alias: [REDACTED] Driver's License No: [REDACTED]
Last First
Date of Birth: [REDACTED] Sex: ☐ Male ☐ Female Misc. No. BIL - 143142
Agency Billing Number
Height: [REDACTED] Weight: [REDACTED] Phone: [REDACTED]
Misc. Number: [REDACTED]
Home Address: [REDACTED]
Eye Color: [REDACTED] Hair Color: [REDACTED]
Street No. Street or PO Box
Place of Birth: [REDACTED]
City, State and Zip Code
Social Security Number: [REDACTED]

Your Number: [REDACTED] OCA No. (Agency Identifying No.)
Level of Service: ☒ DOJ ☐ FBI
If resubmission, list Original ATI
Number: [REDACTED]

Employer: (Additional response for agencies specified by statute)

Employer Name
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
City State Zip Code ()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: [REDACTED] Name of Operator Date
Transmitting Agency ATI No. Amount Collected/Billed

LIVESCAN FINGERPRINTING LOCATION- UPDATED 7/2015

Valencia-U27

Imprints 4 You Live Scan & Notary

27720 Avenue Scott #210

Valencia, CA 91355

M-F: 9am-6:30pm Appt/walk in

Sat: 11am-3pm Appt/ walk in

Contact: 661-257-1611

Email: mail@imprints4you.com

Cost: \$18.00

Accepts: Cash, Cashier's check, Credit card, & Money Order