

POUND RIDGE RECREATION EMPLOYMENT CHECK LIST

Recreation Department 914-764-0947

Complete and sign the following forms:

Check each box
when complete.

- Employment application (with social security number)
- Employment Eligibility verification
- Form W-4
- Retirement form
- Code of Conduct
- Direct deposit (with a blank check or letter from bank attached)

Supply copies of the following:

- Proof of Immunizations (copy from your doctor's office)
- Passport
- Social Security card
- Working papers
- Two letters of recommendation (Camp Counselors only)
- Red Cross certificate (Lifeguards only)
- CPR certificate (Lifeguards only)

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

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 APPLYING FOR: _____

LEGAL NAME: _____ D.O.B. _____

SOCIAL SECURITY # _____ / _____ / _____ 18 YEARS OR OLDER? YES _____ NO _____

EMAIL: (Print clearly) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT NAME: _____ Number: _____

EDUCATION: YEAR IN HIGH SCHOOL _____ YEAR IN COLLEGE _____

<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>GRADUATION YEAR</u>	<u>COURSE OF STUDY</u>
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HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

PREVIOUS EMPLOYMENT AND EXPERIENCE:

<u>SUPERVISOR'S NAME AND PHONE#</u>	<u>DATES FROM/TO</u>	<u>TITLE AND DUTIES</u>
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1. _____

2. _____

REFERENCES: (Two in writing)

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>	<u>PHONE #</u>
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1. _____

2. _____

3. _____

The answers to the foregoing questions are true and correct to the best of my knowledge and belief.

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.

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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

Employee's Withholding Certificate

2022

▶ **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		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	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 estimator at www.irs.gov/W4App, 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 . . . ▶

TIP: To be accurate, submit a 2022 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 total 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

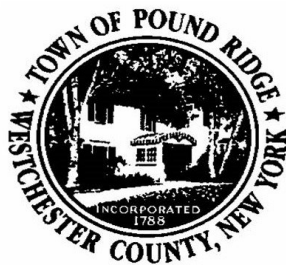
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **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)

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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: Registration # _____

(Please note joining the Retirement System is not an 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:** _____

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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: _____

Transit/ABA#: _____ Account #: _____
(Found on bottom of your personal check)

This authority is to remain in full force and effect until the Town of Pound Ridge Finance Department has received written notification from the signed below, of its termination in such time and in such manner as to afford the Town and Depository a reasonable opportunity to act on it.

Name: _____
(Please print)

Signature: _____

Date: _____

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