

2012 New Employee

S.C. - 330

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TOWN OF FALLSBURG PERSONNEL DEPARTMENT APPLICATION FOR EMPLOYMENT

Leave this space blank

Date Received

Approved _____

Disapproved _____

Conditional _____

EXAM # _____

TITLE OF POSITION _____

This application is part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME AND RESIDENCE

Last Name	First Name	Initial
Street Address or RD		Phone No.
Post Office or City	State	Zip

Immediate written notice should be given of any change in Post Office address or legal residence before or after examination. This must include date of change.

6. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application.

Yrs. Mo.

School District _____

Village of _____

Town of _____

City of _____

County of _____

State of _____

2. Social Security Number

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7. Have you ever served in the Armed Forces of the United States on a full time active duty basis—other than active duty for training purposes? If not, omit B-11.

Yes No

3. Are you under 18 or over 70 years of age? Yes No

DATE OF BIRTH

Month _____ Day _____ Year _____

8. Did you serve in the Armed Forces of the United States during any of the following periods? Yes No

A. December 7, 1941 to September 2, 1945;

B. June 26, 1950 to January 31, 1955;

C. January 1, 1963 to May 7, 1975;

D. U.S. Public Health Service: July 29, 1945 to September 3, 1945 or June 25, 1952 to July 4, 1952; or.

4. Check appropriate box to the right of each question: Yes No

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

B. Have you ever been convicted of any crime (felony or misdemeanor)?

C. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable?

D. Is there any reason known to you at this time why you may have to interrupt employment during the next 12 months?

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(S) FOR WHICH YOU ARE APPLYING.

9. Are you: Yes No

a. a disabled war veteran

b. a non-disabled war veteran

As an honorably discharged veteran, if you wish to claim additional veterans credits on this examination, please read the instructions on back of this form.

10. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

11. For examination purposes only:

Check box below if you desire special accommodations because you are a:

1. Sabbath Observer—For religious reasons cannot be tested on Saturdays.

2. Handicapped Person—Under REMARKS, indicate type of assistance required.

5. Are you currently a U.S. citizen? Yes No

(Citizenship is no longer a requirement for employment, except for public officer positions)

If not, give alien registration number _____

THIS AFFIRMATION MUST BE COMPLETED

I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE UNDER THE PENALTIES OF PERJURY. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR UNDER SECTION 210.45 OF THE PENAL LAW.

SIGNATURE OF APPLICANT _____ DATE _____

(State any other name you have used in education or employment)

Town of Fallsburg
MAIL OR DELIVER TO: P.O. Box 2019
South Fallsburg, New York 12779

TOWN OF FALLSBURG IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/HANDICAP EMPLOYER

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.
 ALL STATEMENTS ARE SUBJECT TO VERIFICATION

NAME _____ POSITION APPLYING FOR _____
 ADDRESS _____ SOCIAL SECURITY NO. _____
 PHONE _____

12. For questions 12-16, EDUCATION AND WORK EXPERIENCE MUST BE FILLED IN COMPLETELY. A RESUME IS NOT SUFFICIENT.

Have you graduated from high school? Yes No
 [] [] If yes, Name and Location of High School: _____
 If not, what grade did you complete? _____

If you have a high school equivalency diploma, indicate issuing Governmental Authority: _____ Number _____ Date of Issue _____

	Name of School and City in which located	Dates of Attendance (Month and Year)		Full or Part Time	No of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Degree Received	Date of Degree
		From	To							
College University, Professional Technical and Other Schools or Special Courses	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

13. Do you have a valid license to operate a motor vehicle in New York State? Yes: Class _____ No
 If required on the announcement, give your Motorist I.D. #: _____

14. DESCRIPTION OF EXPERIENCE: Describe below in detail all employments pertinent to the position being sought. You are responsible for knowing the minimum qualifications for the examination or position for which you are applying. In listing your experience, be more specific in describing that which relates to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be resolved in your favor. Include MILITARY SERVICE experience when appropriate. Relevant VOLUNTEER (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the exam announcement). 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 8 1/2 x 11" sheets of paper using same format.)

Length of Employment From <small>Mo Yr</small> to <small>Mo Yr</small>	Firm Name	Address	City and State
Earnings (Circle One) /Wk/Mo/Yr	DUTIES: Describe the nature of the work personally performed by you, with estimate of 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.		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			
Length of Employment From <small>Mo Yr</small> to <small>Mo Yr</small>	Firm Name	Address	City and State
Earnings (Circle One) /Wk/Mo/Yr	Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			



Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code

Single or Head of household Married
 Married, but withhold at higher single rate
Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City? Yes No
 Are you a resident of Yonkers? Yes No

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) **1.** _____
 2 Total number of allowances for New York City (from line 31) **2.** _____

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 **3.** _____
 4 New York City amount **4.** _____
 5 Yonkers amount **5.** _____

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

Employee's signature	Date
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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.

Employee: detach this page and give it to your employer; keep pages 3 and 4 for your records.

Employers only: Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A. Employee claimed more than 14 exemption allowances for NYS A.
 B. Employee is a new hire or a rehire.... B. First date employee performed services for pay (mm-dd-yyyy) (see instr.): _____
 Are dependent health insurance benefits available for this employee? Yes No
 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 NYS Tax Department.)	Employer identification number
TOWN OF FALLSBURG, P.O. BOX 2019 SOUTH FALLSBURG, NEW YORK 12779	69-0211376

Instructions

Changes effective for 2012

The chart in Part 4 and the additional dollar amounts in the instructions on page 2, used to compute your withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised for tax year 2012. If you filed a 2011 Form IT-2104 and used the charts in Part 4 or the additional dollar amounts, you should complete a new 2012 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.

- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 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. { <ul style="list-style-type: none"> • 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.

W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
Form Department of the Treasury Internal Revenue Service	▶ 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.	2012
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 2012, 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.) TOWN OF FALLSBURG, P.O. BOX 2019 SOUTH FALLSBURG, NEW YORK 12779		9 Office code (optional) _____ 10 Employer identification number (EIN) 14-6002177

Scott M. DuBois, Town Comptroller
Ella M. Price, Accounts Receivable
Helaine F. Weiner, Accounts Payable
Jaywonder S. Williams, Human Resource

Town of Fallsburg
P.O. Box 2019, 19 Railroad Plaza
South Fallsburg, New York 12779
(P) (845) 434-8810 ext 304 - 307
(F) (845) 434-8835



MANDATORY DIRECT DEPOSIT FORM

NAME: _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PLEASE CHECK ONE

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

SIGNATURE _____

DATE: _____

After receipt of this form, the process takes approximately two (2) payrolls to become effective.

PLEASE ATTACH A COPY OF THE VOIDED CHECK FROM YOUR ACCOUNT.

On payroll day, instead of a check you will receive direct deposit information showing you the same information as an original check. However, it will be non-negotiable because it is not a check and will say so. Your net check will be directly deposited into the account of your choice.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

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)
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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: _____		_____		_____
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)
Town of Fallsburg, 19 Railroad Plaza, South Fallsburg, NY 12779		

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): _____

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

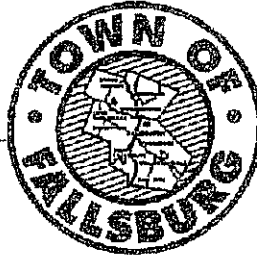
**Documents that Establish
Employment Authorization**

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)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
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	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)



MEMORANDUM

TO: All Employees

FROM: Ms. Jaywonder S. Williams, Senior Account Clerk

SUBJECT: Retirement Notification

DATE: January 1, 2012

In accordance with the Retirement and Social Security law Section 45, the Town of Fallsburg is required to notify each employee in writing of his or her rights to membership in the New York State Employees' Retirement System.

To comply with the Law, the Town is asking that you please acknowledge that you have been given notice by signing and dating this memorandum below where indicated.

Please note that three percent (3%) will be deducted from your bi-weekly gross salary.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN GIVEN WRITTEN NOTICE AS TO MY RIGHTS TO MEMBERSHIP IN THE NEW YORK STATE EMPLOYEE'S RETIREMENT SYSTEM.

Do you wish to join the NYS Retirement System? ____ Yes or ____ No

Employee Signature

Date



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. 1/10)

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

Instructions: Please complete in ink or type.

This form must be signed and notarized on reverse side.

Employee: Complete items 1-7 and reverse side.

Employer: Complete the Important Information box and Items 8-13.

FOR REGISTRATION NUMBER CALL: (518) 474-3081 or fax the application at (518) 486-4382.

This completed membership application must be mailed to the Retirement System for the membership to be effective.

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.

Location Code	Plan Code	Group Code	Date of Membership			Arrears Code	Registration Number					
			Mo.	Day	Yr.							

Receipt Stamp For OSC use only

To Be Completed by Employee
(Also see reverse side)

1 Employee's Name Last: _____ First: _____ Middle Initial: _____

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

3 Date of Birth Month: _____ Day: _____ Year: _____ Sex: M F
***Social Security Number** _____
 Maiden or Other Name Used: _____
*Social Security Number Required (See Note at Bottom of Page)

4 Are you currently a member of **any other** public retirement system? YES NO
 If yes, what is the name of the system? _____ What REGISTRATION NUMBER (If Known)? _____

5 Have you **ever** been a member of the New York State Employees' Retirement System? YES NO
 If yes, under what name? _____ What REGISTRATION NUMBER (If Known)? _____

6 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
 If yes, what is the name of the System? _____ What REGISTRATION NUMBER or RETIREMENT 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 if required.

7 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	

To be completed by present employer:
8 Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution) _____

9 Employer's Address Street: _____ City: _____ County: _____ State: _____ Zip Code + 4: _____
 Employer Telephone Number: () _____

10 Payroll Title _____
 Indicate Length of Work Year: 10 Months 12 Months Seasonal
 Employer Fax Number: () _____
 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

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

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

12 Frequency of Payment
 Annually Semi-Annually Quarterly Monthly
 Semi-Monthly Bi-weekly Weekly Other If Other Specify _____

13 Basis of Compensation and Rate
 Annual \$ _____ Daily \$ _____ Hourly \$ _____ Maintenance Allowance (if any) _____
 Units of Work Performed \$ _____ per _____ (Example: \$50 per meeting or \$10 per examination, etc.)

*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.
 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.

To Be Completed by Employer

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.**

**14 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other
Address	Address
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other
Address	Address

15 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other
Address	Address
Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Birth Date Relationship (Check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other
Address	Address

16 If you were previously a member of any public retirement system in New York State you may be eligible for tier reinstatement. To apply for tier reinstatement, please complete Section 16. (For previous Tier 1 or 2 Memberships only.)

FORMER MEMBERSHIP INFORMATION:

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

<input type="checkbox"/> New York State Teachers' Retirement System	<input type="checkbox"/> New York City Board of Education Retirement System
<input type="checkbox"/> New York State and Local Employees' Retirement System	<input type="checkbox"/> New York City Teachers' Retirement System
<input type="checkbox"/> New York State and Local Police and Fire Retirement System	<input type="checkbox"/> New York City Police Pension Fund
<input type="checkbox"/> New York City Employees' Retirement System	<input type="checkbox"/> 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 _____

17 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 _____

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
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