

TOWN OF GREENBURGH APPLICATION FOR EMPLOYMENT

Instructions: Complete both sides of this application, sign it, and return it to:

Department of Community Resources (TDYCC), 32 Manhattan Ave., White Plains, NY 10607

Additional Information may be written on a separate sheet of paper and attached to this application

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP		TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO		If under 18, do you have working papers? <input type="radio"/> YES <input type="radio"/> NO Required	
If not, please state your age		Minimum hire age is 15	

JOB PREFERENCE & AVAILABILITY

Check off your job preferences below (max 3) in preference order :

<p>Theodore D. Young Community Center</p> <p>- Programs <input type="checkbox"/></p> <p>- Pools <input type="checkbox"/></p> <p>- Lifeguard <input type="checkbox"/></p> <p>Parks & Recreation</p> <p>- Day camps <input type="checkbox"/></p> <p>- Programs <input type="checkbox"/></p> <p>- Lifeguard <input type="checkbox"/></p> <p>- Parks/Grounds <input type="checkbox"/></p> <p>Department of Public Works</p> <p>- Sanitation <input type="checkbox"/></p> <p>- Water Shop <input type="checkbox"/></p> <p>- Equipment and Repair <input type="checkbox"/></p> <p>- Highway <input type="checkbox"/></p> <p>Library <input type="checkbox"/></p>	<p>Have you worked for the Town of Greenburgh before? Yes <input type="radio"/> No <input type="radio"/></p> <p>Department & Dates: _____</p> <hr/> <p>Availability to work:</p> <p>Dates: From _____ To _____ <i>Month/Day Month/Day</i></p> <p>Times: From _____ To _____ <i>am/pm am/pm</i></p>
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EDUCATION	Name & Location	Course/Major	Years Completed
Grammar School			
High School/GED			
College/Business School			
Graduate/Professional			
Certificate/Special Training			

EMPLOYMENT HISTORY		<i>Please list jobs with most recent first</i>			
NAME & ADDRESS OF EMPLOYER	From Month/year	To Month/year	Kind of Work or List Position	Salary	Reason for Leaving and Supervisor's Name/Phone

**Fill out application - then print, sign and return.
 Must have original signature.**

NAME:

SKILLS

Do you have any computer skills? No <input type="radio"/> Yes <input type="radio"/>		Can you type?		Any other skills? Please specify.			
Specify:		No <input type="radio"/> Yes <input type="radio"/> WPM					
Do you have a Driver's License?		Can you operate any other Equipment?					
No <input type="radio"/> Yes <input type="radio"/> Type		No <input type="radio"/> Yes <input type="radio"/> Specify					
Lifeguard Certifications:		<u>Current Cert</u>		<u>Expiration</u>		In addition to English, are you fluent in any other language?	
R-94						No <input type="checkbox"/> Yes <input type="checkbox"/>	
R-01						<u>Language</u> <u>Speak</u> <u>Read</u> <u>Write</u>	
First Aid							
CPR/PR							
Other:							

BACKGROUND

All statements are subject to verification

Have you ever been convicted of a crime (felony, misdemeanor, or violation)? No Yes
If yes please explain. Include conviction and date. Attach additional pages if necessary
A conviction of a felony, misdemeanor or violation is not an automatic bar to employment, but will be considered in accordance with Section 752 of the Correction Law.

Have you ever been released from a job for a reason other than lack of work or end of program?
No Yes If yes, please explain.

AFFIRMATION

This section MUST be completed

I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Your signature below shall constitute your consent for use by the prospective appointing authority as part of a background investigation.

Pursuant to 210.45 of the New York State Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Applicant's Signature _____ Date _____

If Applicant Is Under Age 18, the Signature of a Parent or Legal Guardian is Required

I have read my child's/ward's completed application form and hereby give my permission for her/him to be hired by the Town of Greenburgh for the purpose of seasonal employment and further give permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Town of Greenburgh Comptroller's Office and, upon receipt by the Comptroller's Office of said revocation, my child's /ward's employment shall be terminated.

