TO: Town of Schodack Day Camp Employee Applicants  
FROM: Sheila Golden, Recreation Director  
SUBJECT: Application Directions  

Applications for employment with the Town of Schodack Day Camp are now available for download on the town website. Completed applications are due back to the Town Hall on April 28, 2023 by the close of business. All applicants must be 16 years of age by July 10, 2023. Applicants DO NOT have to be 16 at the time of application. A copy of a working card must be submitted with the application, do not submit your original card. Working cards can be obtained from your high school guidance counselor. This process can take some time. Please do not wait until the last minute to get a working card. Applicants that are still 15 at the time of application can submit a 15-year-old working card and replace it with the required card upon turning 16. Interested applicants should be sure to download and complete ALL parts of the application. If you choose to join the Retirement System or are already in the Retirement System, you must complete the enclosed Employees’ Retirement System Membership Registration. If you choose not to join the Retirement System, please disregard those 2 pages only. Read the I-9 form carefully and submit copies of the proper identification. Unless you are using a passport, you must submit one form of identification from column B and a different form of identification from column C. DO NOT submit 2 forms of identification from the same column. Complete directions for completing the tax forms can be obtained at https://www.irs.gov/forms-instructions.

All applications must be completed in pen and mailed or dropped off at the Town Hall. Please be sure to include a phone number on the application. Emailed applications will not be accepted. All applicants are expected to work the full four weeks of camp and must provide their own transportation to and from their assigned site. Due to supervision requirements, employees are not allowed to use camper transportation to and from camp. If hired, you will be requested to turn in all immunization forms before the start of camp. Camp runs July 10, 2023 through August 4, 2023.

For further information, please contact Recreation Director Sheila Golden by emailing youthdirector@schodack.org.
Town of Schodack Day Camp Employment Application

Name________________________________________Social Security #____________________

Address__________________________________________________________________________

Are you 18 years or older? Yes____ No__________

If you are not 18 years old, please attach a copy of your current working card with this Application. DO NOT attach the original working card.

Home Telephone #______________________________________________________________

Parents Name(s) ________________________________________________________________

Address________________________________________________________________________

Elementary School________________________________Address________________________

High School________________________________Address______________________________

College________________________________Address_______________________________

Summer Employment Requested: (please circle all that apply)

Site Director          Assistant Director          Lifeguard
Counselor              Bus Aide                    Pool Director
Pool Supervisor        Transportation Director    Camp Nurse

"A Great Place to Work and Live"
Please list experience and/or qualifications for requested employment.

__________________________________________
__________________________________________
__________________________________________

Please list your experiences working with children.

__________________________________________
__________________________________________
__________________________________________

Please list your previous employment.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Dates Employed</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list at least two (2) references (excluding family/relatives). Send the Confidential References to the Schodack Town Hall.

1. ____________________________________________
2. ____________________________________________

Have you previously worked for the summer or winter programs before? Yes____ No____
If yes, for how many years? ______ What was your job title?

Do you hold a current CPR card? Yes____ No____ First Aid card? Yes____ No____
Are you a certified lifeguard? Yes____ No____ WSI Instructor? Yes____ No____
Please attach copies of any current certifications you have at this time.

Send completed information to:

Sheila Golden
Schodack Town Hall
265 Schuurman Road
Castleton, N.Y. 12033
**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your Social Security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent home address (number and street or rural route)</td>
<td>Apartment number</td>
<td>Single or Head of household □</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>State</td>
<td>ZIP code</td>
</tr>
</tbody>
</table>

Note: If married but legally separated, mark an X in the Single or Head of household box.

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1. Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) ____________
2. Total number of allowances for New York City (from line 31, if using worksheet) ____________

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3. New York State amount ____________
4. New York City amount ____________
5. Yonkers amount ____________

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

**Penalty** — A penalty of $500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

<table>
<thead>
<tr>
<th>Employee's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Employee**: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

**Note**: Single taxpayers with one job and zero dependents, enter 1 on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: IT-2104-I) or scan the QR code below.

**Employer**: Keep this certificate with your records.

If any of the following apply, mark an X in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.nys.gov (search: IT-2104-I) or scan the QR code below.

A. Employee claimed more than 14 exemption allowances for New York State  ____________

B. Employee is a new hire or a rehire ... B □ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): ____________

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

**Note**: Employers must report individuals under an independent contractor arrangement with contracts in excess of $2,500 using the online reporting website above, not Form IT-2104.

Are dependent health insurance benefits available for this employee? ____________

If Yes, enter the date the employee qualifies (mm-dd-yyyy): ____________

**Employer's name and address** (Employer, complete this section only if you are sending a copy of this form to the New York State Tax Department): ____________

**Employer identification number**: ____________
Employee's Withholding Certificate

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.

