ONLY FILL OUT IF YOU HAVE BEEN OFFERED A JOB!

SEASONAL HIRE

Town of Babylon

Department of Parks, Recreation and Cultural Affairs

Recreation Employment Data

Department Use Only

Program/Position_____

Rate of Pay_____

Location_____

Starting Date_____

Name _____

Address_____

_____

Telephone #_____

E-mail Address: _____

In the event of an emergency, please notify:

Name_____ Relationship_____

Address_____ Telephone_____

Circle One

Did you have Direct Deposit last year? **YES NO**

If Yes, did your Bank Account Information stay same? **YES NO**

If No, please contact Payroll (893-2107) to stop your Direct Deposit

******* If Interested in Direct Deposit Please See Parks Payroll for Form**

For Program Coordination Use Only

Application_____

Certification_____

Identification_____I-9 Completed

Proof of Age_____DOB

Tax Forms_____Dependents

Working Papers_____

Town of Babylon

200 E. Sunrise Highway
Lindenhurst, New York 11757-2597
(631) 957-3000

RICH SCHAFFER
SUPERVISOR

RETIREMENT OPTION FORM

As a part-time or seasonal employee your membership in the retirement system is usually optional. However, if you are already enrolled as an active member of the New York State Employees Retirement System and are actively employed in one of its environs, then it is ***MANDATORY*** that you register your employment with the Town of Babylon to New York State. Please check box 3 of the form.

State law requires that you indicate your option in writing. Please check the appropriate box and sign this form immediately upon employment. Return the completed form to the ***PARKS AND RECREATION PAYROLL DEPARTMENT.***

1. _____ Yes, I wish to join the retirement system. I understand that a percentage of my gross pay will be withheld from my salary each pay period for this purpose. ***Please complete the attached NYS Retirement membership application form and return it to the PARKS AND RECREATION PAYROLL DEPARTMENT.***

2._____ No I do not wish to join the retirement system at this time.

3. _____ I am currently an active member of the NYS or NYC Retirement System. The name of the system is _____ and my registration number is_____. ***Membership is mandatory please complete the attached NYS Retirement membership application form and return it to the PARKS AND RECREATION PAYROLL DEPARTMENT.***

4. *_____ I am currently a retiree of the NYS or NYC Retirement System. The name of the system is _____ and my registration number is _____.

* Such employees are restricted to earning limits under Section 212 of the NYS Retirement and Social Security Law which is amended from time to time by the New York State Legislature. It is your responsibility to check with the system for current limits.

_____ Employee's Name (printed)

_____ Employee's Signature

_____ Employee's Department

_____ Date

Antonio A. Martinez *Councilman Deputy Supervisor* | **Thomas Donnelly** *Councilman* | **Jacqueline A. Gordon** *Councilwoman* | **Lindsay Patrick Henry** *Councilman* | **Corinne DiSomma** *Receiver of Taxes* | **Carol A. Quirk** *Town Clerk*

An Equal Opportunity Affirmative Action Employer

Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Employees' Retirement System Membership Registration RS 5420

(Rev. 5/13)

If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.
IF YOUR MEMBERSHIP IS OPTIONAL, DO NOT COMPLETE OR SUBMIT THIS FORM UNLESS YOU DESIRE TO BECOME A MEMBER.

Instructions: Please print clearly in ink or type. **Application must be signed and notarized on last page.**
Employee: Complete items 1–3, 10–13 on page 2 and other applicable sections. **Employer:** Complete items 4–9a.
FOR A REGISTRATION NUMBER: Call 1-866-805-0990 or (518) 474-3081. Or fax the application to (518) 486-4382.
This completed membership application must be mailed to the Retirement System for the membership to be effective.

Receipt Stamp
For OSC use only

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☐ No (If yes, enter the information given to you in the boxes below.)

In order to complete the registration process this membership registration form must be received by the Retirement System.

