POUND RIDGE RECREATION EMPLOYMENT CHECK LIST

Check each box Recreation Department 914-764-0947

when complete.	Complete and sign the following forms:				
Emplo	Employment application (with social security number)				
Emplo	Employment Eligibility verification				
Form	Form W-4				
Retire	ement form				
Code	of Conduct				
Direc	t deposit (with a blank check or letter from bank attached)				
	Supply copies of the following:				
Proof	of Immunizations (copy from your doctor's office)				
Passp	port				
Socia	l Security card				
Work	ing papers				
Two letters of recommendation (Camp Counselors only)					
Red C	Cross certificate (Lifeguards only)				
СР	R certificate (Lifeguards only)				

Please make sure that all of the boxes that apply to the position you are seeking, are checked and <u>all paperwork is signed and complete</u>.

NO application will be reviewed until all the required information is supplied.

Town of Pound Ridge



Tel: 914-764-5511 Fax: 914-764-0102

RECREATION DEPARTMENT STAFF APPLICATION

POSITION APPI	LYING FOR:			
LEGAL NAME:			D.O.B	
SOCIAL SECURI	TY#/_		18 YEARS OR O	OLDER? YESNO
EMAIL: (Print cle	arly)			
ADDRESS:		CITY:	STA	ATE:ZIP:
PHONE:		CI	ELL:	
EMERGENCY CO	ONTACT NAME:		Number:	
EDUCATION:	YEAR IN HIGH SCHO	OOLYEA	R IN COLLEGE	
	NAME OF SCHOOL	LOCATION	GRADUATION YEAR	COURSE OF STUDY
HIGH SCHOOL:				
COLLEGE:				
PREVIOUS EMP	PLOYMENT AND EXPER	IENCE:		
	SUPERVISOR'S NAME A	AND PHONE#	DATES FROM/TO	TITLE AND DUTIES
1				
REFERENCES:				
	<u>NAME</u>	ADDRESS	RELATION	PHONE #
1				
2				
3				
	foregoing questions are true an c	·	owledge and belief.	D .
Signature:				Date:



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.

an individual because the documentation p	resented has a	a lutule e.	Apiration date i	may also const	itute illeg	jai uisciiii	iii ation.
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) Mic			Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)	Apt. N	lumber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Sec	ate of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address				Er	mployee's	Telephone Number
I am aware that federal law provides for connection with the completion of this f	orm.				r use of	false do	cuments in
I attest, under penalty of perjury, that I a	m (check one	of the fo	ollowing boxe	s):			
1. A citizen of the United States							
2. A noncitizen national of the United States	(See instruction	ns)					
3. A lawful permanent resident (Alien Reg	istration Numbe	r/USCIS N	lumber):				
4. An alien authorized to work until (expira	ation date, if app	licable, mr	n/dd/yyyy):				
Some aliens may write "N/A" in the expira	ation date field.	(See instru	ictions)		_		
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.							
1. Alien Registration Number/USCIS Number:							
OR 2. Form I-94 Admission Number:							
OR				_			
3. Foreign Passport Number:				_			
Country of Issuance:				_			
Signature of Employee				Today's Date	/mm/dd	(1000)	
Signature of Employee				Today's Date	e (mm/aa/	уууу)	
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)		С	ity or Town			State	ZIP Code
		'					

Employee's Withholding Certificate

OMB No. 1545-0074

► 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.

Department of the T Internal Revenue Se			orm W-4 to your employer. ng is subject to review by the	IRS.		<u> </u>
Step 1:		irst name and middle initial	Last name		(b) S	ocial security number
-						
Enter Personal Information	Addre City o	or town, state, and ZIP code			name card? credit	s your name match the on your social security If not, to ensure you get for your earnings, contact t 800-772-1213 or go to
						sa.gov.
	(c)	Single or Married filing separately				
		Married filing jointly or Qualifying widow(er)				
		Head of household (Check only if you're unmar	ried and pay more than half the costs	of keeping up a home for yo	urself ar	nd a qualifying individual.)
		 4 ONLY if they apply to you; otherwise om withholding, when to use the estimate 			n on e	ach step, who can
Step 2: Multiple Job	s	Complete this step if you (1) hold mor also works. The correct amount of with				
or Spouse		Do only one of the following.				
Works		(a) Use the estimator at www.irs.gov/				
		(b) Use the Multiple Jobs Worksheet withholding; or	on page 3 and enter the resu	It in Step 4(c) below f	or roug	ghly accurate
		(c) If there are only two jobs total, you option is accurate for jobs with sir				
		TIP: To be accurate, submit a 2022 F income, including as an independent	- · · · · · · · · · · · · · · · · · · ·		nave se	elf-employment
		-4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form			s. (Yo	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	nildren under age 17 by \$2,000)► <u>\$</u>		
Dependents	;	Multiply the number of other depe	ndents by \$500	▶ <u></u> \$		
		Add the amounts above and enter the	e total here		3	\$
Step 4 (optional): Other		(a) Other income (not from jobs). expect this year that won't have w This may include interest, dividend	rithholding, enter the amount	of other income here) \$
Adjustments	5	(b) Deductions. If you expect to claim want to reduce your withholding, uthe result here				1
		the result here			7(0)	γ Ψ
		(c) Extra withholding. Enter any addi	tional tax you want withheld e	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					and complete.
1.010	F	mployee's signature (This form is not v	valid unless you sign it.)	• <u>Da</u>	te	
Employers Only	Emp	loyer's name and address			Employ numbe	ver identification r (EIN)