<table>
<thead>
<tr>
<th>Step 1: Enter Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) First name and middle initial</td>
</tr>
<tr>
<td>(b) Social security number</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
</tr>
<tr>
<td>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 <a href="http://www.ssa.gov">www.ssa.gov</a>.</td>
</tr>
<tr>
<td>(c) □ Single or Married filing separately</td>
</tr>
<tr>
<td>□ Married filing jointly or Qualifying surviving spouse</td>
</tr>
<tr>
<td>□ 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)</td>
</tr>
</tbody>
</table>

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, other details, and privacy.

<table>
<thead>
<tr>
<th>Step 2: Multiple Jobs or Spouse Works</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Do only one of the following.</td>
</tr>
<tr>
<td>(a) Reserved for future use.</td>
</tr>
<tr>
<td>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</td>
</tr>
<tr>
<td>(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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.</td>
</tr>
</tbody>
</table>

TIP: If you have self-employment income, see page 2.

<table>
<thead>
<tr>
<th>Step 3: Claim Dependent and Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your total income will be $200,000 or less ($400,000 or less if married filing jointly):</td>
</tr>
<tr>
<td>Multiply the number of qualifying children under age 17 by $2,000 $</td>
</tr>
<tr>
<td>Multiply the number of other dependents by $500 $</td>
</tr>
<tr>
<td>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4 (optional): Other Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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 $</td>
</tr>
<tr>
<td>(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 $</td>
</tr>
<tr>
<td>(c) Extra withholding. Enter any additional tax you want withheld each pay period $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Sign Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</td>
</tr>
<tr>
<td>Employee’s signature (This form is not valid unless you sign it.)</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Employer's name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1. **Two jobs.** If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1. $__________________________

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a. $__________________________

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b. $__________________________

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c. $__________________________

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3. __________________________

4. Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4. $__________________________

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Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1. Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1. $__________________________

2. Enter:

   a. $27,700 if you’re married filing jointly or a qualifying surviving spouse
   b. $20,800 if you’re head of household
   c. $13,850 if you’re single or married filing separately

   2. $__________________________

3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “—O—”

   3. $__________________________

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.

   4. $__________________________

5. Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5. $__________________________

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Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty; to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

- [ ] 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. (See Instructions)

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: ____________________________

2. Form I-94 Admission Number: ____________________________

3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

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

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator ____________________________  Today's Date (mm/dd/yyyy) ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>AND</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List C</th>
<th>Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

**A.** New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**B.** Data of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter’s registration card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td>6.</td>
<td>Military dependent’s ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The same name as the passport;</td>
<td>8.</td>
<td>Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td>9.</td>
<td>Driver’s license issued by a Canadian government authority</td>
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<td>For persons under age 18 who are unable to present a document listed above:</td>
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<td>10. School record or report card</td>
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<td>11. Clinic, doctor, or hospital record</td>
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<td>12. Day-care or nursery school record</td>
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<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
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</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Town of Schodack

Town Hall
265 Schuurman Road
Castleton, New York 12033

Sheila Golden
Youth Director

Telephone (518) 477-7590
Fax (518) 477-2439
e-mail: youthdirector@schodack.org

Schodack Youth Program – Insurance Waiver Form

______________________________________________________
(Print name of Parent or Guardian) does hereby covenant and
agree to release and hold harmless the Town of Schodack from and against any and all liability,
loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or
property damage, to the extent permissible by law, arising from participation in the Town of
Schodack’s Youth Recreation Program.

I understand participation in the recreation program involves physical activity and risks of
physical injury, and I assume these risks. I hereby give consent for emergency transportation
and treatment in the event of illness or injury. I hereby accept responsibility for the payment of
any emergency transportation or treatment on behalf of the participant. I further certify the
participant is in good physical condition, and has no medical or physical conditions that would
restrict his/her participation in the recreation program except as follows:

______________________________________________________
(If no medical or physical condition exists, please print the word “none” in the blank above.)

In the event that conditions exist, the applicant shall provide the Town of Schodack with a
physician’s report, which identifies any restrictions or limitations, the participant, has before he
or she is allowed to commence participation in the program.

I further understand the Town of Schodack is relying on my representations in this document.

Signature of parent or Guardian
To New Employees Who Are Eligible to Join the Retirement System:

Chapter 878 in the Laws of 1986 imposes new requirements on employers hiring people whose Retirement System membership is optional. Such employers must, at time of employment, notify the new employee – in writing – of his or her right to membership in the Employee’s Retirement System. The Law also requires that each employee acknowledge having been given such notice by signing a copy of the acknowledgement and filing it with the employer. Membership in the Retirement System is optional if employment is on a part-time, temporary or provisional basis or less than 12 months per year except for Police and Fire positions. If you are a member of the Retirement System, your earnings with the Town must be reported. Tier 6 Retirement System members should understand they must contribute 3-3.5% of their earnings to the Retirement System; other Tiers may be required to contribute a different percentage.

Please indicate your interest, or lack thereof, in joining the New York State and Local Retirement System in the appropriate space below. Please return this letter to the Human Resources Office since it is incumbent upon the employer to preserve such documents.