Registration Number	Rate	Date of Membership			Arrears Code	Group Code	Plan Code	Tier
		Mo	Day	Year				

To Be Completed by Employee (Also see reverse side)

Employee's Name Last	First	Middle Initial
1		

Employee's Address Street and/or PO Box #	City	State	Zip Code + 4
2			

3 Date of Birth Month	Day	Year	Sex M ☐ F ☐	*Social Security Number	Maiden or Other Name Used

*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

To Be Completed by Present Employer

Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)	**Location Code**	**Report Code**
4 Town Of Babylon	**4a** 3 0 0 7 2	

Employer's Address Street	City County	State	Zip Code + 4	**Employer Telephone Number**
5 200 East Sunrise Hwy	Lindenhurst Suffolk	N Y	1 1 7 5 7 –	(631) 893-2107

Payroll Title:

6	**Indicate Length of Work Year** ☐ 10 Months ☐ 12 Months ☑ Seasonal	**Employer Fax Number** (631) 893-2123

Check if Either Applies ☐ Appointed Official ☐ Elected Official

*If accountant, auditor, physician, attorney, engineer or architect please submit documentation as indicated at www.osc.state.ny.us/retire/employers/classify_an_employee. htm

Enter the Date or Dates Relating to Employee's Present Position:

7

Part-Time Employment						Full-Time Employment					
Date of First Appointment			Date of Permanent Appointment			Date of Temporary or Provisional Appointment			Date of Permanent or Probationary Appointment		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year

Frequency of Payment:

8 ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly
☐ Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Other – Please Specify _____

Basis of Compensation and Rate (Tier 1, 2, 3, 4 and 5 ONLY):

9 Annual $_____ Daily $_____ Hourly $_____
Units of Work Performed $_____ per _____ (Example: $50 per meeting or $10 per examination, etc.)

Basis of Compensation and Rate (Tier 6 ONLY):

9a Annual Wage $_____

Tier 6 requires employers to determine the Annual Wage for individuals who work Part Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See the Chart on Page Two for instructions.

Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees	Daily Employees
12 month Employee: $_____ x _____ x 260 = $ 0.00 (Hourly Rate / Standard Workday* / Days Worked / Annual Wage)	12 month Employee: $_____ x 260 = $ 0.00 (Daily Rate / Days Worked / Annual Wage)
10 month Employee: $_____ x _____ x 180 = $ 0.00 (Hourly Rate / Standard Workday* / Days Worked / Annual Wage)	10 month Employee: $_____ x 180 = $ 0.00 (Daily Rate / Days Worked / Annual Wage)

*Standard Workday (Hrs/day) (Applies to all Tiers): The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually worked. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation.

Unit of Work Employees	Example: Paid $50 per Meeting
$_____ x _____ = $ 0.00 (Unit Rate / # of Events** / Annual Wage)	$ 50 x 12 Meetings = $ 600 (Unit Rate / # of Events*** / Annual Wage)
**Estimated or Actual	***An estimate of the number of events is acceptable

Note: Any questions regarding annual wage, please contact the Retirement System.

To Be Completed by the Employee

Are you currently an ***active*** or ***vested*** member of **any other** public retirement system in New York State?	☐ YES ☐ NO
If yes, what is the name of the system? **10**	REGISTRATION NUMBER (If Known)?

WARNING: If you are now an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may effect contribution cessation dates.

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State?	☐ YES ☐ NO
11	REGISTRATION NUMBER (If Known)?

Have you ever been a member of the New York State Employees' Retirement System?	☐ YES ☐ NO
12	REGISTRATION NUMBER (If Known)?

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority or Special District). Include any military service. Attach additional sheets as required.

13 Name of Employer	Name of Dept. or Agency	Title of Position	From			To			Indicate If Permanent or Temporary, and Full or Part Time
			Mo.	Day	Year	Mo.	Day	Year	

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244-0145; telephone number (518) 474-3524.

Reinstatement to a former membership in accordance with Section 645 (Tiers 3, 4, 5 and 6).

Note: Completion of this form does not constitute an application for reinstatement.

Section 645 of the Retirement and Social Security Law allows members of a New York State public retirement system, whose original membership was terminated or withdrawn, to return to their former Tier or date of membership.

Members with a former Tier 3, 4, 5 or 6 membership in the New York State and Local Employees' Retirement System will be automatically provided with the cost, if any, and procedures for reinstatement at a later date.

Former Tier 3, 4, 5 or 6 members of any NYS public retirement system, *other than the NYS Employees' Retirement System*, **please complete the section below.** We will provide you with the cost, if any, and procedures for reinstatement at a later date.

Reinstatement to a former membership in accordance with Section 645 (Tiers 1 and 2).

Members with a former Tier 1 or 2 membership in any New York public retirement system may apply for reinstatement by completing the section below.

Important Information:

If you are not sure of your employer's current Tier 1 or 2 retirement plan, or if you are a member of the Police and Fire Retirement System or if you have any questions regarding reinstatement you should contact the Retirement System before completing the section below.