Signature of Parent or Legal Guardian _____

_____ Date

Print Name _____

The Town of Greenburgh is an Equal Opportunity Employer.

Fill out application - then print, sign and return.

Must have original signature.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exemptions. 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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 border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
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. 503, Child and Dependent Care Expenses, for details. <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.**

- 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017
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 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



Certificate of Exemption from Withholding

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2016; **and**
- you do not expect to have a New York income tax liability for 2017 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding (see *Note* below).

First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box
Mailing address (number and street or PO box)	Apartment number	Date of birth (mmddyyyy)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>

Are you a full-time student?..... Yes No

Are you a military spouse exempt under the SCRA? Yes No

I certify that the information on this form is correct and that, for the year 2017, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer)

Date

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address

Employer identification number

Mark an X in the box if a newly hired employee or a rehired employee

First date employee performed services for pay (mmddyyyy) (see instructions):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mmddyyyy):

Instructions

Employee

Who qualifies – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2016; **and**
- you do not expect to have a New York income tax liability for 2017 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and

Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP | *Employer Completes Next Page* | STOP




Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Section 2 Do Not Write In This Space 
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		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative STAFF ASSISTANT- FINANCE ADMINISTRATION	
Last Name of Employer or Authorized Representative MENTO	First Name of Employer or Authorized Representative MARSHA	Employer's Business or Organization Name TOWN OF GREENBURGH - TDYCC		
Employer's Business or Organization Address (Street Number and Name) 177 HILLSIDE AVENUE		City or Town WHITE PLAINS	State NY	ZIP Code 10607

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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TOWN OF GREENBURGH OFFICE OF THE COMPTROLLER

177 Hillside Avenue, Greenburgh, New York 10607

(914) 993-1528 Fax (914) 993-1647

www.greenburghny.com

finance@greenburghny.com

Are you currently or ever been member of the NY STATE and LOCAL EMPLOYEES' RETIREMENT SYSTEM?

_____ NO _____ YES If yes, please provide your registration #: _____

Municipality where employed: _____

If you are an active or current member with NYS and Local Employees' Retirement System (NYSLERS), each of your employers is required to have a completed application on file and must report your employment to the NYSERS.

Dates employed: _____ / _____ through _____ / _____
Month Year Month Year

If your file was withdrawn, date: _____ / _____ If you are retired, date: _____ / _____
Month Year Month Year

Membership in the NYS Employees' Retirement System (ERS)

Your membership in ERS is mandatory if you are a permanent, full-time employee of an employer that participates in the Retirement System. As an employee of the Town of Greenburgh, it is my understanding that I have a right to join the *New York State Employees' Retirement System*. As a member the % (percentage) amount contribution is based on the provisions of the tier into which you are enrolled (based on date of membership). Additionally the % (percentage) amount contribution from your earnings remitted to the retirement system defers only on federal taxable income.

Membership from July 27, 1976, to the present is **optional** if:

- You are appointed to a temporary or provisional position (under Civil Service Law);
- Your work schedule is less than 30 hours per week, or less than the standard number of hours for full-time employment as established by your employer for this position;
- Your employment duration is for less than one year, or on a less than 12 month per year basis; or
- Your annual compensation is less than the State's minimum wage multiplied by 2,000 hours: \$17,500 (year 2014), \$18,000 (2015 and beyond)

The date of membership for optional membership in ERS is the date your application is received, or the date your employer registers you through the telephone registration or fax process (**you must be working the day you are enrolled**), assuming the application is immediately forwarded to the NYS ERS. For optional members, once you join, you can only terminate membership by terminating your public employment.

_____ YES, I choose to join the NYS ERS _____ NO, I choose not to join the NYS ERS

Signature: _____ Date: _____ / _____ / _____

Print Name: _____ Department: _____

For additional information, please visit <http://www.osc.state.ny.us/retire/index.htm>