Yours truly,

Kerrie Joiner
Human Resources Manager

CHECK ONE OF THE FOLLOWING:

___ I wish to enroll in the NYS and Local Retirement System.

___ I do not wish to enroll in the NYS Local Retirement System.

___ I am currently a member of the NYSLRS; my registration number is _______.

I understand my Town earnings will be reported to the Retirement System.

_________________________  __________________________
Signature                  Date

"A Great Place to Work and Live"
Employees’ Retirement System
Membership Registration
RS 5420
(Rev. 11/22)

Received Date

Plan Tier Rate Date of Membership (mm/dd/yyyy)

Social Security Number *

Registration Number

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee’s Last Name:                 First Name:                 Middle Initial:

Employee’s Address:                    Apt: City: State: Zip Code

Former Name: (If applicable)          Date of Birth (mm/dd/yyyy) Sex

Female

Are you receiving or about to receive a pension from a New York State or New York City public retirement system? □ Yes □ No

If yes, please indicate name of system: __________________________________________________________

Are you inactive or withdrawn from a New York State or New York City public retirement system? □ Yes □ No

If yes, please indicate name of system: __________________________________________________________

(NYS Teachers’, NYS Employees’, NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers’, NYC Employees’)

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer’s Name:                      Employer’s Telephone:

Employer’s Address:                   Employer’s Fax Number:

Job Code [1]                          Employee Classification

12 Month 10 Month 12 M Provisional On Call

Seasonal Substitute Per Diem


Temporary Part Time

Hire Date [3a] Date of Full-Time Permanent Appointment [3b]

Month Day Year Month Day Year

Location Code Standard Workday [4]

For State Agency Use Only – Agency Code

For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. □ Yes

Frequency of Payment

Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually Other: Please Specify

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York State and Local Retirement System is governed by 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.

Employee’s Signature: ___________________________ Date: ___________________________

Employee’s Telephone Number: ___________________________ Employee’s Email Address: ___________________________

For important information and instructions – See Back Page
Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you do not wish to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:
- If you are currently 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 affect contribution cessation dates.
- If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code – As the employer, you will need to reference our job code list at https://www.osc.state.ny.us/retire/retirement_online/job-codes.php to determine which job code is applicable to the employee’s job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php.

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage.

[4] Standard Workday – A 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 works. 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. When entering the information on the Employer Retirement Online, you will need to select “Daily” for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<table>
<thead>
<tr>
<th>Hourly Employees</th>
<th>Daily Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 month Employee: $____ X _____ X 260 = $_____</td>
<td>12 month Employee: $____ X 260 = $_____</td>
</tr>
<tr>
<td>Hourly Rate</td>
<td>Standard Days Annual Wage</td>
</tr>
<tr>
<td>Workday</td>
<td>Worked</td>
</tr>
</tbody>
</table>

| 10 month Employee: $____ X _____ X 180 = $_____ | 10 month Employee: $____ X 180 = $_____ |
| Hourly Rate | Standard Days Annual Wage |
| Workday | Worked |

<table>
<thead>
<tr>
<th>Unit of Work Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>$____ X _____ = _____</td>
</tr>
<tr>
<td>Unit Rate</td>
</tr>
</tbody>
</table>

**Estimated or Actual

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

Social Security Disclosure Requirement
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. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law
The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0980 or 518-474-7736 in the Albany Area.
Town of Schodack

Town Hall
265 Schuurman Road
Castleton, New York 12033

Sheila Golden
Youth Director

Telephone (518) 477-7590
Fax (518) 477-2439
e-mail:youthdirector@schodack.org

Confidential Reference

_________________________ has applied for the position of ___________________ in the Town of Schodack Youth Recreation Program. We would appreciate your completion this reference form; we assure you that it will be held in strict confidence. Please answer the short questions below to the best of your knowledge. Thanks you in advance for your assistance.

Name (please print) ___________________________ Occupation ___________________________

Signature

Address __________________________ Telephone# __________________________

Please rate the above applicant on a scale of 1-5 with 1 being the lowest, and 5 being the highest.

Appearance____ Attendance____ Responsibility____
Communication Skills____ Cooperation____ Dependability____
Judgment____ Response to Supervision____ Initiative____
Enthusiasm____ Organizational Skills____ Leadership____

Please add any additional comments you have regarding applicant’s strengths’ and weaknesses on the back of this reference.

Please return completed form to:

Sheila Golden
Schodack Town Hall
265 Schuurman Road
Castleton, New York 12033

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Name (please print)

__________________________

Signature

__________________________

Address

Please rate the above applicant on a scale of 1-5 with 1 being the lowest, and 5 being the highest.

Appearance____
Communication Skills____
Judgment____
Enthusiasm____

Attendance____
Cooperation____
Response to Supervision____
Organizational Skills____

Responsibility____
Dependability____
Initiative____
Leadership____

Please add any additional comments you have regarding applicant's strengths' and weaknesses on the back of this reference.

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