If you are given Tier 1 or 2 status, your Tier 3, 4, 5 or 6 contributions are **not refundable** and you will not be able to take a loan against these contributions.

If your date of membership will be before April 1, 1960, you may owe contributions for services rendered prior to April 1, 1960. Any deficit in contributions for service before the date noted will result in a reduction of your retirement benefit.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- ☐ New York State Teachers' Retirement System
- ☐ New York State and Local Employees' Retirement System
- ☐ New York State and Local Police and Fire Retirement System
- ☐ New York City Employees' Retirement System
- ☐ New York City Board of Education Retirement System
- ☐ New York City Teachers' Retirement System
- ☐ New York City Police Pension Fund
- ☐ New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes ☐ No ☐

If Yes, what retirement system? _____

Are you receiving or eligible to receive a retirement benefit based on this service? Yes ☐ No ☐

Signature _____ Date _____

If you are eligible for a refund of contributions, the Retirement System is required to withhold 10% of the taxable amount of the refund for federal taxes unless you instruct us not to take the withholding.

If you do not want the Retirement System to withhold federal income tax from your payment, sign and date this election.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY PAYMENT.

Signed: _____ Date: _____

Important: If you find this form is not suited for the type of Designation you prefer, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. Beneficiaries' complete name, address, date of birth and relationship must be provided. Do *not* designate yourself. If additional space is needed you may enter two names on a line. **This is a legal document and, therefore, this form must not be altered.**

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. I realize that if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

Name	☐ Male ☐ Female	Name	☐ Male ☐ Female
Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address		Address	
Name	☐ Male ☐ Female	Name	☐ Male ☐ Female
Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address		Address	

Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any benefits payable on my behalf shall be paid to the following. I realize that, if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

Name	☐ Male ☐ Female	Name	☐ Male ☐ Female
Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address		Address	
Name	☐ Male ☐ Female	Name	☐ Male ☐ Female
Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other	Birth Date	Relationship (Check one) ☐ Spouse ☐ Parent ☐ Child ☐ Other
Address		Address	

WARNING: If you are receiving a pension from a public retirement system in New York State, contact the system providing your pension BEFORE signing this form. Failure to do so could result in the suspension of payment of your pension benefit.

IMPORTANT: You must sign and enter date below to affirm Retirement System membership, and beneficiary designation.

I have made my Designation of Beneficiary as shown above and acknowledge that my membership in the New York State and Local Employees' Retirement System is governed by the provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Signature

Date

Employee Telephone Number*

Employee E-Mail Address*

*Not Required

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____

On the ____ day of _____ in the year ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

Notary Stamp

FOR OFFICE USE ONLY

Reviewed		Examined

SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT
OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS

THIS IS FORM CS-205 PART A. YOU MUST ALSO COMPLETE FORM CS-205 PART B.

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES
725 Veterans Memorial Hwy., North County Complex, Bldg. 158 (location)
P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)
(631) 853-5500 Internet: www.suffolkcountyny.gov/civilservice

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

Unless otherwise stated in the examination announcement, **THE APPLICATION PROCESSING FEE IS $35.00 (The fee will NOT BE REFUNDED if your application is DISAPPROVED.)** A separate application is required for each examination (identified by examination number) for which you are applying. Each application MUST be accompanied by a $35 **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. Do not send cash. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information. You may also apply on our Internet site.

PLEASE PRINT:

1. TITLE OF EXAMINATION

2. LAST NAME | FIRST NAME | M.I. | SOCIAL SECURITY NUMBER ___ – __ – ____

MAILING ADDRESS | LEGAL ADDRESS (Not a Post Office Box)

CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE

3. DAYTIME TELEPHONE NUMBER (include area code)
You may be contacted by prospective employers.
( )

4. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, **not** where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	LIBRARY DISTRICT	VILLAGE
C -	T -	S -	L -	V -

5. GEOGRAPHIC ZONES
Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

Zone 1 ☐ Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships

Zone 2 ☐ Brookhaven Township

Zone 3 ☐ Smithtown and Islip Townships

Zone 4 ☐ Huntington and Babylon townships

6. Check appropriate box to the right of each question:

A. Have you ever been convicted of any crime (felony or misdemeanor)? YES ☐ NO ☐

B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES ☐ NO ☐

C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES ☐ NO ☐

D. Did you ever resign from any employment rather than face dismissal? YES ☐ NO ☐

E. Did you ever receive a dishonorable discharge from the Armed Forces of the United States? YES ☐ NO ☐

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 6 you MUST give specifics in the COMMENTS section below.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

7. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday? YES ☐ NO ☐

If you checked YES, you will be asked to provide verification.