Form W-4 (2021) Page **2**

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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 15, 2022.

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 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. This step 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 2021 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.

Form W-4 (2021) Page **4**

Married Filing Jointly or Qualifying Widow(er) Lower Paying Job Annual Taxable Wage & Salary						
Higher Paying Job		- \$110,000 - 120,000				
\$0 - 9,999 \$0 \$190 \$850 \$890 \$1,020 \$1,020 \$1,020 \$1,020 \$1,020 \$1,020	- 0	\$1,870				
\$10,000 - 19,999	12.200.000.000	4,070				
\$20,000 - 29,999		5,930				
\$30,000 - 39,999 890 2,090 2,950 3,150 3,280 3,360 4,360 5,360 6,36		7,130				
\$40,000 - 49,999 1,020 2,220 3,080 3,280 3,410 3,490 4,490 5,490 6,490 7,49	372	8,260				
\$50,000 - 59,999 1,020 2,220 3,080 3,280 3,490 4,490 5,490 6,490 7,490 8,49	- CONTRACTOR - CON	9,260				
\$60,000 - 69,999 1,020 2,220 3,080 3,360 4,490 5,490 6,490 7,490 8,490 9,49		10,260				
\$70,000 - 79,999 1,020 2,220 3,160 4,360 5,490 6,490 7,490 8,490 9,490 10,49		11,260				
\$80,000 - 99,999 1,020 3,150 5,010 6,210 7,340 8,340 9,340 10,340 11,340 12,34	0 13,260	13,460				
\$100,000 - 149,999 1,870 4,070 5,930 7,130 8,260 9,320 10,520 11,720 12,920 14,12	0 15,090	15,290				
\$150,000 - 239,999 2,040 4,440 6,500 7,900 9,230 10,430 11,630 12,830 14,030 15,23	0 16,190	16,400				
\$240,000 - 259,999 2,040 4,440 6,500 7,900 9,230 10,430 11,630 12,830 14,030 15,27	0 17,040	18,040				
\$260,000 - 279,999 2,040 4,440 6,500 7,900 9,230 10,430 11,630 12,870 14,870 16,87	2000	19,640				
\$280,000 - 299,999 2,040 4,440 6,500 7,900 9,230 10,470 12,470 14,470 16,470 18,47	ero III in ni ² ia nan	21,240				
\$300,000 - 319,999		22,840				
\$320,000 - 364,999 2,720 5,920 8,780 10,980 13,110 15,110 17,110 19,110 21,190 23,49	372	26,860				
\$365,000 - 524,999	5.13.1900012.100	29,430				
\$525,000 and over 3,140 6,840 10,200 12,900 15,530 20,530 23,030 25,530 28,03 Single or Married Filing Separately	0 30,300	31,800				
Higher Paying Job Lower Paying Job Annual Taxable Wage & Salary						
Annual Taxable \$0 - \$10,000 - \$20,000 - \$30,000 - \$40,000 - \$50,000 - \$60,000 - \$70,000 - \$80,000 - \$90,000	0 - \$100,000	- \$110,000 -				
Wage & Salary 9,999 19,999 29,999 39,999 49,999 59,999 69,999 79,999 89,999 99,999		120,000				
\$0 - 9,999 \$440 \$940 \$1,020 \$1,020 \$1,410 \$1,870 \$1,870 \$1,870 \$2,03	0 \$2,040	\$2,040				
\$10,000 - 19,999 940 1,540 1,620 2,020 3,020 3,470 3,470 3,470 3,640 3,84	0 3,840	3,840				
\$20,000 - 29,999 1,020 1,620 2,100 3,100 4,100 4,550 4,550 4,720 4,920 5,12	0 5,120	5,120				
\$30,000 - 39,999 1,020 2,020 3,100 4,100 5,100 5,550 5,720 5,920 6,120 6,32	0 6,320	6,320				
\$40,000 - 59,999 1,870 3,470 4,550 5,550 6,690 7,340 7,540 7,740 7,940 8,14		8,150				
\$60,000 - 79,999 1,870 3,470 4,690 5,890 7,090 7,740 7,940 8,140 8,340 8,54	- 12	9,990				
\$80,000 - 99,999 2,000 3,810 5,090 6,290 7,490 8,140 8,340 8,540 9,390 10,39	100	11,990				
\$100,000 - 124,999		14,510				
\$125,000 - 149,999		17,260				
\$150,000 - 174,999	and the second	20,010 21,250				
\$200,000 - 249,999		22,030				
\$250,000 - 399,999	- 12	22,030				
\$400,000 - 449,999 2,970 5,880 8,260 10,560 12,860 14,620 15,920 17,220 18,520 19,91	200000000000000000000000000000000000000	22,520				
\$450,000 and over 3,140 6,250 8,830 11,330 13,830 15,790 17,290 18,790 20,290 21,79		24,400				
Head of Household						
Higher Paying Job Annual Taxable Wage & Salary						
Annual Taxable		- \$110,000 - 120,000				
\$0 - 9,999 \$0 \$820 \$930 \$1,020 \$1,020 \$1,020 \$1,420 \$1,870 \$1,870 \$1,91	0 \$2,040	\$2,040				
\$10,000 - 19,999 820 1,900 2,130 2,220 2,220 2,620 3,620 4,070 4,110 4,31	0 4,440	4,440				
\$20,000 - 29,999 930 2,130 2,360 2,450 2,850 3,850 4,850 5,340 5,540 5,74	and the second	5,870				
\$30,000 - 39,999 1,020 2,220 2,450 2,940 3,940 4,940 5,980 6,630 6,830 7,03	200	7,160				
\$40,000 - 59,999 1,020 2,470 3,700 4,790 5,800 7,000 8,200 8,850 9,050 9,25	172	9,380				
\$60,000 - 79,999		12,320				
\$80,000 - 99,999		14,320				
\$100,000 - 124,999		16,770				
\$125,000 - 149,999	and the second	19,520 22,270				
\$175,000 - 199,999	28.	24,020				
\$200,000 - 249,999	372	24,980				
\$250,000 - 349,999	7	24,980				
\$350,000 - 449,999 2,970 6,470 9,000 11,390 13,690 15,990 18,290 20,040 21,340 22,64		25,200				
\$450,000 and over 3,140 6,840 9,570 12,160 14,660 17,160 19,660 21,610 23,110 24,61		27,350				

