

Village of Mamaroneck Recreation Department 777-7784

Employment Application Instructions

1. All papers must be completely filled out and signed by applicant. **No Exceptions!**
2. Entire packet must be returned at the same time. If packet is incomplete, The Village cannot hire you.
3. Working Papers: Applicants under 18 years of age must submit a copy of their Working Papers when returning these forms. Applications are available in the Youth Employment Office of Mamaroneck High School and Rye Neck High School.
4. Be sure to **fill in line 5** on your Employee's Withholding Allowance Certificate (**W-4 form**) and sign the bottom. This line refers to the number of exemptions you are claiming. If you are a dependent, you may have to check with your parents or spouse for the correct exemptions (exempt, zero, one, etc.) Refer to the form explaining deductions that is attached.
5. **Camp Employees**-County Health Department regulations require all camp employees born **after the year 1957** to have **2 measles vaccinations**. You must provide a photocopy of proof of these immunizations or a doctor's note verifying that you have received the vaccinations as part of this application.
6. **REFERENCES - PROVIDE TWO WRITTEN REFERENCES ON LETTERHEAD OR TWO WRITTEN REFERENCES WITH A NOTARIZED SIGNATURE.**
7. You can not be placed on the Village payroll or receive a pay check until all forms, including photocopy of Working Papers (if necessary) and certifications have been received.
8. **Lifeguard** applicants must provide a photocopy of all certifications when job application is submitted. These copies must be clear enough to read, the dates and name of the courses, and be signed. You must have current Lifeguard Training with Waterfront Module, C.P.R. for the Professional Rescuer and Standard First Aid (Community First Aid) and Safety in order for your application to be accepted.
9. **New employees** must provide a copy of documents that establish both identity and employment eligibility. Please refer to the list of acceptable documents that is attached.

Incomplete Applications will not be accepted.

Application Requirements are:

- ☆ **Working papers** if under 18.
- ☆ **2 written references** on letterhead or notarized.
- ☆ **1 eligibility item** from List A or 1 item from List B **plus** 1 item from List C
- ☆ **Certifications** if Lifeguard applicant
- ☆ **Proof of 2 measles vaccinations** if Counselor or C.I.T. applicant
- ☆ **Sign Application, W-4, Retirement offer and Dept. of Justice form**
- ☆ **Sign Direct Deposit form** if you opt for direct deposit

VILLAGE OF MAMARONECK RECREATION EMPLOYMENT INFO

Name _____ Date _____

Address _____

City/State/Zip _____ Zip _____

Phone (H) _____

work/college _____

cell _____

e-mail _____

Title _____ Pay Rate _____

D.O.B. _____ Account # _____

S.S. # _____

VILLAGE OF MAMARONECK RECREATION DEPARTMENT APPLICATION FOR EMPLOYMENT

Phone: 914-777-7784 Fax: 914-777-7768

Name _____ Address _____

Town/City _____ State _____ Zip _____

Date of Birth _____ S.S.# _____ Position Desired _____

Phone (home) _____ Business/School _____ Cell/Pager _____

Salary Expected _____ Present Occupation _____ Teacher Certification Yes No

Education
Name of School _____ Degree _____ Dates Attended _____

High School _____

College _____

Other _____

Experience
Name of Company _____ Your Title _____ Dates _____ Supervisor Name/Phone# _____

1 _____

2 _____

3 _____

References: List 3 people and phone numbers who supervised you other than a relative (i.e. Employer, Teacher, Guidance Counselor, Minister or Coach)

1 _____ Phone # _____

2 _____ Phone# _____

3 _____ Phone # _____

What age group do you prefer to work with? 3 to 5 () 6 to 8 () 8 to 10 () 10 to 12 ()

Do you have any Red Cross certifications?

() Lifeguard Training expires _____ () RTE expires _____
 () Standard First Aid expires _____ () WSI expires _____
 () CPR for Professional Rescuer expires _____ () Other expires _____

Give details of any special training, experiences or interests that will give a better picture of your abilities (use reverse side if necessary)

Date _____ Signature of Applicant _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
	For persons under age 18 who are unable to present a document listed above:	
10. School record or report card		
11. Clinic, doctor, or hospital record		
12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 2013. 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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 \$40,000 (\$10,000 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	Employee's Withholding Allowance Certificate ▶ 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.	OMB No. 1545-0074 2013
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 2013, 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) _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2013)

Village of



Mamaroneck

Village Hall At The Regatta

P.O. Box 369

123 Mamaroneck Avenue

Mamaroneck, N.Y. 10543

<http://www.Village.Mamaroneck.ny.us>

OFFICE OF
AGOSTINO A. FUSCO
CLERK TREASURER

Tel (914) 777-7722

Fax (914) 777-7787

TO NEW PART TIME AND SEASONAL VILLAGE EMPLOYEES

Pursuant to Section 450 of the Retirement and Social Security Law, all employees have a right to membership in the New York State Employees' Retirement System. If you join, a Three Percent (3%) deduction will be made from your gross pay.

Please Check "Yes" or "No" below, date, sign and return this form to the office of the Clerk -Treasurer. If you wish to join, the necessary form will be sent to your for completion

I acknowledge having been given notice of my option to join the New York State Employees' Retirement System and my decision is:

_____ Yes - I wish to join.

_____ No - I do not wish to join.

Date: _____

Signature

Please indicate if you are presently or have been a member of the N.Y. State Retirement System and if so, specify the Plan Name and Retirement No.