8. Do you need special accommodations to participate in this examination? YES ☐ NO ☐

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

9. COMMENTS _____

(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY

DEPARTMENT OR JURISDICTION | DATE APPOINTED

FOR CIVIL SERVICE USE ONLY

TEST SCORE	NOTES	☐ PENDING TRANSCRIPT	ELIGIBLE	INELIGIBLE
VETS CREDIT		☐ PENDING		
TOTAL SCORE			DATE	

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 10 - 13. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

10. EDUCATION

A. Have you graduated from senior high school? ☐ YES ☐ NO
If yes, complete name and location.

Name of school: _____

Location: _____

B. If you have a high school equivalency diploma, indicate:

_____
Issuing Authority

C. If you did **NOT** graduate from high school, circle highest school year completed: 4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
List each College University or Professional School Attended							

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?
Technical or other Schools or Special Courses					

11. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License: 1 2 3 4 5 6 A B C D E M

Date of Expiration _____

12. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

13. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail **ALL** paid and volunteer employments **relevant** to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. **IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION. INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT.** (If more space is needed, attach 8½ x 11" sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, **WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK.** State size and kind of working force, if any, supervised by you and the extent of such supervision.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to PASSING CANDIDATES at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY,** other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

VIETNAM	- February 28, 1961 through and including May 7, 1975
LEBANON*	- June 1, 1983 through and including December 1, 1987
GRENADA*	- October 23, 1983 through and including November 21, 1983
PANAMA *	- December 20, 1989 through and including January 31, 1990
PERSIAN GULF	- August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:
Armed Forces Expeditionary Medal
Navy Expeditionary Medal
Marine Corps Expeditionary Medal

2. Have been honorably discharged or released under honorable conditions from such service.
3. Submit a photocopy of separation papers (i.e. FORM DD-214 MEMBER 4 COPY) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete, FOR EACH TITLE, Form VC-3,(Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a disability of at least ten percent (10%) certified by the Department of Veterans Affairs at the time of application for additional credits.

14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

1. ☐ YES, AS A NON-DISABLED VETERAN
2. ☐ YES, AS A DISABLED VETERAN
3. ☐ NO.

If you checked YES, complete 14B and C:

B. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
☐ YES ☐ NO If you check YES complete the information in 14D below.

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

C. With the exception of the federal service, have you ever been employed by a governmental agency outside the Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State?)
☐ YES ☐ NO If you checked YES complete the information in 14D below:

D. Government Name _____

Length of Employment From _____ To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

COUNTY

NAME	CODE
Suffolk County	C-1
Other	C-0

TOWNS

Babylon	T-01
Brookhaven	T-02
East Hampton	T-03
Huntington	T-04
Islip	T-05
Riverhead	T-06
Shelter Island	T-07
Smithtown	T-08
Southampton	T-09
Southold	T-10

INCORPORATED VILLAGES

NAME	CODE
Amityville	V-01
Asharoken	V-02
Babylon	V-03
Belle Terre	V-04
Bellport	V-05
Brightwaters	V-06
Dering Harbor	V-07
East Hampton	V-08
Greenport	V-09
Head-of-the-Harbor	V-10
Huntington Bay	V-11
Islandia	V-30
Lake Grove	V-12
Lindenhurst	V-13
Lloyd Harbor	V-14
Mastic Beach	V-33
Nissequogue	V-15
North Haven	V-16
Northport	V-17
Ocean Beach	V-18
Old Field	V-19
Patchogue	V-20
Poquott	V-21
Port Jefferson	V-22
Quogue	V-23
Sag Harbor	V-24
Sagaponack	V-32
Saltaire	V-25
Shoreham	V-26
Southampton	V-27
Village of the Branch	V-28
Westhampton Beach	V-29
Westhampton Dunes	V-31
Other	V-00

