



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

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

An Equal Opportunity Employer



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:	Name	City & State	*Degree Earned	*Copies may be required 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: _____

Days Available (Circle) Mon Tues Wed Thur Fri Sat Sun Page 1 of 4

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

HR USE ONLY
Volunteer ID#:

SECTION I (To be completed by Volunteer)

New Volunteer Information

Name: _____

Last
First
M.I.
Social Security Number

_____ Yes/No

Mailing Address
Street and Number
City/State
Zip
Telephone #
Confidential

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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<u>Education</u>	<u>Ethnicity Code</u>	<u>Veteran Status</u>
0-19 No post secondary education degree. <i>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.)</i> 20 Associates Degree 30 Bachelors Degree 40 Masters Degree 50 Law Degree 60 Doctorate 70 Medical Degree Education _____	A Asian/Pacific Islander B Black (not of Hispanic Origin) H Hispanic I American Indian W White (not of Hispanic Origin) U Unknown Ethnicity _____	0 Non-Veteran 1 Special Disabled Veteran 2 Vietnam Era Veteran 3 Other Veterans Veteran Status _____

Volunteer Signature _____ **Date** _____

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

Department	Location	Start Date
Volunteering For	Fund/Department Account Number	Position#/Auth.# <small>(HR Use)</small>

Department Head/Elected Official Signature _____ **Date** _____

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: _____

Authorized signature

Send Invoice to:
Please include a copy of this form.

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: _____

Authorized signature

Send Invoice to :

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

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: { <ul style="list-style-type: none"> • 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	
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. <ul style="list-style-type: none"> • 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. { <ul style="list-style-type: none"> • 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	<h1 style="margin: 0;">W-4</h1>	OMB No. 1545-0074
<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2>		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. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
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.		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		Date ▶
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: <table style="display: inline-table; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td style="padding: 0 10px;">\$9,300 if head of household</td> </tr> <tr> <td style="padding: 0 10px;">\$6,300 if single or married filing separately</td> </tr> </table>	\$12,600 if married filing jointly or qualifying widow(er)	\$9,300 if head of household	\$6,300 if single or married filing separately	2	\$ _____
\$12,600 if married filing jointly or qualifying widow(er)						
\$9,300 if head of household						
\$6,300 if single or married filing separately						
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 <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> 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

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
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						

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

You 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.

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:

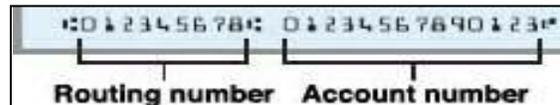
- Checking Savings

Bank name: _____ Branch: _____ Phone #: _____

Branch address: _____

Routing #: _____ Account #: _____

Amount Per Pay Day: \$ _____



Account #2:

- Checking Savings

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: _____