UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA APPLICATION FOR PART-TIME AS NEEDED STUDENT EMPLOYMENT

Return this application to:
The Office of Human Resources, Institutional Equity and Title IX
Troutt Hall Room 218
1727 W. Alabama Ave, Chickasha, OK 73018
Phone: (405) 574-1225 Email: hr@usao.edu

Date application being completed: Job placement is subject to position availability, which is limited. Generally, fulltime enrollment is required. If placement in a position does not occur within a year of completing this application and you are still interested in finding part-time employment, please contact our office to complete a new one. Name: _____ Student ID #: _____ Phone: _____ E-Mail Address: _____ Major: _____ Preferred Department to Work In: ____ Has Someone On Campus Referred You? YesNo If yes, who? Available Weekends? Yes No Available Evenings? Yes No Special Skills & Work Experience (attach additional pages or resume if desired): ************************************

FOR OFFICE USE ONLY; PLEASE DO NOT WRITE IN THE FOLLOWING SECTION:

Form OK-W-4 Revised 3-2021

Oklahoma Tax Commission Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	ast Name Yo		our Social Security Number				
Home Address (Number and Street or Rural Route)	Filing Status	Single Married, but	Married withhold at higher Single rate					
City or Town	·	State	ZIP Code					
1. Allowance For Yourself: Enter 1 for yourself								
Employee's Signature (Form is not valid unless you sign it)			Date (MM/DD/YYYY)					
Form OK-W-4 is completed so you can have as much "take-home you file your return. Deductions and exemptions reduce the amour ion plus your standard deduction, you should mark "Exempt" on Liwill not be taxed by the state of Oklahoma when you file your indiv	nt of your taxable income. If y ine 7 above. The following an	our income is less	than the total of your personal ex	emp-				

Single

\$1,000 - personal exemption

Married Filing Joint \$ 2,000 - personal exemption

\$6,350 - standard deduction

\$12,700 - standard deduction

\$7,350 - Total

\$14,700 - Total

+\$1,000 for each dependent

+\$1,000 for each dependent

Items to Remember:

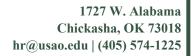
- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- · If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".

Employee's Withholding Certificate

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.

OMB No. 1545-0074

Department of the Treasury			n W-4 to your employer. is subject to review by the IF	oe.		<u> </u>			
Internal Revenue Se			is subject to review by the IF Last name	13.	(b) S	ocial security number			
Step 1:	(4, 111311	and			"," ", " ", "	occurry manner			
Enter Personal Information	Address City or to	City or town, state, and ZIP code				Does your name match the name on your social security ard? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213			
	(a) \Box	Single or Manifed Cilings are contain.			or go t	o www.ssa.gov.			
	-	Single or Married filing separately Married filing jointly or Qualifying surviving spo	oueo						
	=	lead of household (Check only if you're unmarrie		of keeping up a home for vo	ourself an	d a qualifving individual.			
		ONLY if they apply to you; otherwise vithholding, other details, and privacy		2 for more informatio	on on ea	ach step, who can			
Step 2:	_	omplete this step if you (1) hold more							
Multiple Job	,3	so works. The correct amount of with	nolaing depends on income	e earned from all of tr	iese joi	os.			
or Spouse Works		o only one of the following.	•						
WOIKS	•	(a) Reserved for future use.(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or							
			· -			atherich This			
	(C	(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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate							
	т	TIP: If you have self-employment income, see page 2.							
) on Form W-4 for only ONE of thes complete Steps 3-4(b) on the Form			os. (You	ur withholding will			
Step 3:	If	your total income will be \$200,000 or	less (\$400,000 or less if ma	arried filing jointly):					
Claim		Multiply the number of qualifying ch	ildren under age 17 by \$2,0	00 <u></u> \$	_				
Dependent and Other		Multiply the number of other dependent	-						
Credits		dd the amounts above for qualifying iis the amount of any other credits. Er	•	ents. You may add to	١ ۵	\$			
Step 4 (optional): Other	(8	 Other income (not from jobs). I expect this year that won't have wit This may include interest, dividends 	hholding, enter the amount	of other income here		\$			
Adjustments	s (k	Deductions. If you expect to claim of want to reduce your withholding, us the result here				\$			
	le	e) Extra withholding. Enter any addition	onal tax you want withheld e	each pay period	4(c)				
	,	, Extra mamoranigi Enter any additi	onar tax you man maniota c	nam pay ponica	[-1(0)	- ΙΨ			
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				ate				
Employers Employer's name and address Only		r's name and address		First date of Employer identification number (EIN)					





"At Will" Notice

Employment at University of Science and Arts of Oklahoma (Science & Arts) is "at will" in nature. This means that Science & Arts and/or its employees may terminate an employment relationship at any time, for any reason or for no reason, with or without "cause" or notice. All employees of Science & Arts are employed "at will" unless employed pursuant to a written employment agreement signed by the President stating otherwise. No other employee of Science & Arts is authorized to bind Science & Arts to employment other than "at-will" whether orally or in writing.

Employee Signature	
Date	

Science & Arts' ConnectEd Emergency Notification System (Drover Alerts)

Here at Science & Arts, we strive to notify all staff, faculty, and students of emergency situations via several means:

- work phone
- home phone
- cell phone (including text messages)
- personal email
- work email
- etc.

An example of an emergency might be if inclement weather created the need to cancel classes and close offices. You do not need to provide all of the means below, just the ones that you would prefer. The information you share with us, will NOT be shared with any other parties. Please keep in mind that cell towers and land lines often get over-crowded during emergencies. Text messaging over cell phones is much more stable in these situations, as they are delivered by other means and can often get through when a voice call cannot.

Below is the information needed by you to receive Drover Alerts.

Please fill in only those methods you wish for us to use to contact you:

- Name (First, Last):
- Home Phone:
- Cell Phone:
 - o Receive texts?
 - Yes
 - No
- Personal Email: