



**Nye County
Emergency Management**
1510 Siri Lane, Ste. 1
Pahrump, NV 89060
Phone (775) 751-4279
Fax (775) 751-4280

VOLUNTEER PACKET CHECK OFF LIST:

1. **VOLUNTEER APPLICATION** (4 pages)
page 1. Application. p2. Volunteer & Work history.
p3. Acknowledgements. p4. Substance Abuse Policy Release Form.
2. **VOLUNTEER FORM**
3. **W-4**
4. **PAYROLL AUTOMATIC DEPOSIT FORM**
5. **COPY OF DRIVER'S LICENSE.**
6. **COPY OF SOCIAL SECURITY CARD**
7. **VACCINATION AUTHORIZATION FORM FILLED OUT:**
(*This authorization form HAS to be signed by the Director of Emergency Management in order for the volunteer to use it to get his/her Hepatitis Vaccinations*)
OR
8. **PROOF OF HEP A/ B VACCINATION**
OR VACCINATION DECLINATION FORM
9. **COPY OF FEMA CERTIFICATES**
100
200
700
800
10. **COPY OF CURRENT LICENSES AND CERTIFICATES (SUCH AS;)**
*Ambulance Attendant License – *****mandatory for Ambulance**
*Current First Responder/EMT Certification-*****mandatory for Ambulance**
*CPR cards
*Teaching certificates
*Firefighter certificates
*Hazmat certificates
11. **Computer use/social media- agreements**

Nye County Volunteer Application

An Equal Opportunity Employer



Human Resources
PO Box 3400
101 Radar Road
Tonopah, NV 89049
(775) 482-7242

Human Resources
2100 E. Walt Williams
Suite 110
Pahrump, NV 89048
(775) 751-6301

Nye County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, marital status, age, disability, veteran status, or status in any other group protected by the federal or state law.

Please Print Clearly

First Name:	Middle Initial:	Last Name:	Today's Date:
Mailing & Physical Address if different:		E-mail address:	
City, State, Zip:		Home Telephone: () - -	
Volunteer Position Desired:		Department:	Cell Phone: () - -

If accepted by Nye County, can you provide proof that you are at least 16 years of age? Yes No

What date would you be available for volunteer work with Nye County: _____

Name and relationship to any relative currently or formerly in our establishment: _____

Have you ever Volunteered for Nye County in the past? Yes No

If yes, dates volunteered: _____ What department did you volunteer for? _____

Have you ever been convicted of a criminal offense? Yes No

Please note that a conviction will not necessarily disqualify you from volunteering with Nye County.

If Yes, please explain, provide date(s) and type of charges: _____

Do you have a valid NV driver's license? Yes No License Number: _____ Expiration date: _____

Education:

** Copies may be required*

	Name	City & State	*Degree Earned	Major Course of Study
High School				
College				
Graduate, Trade or Business School				

Describe the volunteer work you are interested in doing: _____

List any special skills you possess and/or equipment or office machines your operate: _____

Do you currently have a State EMS license? If Yes # _____ Expiration date: _____

Do you currently have a NREMT license? If Yes # _____ Expiration date: _____

History of Volunteer Activities and Work Experience: Please list your volunteer and work experience for the past ten (10) years beginning with your most recent position held. Attach additional sheets if necessary.

May we contact ALL organizations listed? () Yes () No *Attach a list of any exceptions with an explanation*

1.	Organization		Dates		Description of duties
			From Month / Year	To Month / Year	
	Complete Address(Street/ PO, State, City, Zip)				
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					
2.	Organization		Dates		Description of duties
			From Month / Year	To Month / Year	
	Complete Address(Street/ PO, State, City, Zip)				
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					
3.	Organization		Dates		Description of duties
			From Month / Year	To Month / Year	
	Complete Address(Street/ PO, State, City, Zip)				
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					

Date: _____

Signature: _____

Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other information that is not included in this volunteer application.

ACKNOWLEDGEMENTS

Please read ALL of the following statements and **INITIAL** each line to indicate you have read and understood each of the statements. If you have any questions, contact Nye County Human Resources (775) 482-7240.

This is not an application for a paid position. Application for paid positions must be made on a separate application form.

All offers of paid employment, if any, and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

I authorize Nye County to contact any organization or individual that I have listed on my volunteer application and/or resume or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics of traits, or other qualifications for volunteering with Nye County.

In exchange for Nye County's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to Nye County upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including Nye County, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from Nye County. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of Nye County for performing the offered services. It is not my purpose nor my expectation that my services are in preparation for employment with Nye County.