Town of Pound Ridge



Tel: 914-764-5511 Fax: 914-764-0102

Information has been explained to me concerning the retirement benefits under the New York State Retirement System.

Please check one of the following:	
I do not wish to join.	
I wish to join.	
I am already a member: Registratio	n#
(Please note joining the Retirement System is not an	n option if you are already a member.)
Signature:	Date:
Print Name:	



POUND RIDGE RECREATION COMMISSION CODE OF CONDUCT

In April 1991, the Recreation Commission approved a "Code of Conduct" applying to all employees of the Recreation Department. This Code defines what is expected of all personnel employed by the Commission.

All employees shall conduct themselves at all times and in all places as befits worthy representatives of our town and in conformity with the best traditions of the recreational goals of the Town of Pound Ridge. The following applies to any and all employment-related activities including Recreation Department sponsored field trips:

- 1. All personnel shall maintain high standards of moral and ethical conduct, which includes self-control and responsible behavior, consideration for other's physical and emotional well-being, courtesy and good manners.
- 2. No smoking or use of alcohol, illegal drugs, controlled substances or sale of the same shall be permitted at any time except when specifically prescribed by a physician. Inappropriate use of over-the-counter drugs will not be tolerated.
- 3. Employees will avoid profane, abusive language or disruptive, discriminatory or abusive behavior.
- 4. The Recreation Commission discourages any employee from accepting gifts and/or gratuities regarding special services or considerations. This does not preclude acceptance of token gratuities at season's end.

Failure to comply with any of the above provisions shall lead to disciplinary action.

The disciplinary action may include:

- 1. Immediate suspension from one to five days without pay, OR
- 2. Immediate dismissal.

In either of the above circumstance, the Pound Ridge Recreation Commission shall not be obligated to pay any remuneration for days lost from work. The Recreation Commission and/or Administrator are authorized to take at disciplinary action as warranted by the violation.

I have read the Recreation Department's Code of Conduct and accept the conditions as outlined.

Signature:	Date:
8	

Town of Pound Ridge

Tel.: 914-764-0947 Fax: 914-764-0102



AUTHORIZATON AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize the Town of Pound Ridge to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my () Checking () Savings (select one) account and the depository/bank named below.

Depository Name:		
Branch:		
City:	State:	Zip:
Гransit/ABA#:	Accour	nt #:
(Found	on bottom of your personal	check)
•	t has received written resuch time and in such asonable opportunity to	
	(Please print)	
Signature:		
Date:		

*****YOU MUST ATTACH A VOIDED CHECK*****