SCHOOL DISTRICTS

Amagansett	S-101
Amityville	S-301
Babylon	S-302
Bay Shore	S-201
Bayport-Blue Point	S-202
Brentwood	S-203
Bridgehampton	S-102
Center Moriches	S-204
Central ISlip	S-205
Cold Spring Harbor	S-303
Commack	S-304
Comsewogue	S-206
Connetquot	S-207
Copiague	S-305
Deer Park	S-306
East Hampton	S-103
East Islip	S-208
East Moriches	S-209
Eastport/South Manor	S-128
East Quogue	S-105
Elwood	S-307
Fire Island School	S-210
Fishers Island	S-106
Greenport	S-107
Half Hollow Hills	S-308
Hampton Bays	S-108
Harborfields	S-309
Hauppauge	S-211
Huntington	S-310
Islip	S-212
Kings Park	S-311
Lindenhurst	S-312
Little Flower	S-110
Longwood	S-214
Mattituck - Cutchogue	S-111
Middle Country	S-213
Miller Place	S-215
Montauk	S-112
Mt. Sinai	S-216
New Suffolk	S-113
North Babylon	S-313
Northport - E. Northport	S-314
Oysterponds	S-114
Patchogue-Medford	S-217
Port Jefferson	S-218
Quogue	S-115
Remsenberg - Speonk	S-116
Riverhead	S-117
Rocky Point	S-219
Sachem	S-220
Sag Harbor	S-118
Sagaponack	S-119
Sayville	S-221
Shelter Island	S-120
Shoreham-Wading River	S-121
Smithtown	S-315
Southampton	S-122
South Country	S-222
South Huntington	S-316
Southold	S-123
Springs	S-124
Three Village	S-225
Tuckahoe	S-125
Wainscott	S-126
West Babylon	S-317
West Islip	S-226
Westhampton Beach	S-127
William Floyd	S-227
Wyandanch	S-318

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09
Connetquot	L-10
Copiague	L-11
Deer Park	L-12
East Islip	L-13
Elwood	L-35
Half Hollow Hills	L-14
Harborfields	L-15
Hauppauge	L-34
Huntington	L-16
Islip	L-17
Lindenhurst	L-18
Longwood	L-21
Mastic-Moriches-Shirley	L-19
Middle Country	L-20
Montauk	L-33
North Babylon	L-22
North Shore	L-27
Northport	L-23
Patchogue-Medford	L-24
Sachem	L-25
Sayville	L-26
Smithtown	L-28
South Huntington	L-29
West Babylon	L-32
West Islip	L-30
Wyandanch	L-31
Other	L-00

DECLARATION:

I declare, **subject to the penalties of perjury** that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

_____ X _____

DATE SIGNATURE OF APPLICANT

_____

State former name or any other name(s) by which you were known.

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. 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 do not apply to supplemental wages greater than $1,000,000.

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 2016. 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:
- 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 $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- 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

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
2016

1 Your first name and middle initial	Last name	**2** Your social security number
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ 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. ▶ ☐	

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 2016, and I certify that I meet **both** of the following conditions for exemption.
- 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.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. 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 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 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	E-mail Address	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):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

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.

Signature of Preparer or Translator:			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

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

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	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name	
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

Town of Babylon

Office of the Comptroller
200 E. Sunrise Highway
Lindenhurst, New York 11757
(631) 957-3000

RICH SCHAFFER
SUPERVISOR

TOWN OF BABYLON POLICES

Please read and familiarize yourself with the attached Town of Babylon Policies.

1. Rules and Regulations
2. Workplace Violence Policy
3. Policy Prohibiting Sexual Harassment and Discrimination in the work place
4. Cell Phone Usage Policy
5. Fleet Vehicle Anti-Idling Policy
6. Citizen Bill of Rights and Responsibilities

It is the responsibility of each employee to know and comply with these rules which are intended to serve as a guide in your daily actions. Employees may be subject to disciplinary action resulting in a fine, suspension, demotion or termination if they are in violation of any these Town Policies.

I have received a copy of the following polices (1) Rules and Regulations, (2) Workplace Violence, (3) Policy Prohibiting Sexual Harassment and Discrimination in the work place, (4) Cell Phone Usage Policy, (5) Fleet Vehicle Anti-Idling Policy, (6) Citizen Bill of Rights and Responsibilities.

Please familiarize yourself with these polices.

_____ _____

SIGNATURE DATE

_____

PRINT NAME

Antonio A. Martinez, *Councilman, Deputy Supervisor* | Thomas Donnelly, *Councilman* | Jacqueline A. Gordon, *Councilwoman* | Lindsay Patrick Henry, *Councilman* | Corianne DiSomma, *Receiver of Taxes* | Carol A. Quirk, *Town Clerk*

An Equal Opportunity / Affirmative Action Employer