Pre-Volunteer Criminal Record Check Request: Due to the nature of the position for which you are being considered, a criminal records check may be required. Convictions can be used to disqualify you for this position.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Date: _____

Signature: _____

Nye County Human Resources / Risk Management

Substance Abuse Policy Release Form

Nye County Personnel Policy Manual

- The applicant will be advised that the presence of one or more drugs may be cause for rejection from further consideration and that appointment to a position is contingent upon a negative drug test result.
- The applicant will be asked to authorize the County to conduct the drug screen through the County's designated laboratory testing facility as a requirement of employment.
- Refusal to authorize and participate in a drug screen shall eliminate the applicant from further consideration for the position.
- Applicants shall be directed to appear at an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours after notice to the applicant.
- Applicants shall be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by medical consultants to determine whether the individual is lawfully using an otherwise illegal drug.
- The County will decline to extend a final offer to any applicant with a confirmed positive test result, and such applicant may not reapply to the County for a period of twelve months. The County shall inform such applicant that a confirmed presence of an illegal drug in the applicant's urine precludes the County from utilizing the applicant.

I have been informed that, as a condition of any offer of any volunteer position or as a condition of my continued volunteer work, I must submit to urine, hair and/or blood drug-screening test and I accept this condition. I agree that a drug testing facility of **NYE COUNTY'S** choice is authorized by me to provide the results of said test(s) to **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**. I agree to indemnify and hold the drug testing facility harmless from and against any and all liabilities or judgments arising out any claim related to (i) the employer's submission and handling of the test(s) samples, (ii) compliance by employer with federal and state law, or (iii) the employer's interpretation, use (including volunteer decision) and confidentiality to the test results; except where the drug testing facility is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, **NYE COUNTY** may not accept me and as a volunteer and I may be dismissed by **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**.

DATE

APPLICANT / VOLUNTEER

NYE COUNTY VOLUNTEER FORM

SECTION I *(To be completed by Volunteer)*

HR USE ONLY
Volunteer ID#:

New Volunteer Information

Name: _____

Last	First	M.I.	Social Security Number
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Mailing Address	Street and Number	City/State	Zip	Yes/No
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Gender M F Date of Birth: _____ Marital Status: Single Married / Spouse's Name: _____
(If under 18 years of age, copy of Birth Certificate required)

Email Address: _____

Licenses: Driver's License #: _____ Commercial Drivers License #: _____

*In case of
emergency,
notify:* _____

Name	Telephone #	Relationship
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Education

0-19 No post secondary education degree.
Use number that corresponds to the total number of years of education without obtaining a post-secondary degree
(i.e., 12 = graduation from high school, 13 = 1 year of college, etc.)
20 Associates Degree
30 Bachelors Degree
40 Masters Degree
50 Law Degree
60 Doctorate
70 Medical Degree

Ethnicity Code

A	Asian/Pacific Islander
B	Black (not of Hispanic Origin)
H	Hispanic
I	American Indian
W	White (not of Hispanic Origin)
U	Unknown

Veteran Status

0	Non-Veteran
1	Special Disabled Veteran
2	Vietnam Era Veteran
3	Other Veterans

Ethnicity _____

Veteran Status _____

Education _____

Volunteer Signature _____ Date _____

SECTION II *(To be completed by Department Head/Elected Official)*

Department	Location	Start Date
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Volunteering For	Fund/Department Account Number	Position#/Auth.# (HR Use)
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Scott Lewis

Department Head/Elected Official Signature	Date
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Employee's Withholding Certificate

OMB No. 1545-0074

2020

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

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.
	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ► <input type="checkbox"/>
	TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____ Multiply the number of other dependents by \$500 ► \$ _____ Add the amounts above and enter the total here 3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) ► Date		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two Jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3

1 \$ _____

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a

2a \$ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b

2b \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c

2c \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

3 _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

4 \$ _____

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



1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income

1 \$ _____

2 Enter: { • \$24,800 if you're married filing jointly or qualifying widow(er)
• \$18,650 if you're head of household
• \$12,400 if you're single or married filing separately }

2 \$ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"

3 \$ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information

4 \$ _____

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,640	3,830	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	5,110	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,310	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	8,080	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,480	9,260	10,060	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name _____

Signed _____

Date_____

I understand the due to my occupational exposure that I may be at risk for acquiring Hepatitis A virus infection. I have been given the opportunity to be vaccinated with the Hepatitis A vaccine, at no charge to myself. However, I decline Hepatitis A vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis A, a serious disease. If in the future I continue to have occupational exposure and I want to be vaccinated with Hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name _____

Signed _____

Date_____

Dear Provider,

As part of the Nye County Exposure Control Plan the person named below is eligible to receive Tetanus vaccination(s).

Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: _____

Department: _____

Scott Lewis

Authorized signature

Send Invoice to:

Please include a copy of this form.

Nye County Emergency Management

1510 E. Siri Ln

Pahrump, Nv 89060

Dear Provider,

As part of the Nye County Exposure Control Plan the person named below has/is participating in our Hepatitis A/ B immunization program. Please obtain a sample and conduct a pre/post (circle one) titer test. Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: _____

Department: _____

Scott Lewis

Authorized signature

Send Invoice to :

Please include a copy of this form as well as a copy of these results.

Nye County Emergency Management

1510 E. Siri Ln

Pahrump, Nv 89060

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NYE COUNTY TREASURER'S OFFICE
PO BOX 473, Tonopah, NV 89049
(775) 482-8147 / Fax (775) 482-8193

Nye County Payroll

Employee Name:			
Social Security #:	Work Phone #:	Home Phone #:	
Mailing Address:			
Department:	Position:		

Please tell us how you would like your checks to be delivered by filling in the appropriate sections below.

Please fleet my check to _____ department in _____ (city).

Please mail my check to my home address.

Please email my direct deposit paystub to email address: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Nye County Treasurer's Office to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depositor financial institution named below.

I am a new direct deposit customer

I am making a change to my existing direct deposit:

Adding additional account Dropping account Change deposit amount

Please cancel my direct deposit entirely, effective: _____

Account #1:

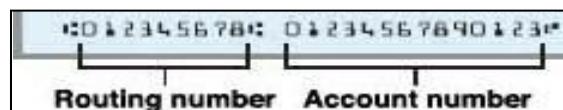
Checking Savings

Bank name: _____ Branch: _____ Phone #: _____

Branch address: _____

Routing #: _____ Account #: _____

Amount Per Pay Day: \$ _____



Example

Bank name: _____ Branch: _____ Phone #: _____

Branch address: _____

Routing #: _____ Account #: _____

Amount Per Pay Day: \$ _____

Please attach a voided check or copy of check to this form. This form will not be processed unless all information is complete.

This authority is to remain in full force and effect until Nye County Treasurer's Office has received written notification from me of its termination in such time as to afford Nye County Treasurer's Office a reasonable opportunity to act on it.

Signed: _____

Date: _____

Treasurer's office date received & completed: _____



Nye County Emergency Management



ICS Courses

How to get started

The fastest way to begin taking the required courses is to visit the website. You can learn about each course, download materials and take courses interactively. Just follow these easy steps:

1. Go to the website: <http://training.fema.gov>
2. Click on Emergency management Institute (EMI)
3. Click on the tab on the top that says FEMA Independent Study
4. Then click on the NIMS Courses, the list will populate at the bottom of the page

Course Name: Introduction to Incident Command System

Course Code: IS-100.b

Course Name: ICS for Single Resources and Initial Action Incidents

Course Code: IS-200.b

Course Name: National Incident Management System (NIMS) An Introduction

Course Code: IS-700.a

Course Name: National Response Framework, An Introduction

Course Code: IS-800.b

Once, you have studied the training material, you can submit your final exam, all from the convenience of your home or office.

Upon successful exam completion, you will receive an email within one business day that confirms your transcript has been updated and the link to create your electronic certificate.

Nye County Emergency Management
Office: 775-751-4279
1510 E. Siri Lane, Ste # 1
Pahrump, NV 89060

Ambulance & Fire Departments Station Management

Computer Usage:

*This text is compiled from the following documents: Nye County E-mail Acceptable Use Policy, Nye County Instant Messaging (IM) Acceptable Use Policy and Nye County Internet Acceptable Use Policy.

For a copy of the documents, please contact Nye County Emergency Management (775) 751-4279.

- * “Scope: This Policy applies equally to all County employees, elected officials, contractors, volunteers, vendors, and other affiliates who use, access, or have access to County Internet capabilities, regardless of the person’s job title, position, pay rate, or physical work location.”
- *“Department Managers shall:
 1. Take reasonable actions to assure that all employees under her or his authority comply with the provisions of this Policy.
 2. Have the right to review, question, and maintain logs of employee Internet usage.
 3. Provide appropriate disciplinary actions in accordance with established Nye County personnel policies whenever the provisions of this Policy have been violated by any person under his or her authority.”
 4. Immediately report to law enforcement, any suspected illegal internet activity for proper investigation.
- *“Offensive content may not be intentionally accessed, displayed, temporarily stored, permanently archived, printed, distributed, edited, or recorded via any format using County data network, printing, or computing resources. Prohibited content includes, but is not limited to, pornography, sexual text or images, profanity, racial slurs, gender-specific comments, religious text and/or images, national origin, age, sexual orientation, mental or physical disability, veteran status or any other status protected under existing laws. Any content that may reasonably and/or legally be interpreted as libelous, defamatory, harassing, or slanderous is strictly prohibited at all times.”
- *“County employees have no intrinsic “right to privacy” with reference to any County computer, data network, data file, paper file, e-mail message, IM message, telephone conversation, nor any other media or technology owned or operated by the County, as stipulated in the, “Nye County Personnel Policy Manual: Chapter 3”. Further, all County employees shall be aware that there is no requirement for County management personnel to give advance notice to any employee prior to conducting an investigation of her or his computer usage or work performance by the use of electronic monitoring, referencing system logs, or physical investigation of computer storage devices, to include data backups, or by any other means as outlined in other County policies

Computer Use in a nutshell

1. Only use the computer or internet for business.
2. You may not use the computer for anything that might be interpreted as illegal or harassing etc.
3. If you have questions about if the content is “allowed” please contact your supervisor.
4. The Department Manager can review, question, and maintain logs of the Internet usage.

I have read and agree to use the computer only for business:

Signature: _____ Print: _____ Date: _____