

OATH OF OFFICE

(Print Last Name)

(First Name)

(Middle Initial)

State of New York)
County of Westchester} ss:

I do solemnly affirm that I will support the Constitution of the United States, the
Constitution of the state of New York, and that I will faithfully discharge the duties of the
office of _____ Adjunct Faculty _____
according to the best of my ability _____ (signed)

CODE OF ETHICS

Department: _____

Date: • _____

I have been given a copy of Local Law No. 3-88, as amended, The Westchester County
CODE OF ETHICS, and understand it is my responsibility to read this law.

SOCIAL SECURITY #	FULL NAME PRINTED	SIGNATURE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>

QR Code - Section 1
Do Not Write In This Space

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)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: 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.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.



Instructions for 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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

APPLICATION FOR EXAMINATION/EMPLOYMENT



UPON COMPLETION MAIL OR DELIVER TO:

**WESTCHESTER COUNTY DEPARTMENT OF
HUMAN RESOURCES
RECRUITMENT & SELECTION UNIT**
148 Martine Avenue, Suite 100
White Plains, New York 10601

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING

This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully**, printed in ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application or copy must be filed for each. **(PLEASE PRINT OR TYPE)**

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of Westchester County to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual orientation, or any other protected status.

1. Social Security Number

____/____/____

2. Last Name

First Name

M.I.

Mailing Address

City

State

Zip Code

REQUIRED INFORMATION

LEGAL ADDRESS (Not a Post Office Box #)

Number and Street

City

State

Zip Code

3. Home Phone

()

Business/Cell Phone

()

E-Mail Address

Open Competitive Examinations Only-Legal Residence Codes: If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. Fill in the boxes with the residency codes of your legal residence, as listed on page 2 of this application. If you do not live in one of the listed municipalities/districts, use the codes provided for "Other". Based on the legal address you provide and the information you submit below, the Westchester County Department of Human Resources will determine, subject to verification, your legal residence for eligible list resident certifications. It is your responsibility to provide us sufficient information regarding legal residence for you to be included. If your residency changes, you must immediately notify the Westchester County Department of Human Resources, in writing.

County	City	Town	Village	School District	Fire District

4. Exam Number

Title

Date of Examination

Mo

Day

Yr

5. Are you filing for examinations with other civil service commissions that are being held on the same date? ☐ YES ☐ NO

If yes, please attach a completed cross-filer form.
(available on www.westchestergov.com/hr)

6. Are you requesting testing accommodation(s)?

YES NO

(such as for a disability or an alternate test date)

☐ ☐

Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "G" on the last page of this application.

7. Check appropriate box:

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

YES NO

☐ ☐

B. Did you ever resign from any employment rather than face dismissal?

YES NO

☐ ☐

C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable", or which was issued under other than honorable circumstances?

YES NO

☐ ☐

If you answered "YES" to any of the questions 7 A-C above, you must give specifics, including date, nature, and current disposition (Attach additional 8½" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. 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.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

FOR COUNTY EMPLOYMENT: IN ACCORDANCE WITH WESTCHESTER COUNTY'S COMPREHENSIVE DRUG-FREE WORKPLACE POLICY AND PROCEDURES, AND COMMITMENT TO MAINTAIN A SAFE, ALCOHOL AND DRUG-FREE WORK ENVIRONMENT, YOU MAY BE REQUIRED TO SUBMIT TO URINANALYSIS, BREATH, AND/OR BLOOD TEST. IN ADDITION, IF OFFERED EMPLOYMENT, YOU WILL BE SUBJECT TO THE WESTCHESTER COUNTY FINGERPRINTING POLICY UNDER WHICH YOUR APPOINTMENT MAY BE CONDITIONED ON THE RESULTS OF A FINGERPRINTING INVESTIGATION.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant

Date

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record? ☐ NO ☐ YES

If yes, please indicate here: _____

DO NOT WRITE BELOW - FOR HUMAN RESOURCES USE

Entered By: _____ JCC: _____ Dispo: _____ Fee: _____ Vet: _____

CPT/D: _____/_____

☐ Approved By: _____ Date: _____

☐ Conditional: _____

☐ Disapproved: _____

Section 7: _____

Paid

Date Received

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

Carefully read the minimum qualifications for the position/examination for which you are applying. Fee(s) will not be refunded if you do not meet the established qualifications. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your experiences relating to the minimum qualifications of the position or examination 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 interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination 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 8½" X 11" sheets of paper using the same format.)

Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Name of Employer	Address	City and State
Describe duties below:			
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Name of Employer	Address	City and State
Describe duties below:			
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Name of Employer	Address	City and State
Describe duties below:			
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Name of Employer	Address	City and State
Describe duties below:			
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			

Have you answered all appropriate questions? An incomplete application may be disapproved.

INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. No cash accepted. A check or money order only (payable to Westchester County Department of Human Resources) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned. Waivers: See section "C," below.

A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the Westchester County Department of Human Resources or the Department's website, www.westchestergov.com/hr and at municipal buildings and public libraries throughout Westchester County.

B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

C. APPLICATION FEE WAIVER

The application fee **may** be waived with proof of supplemental Social Security payments, public assistance, receiving foster care, or unemployed and primarily responsible for the support of a household.

D. ADMISSION TO EXAMINATION

Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (914) 995-2117. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

E. DISQUALIFICATION APPEAL

Any appeal of a disqualification notice must be made in writing and received in the Department of Human Resources by the date and time indicated on the notice.

F. LEGAL ADDRESS CHANGES

You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

G. TESTING ACCOMMODATION (ATTACH REQUEST)

If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Alternate test dates are granted at the discretion of the Department of Human Resources. Examples such as the following may be considered as reasons for granting an alternate test date. Please check the appropriate box below.

1. ☐ Death in the family or household or attendance at funeral or memorial service
2. ☐ Medical illness or emergencies involving the candidate or member(s) of the family
3. ☐ Military Orders
4. ☐ Religious Observance - Candidate must submit required form
5. ☐ Wedding
6. ☐ Vacation for which a non-refundable down payment was made before the exam announcement was issued
7. ☐ Required court appearances

Candidates who meet the criteria may be eligible for one alternate test date. A written request with appropriate documentation justifying the request must be submitted to the Examination Administration Unit for consideration.

H. VETERANS CREDITS

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.

Discharged Veterans are required to submit a copy of their DD214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

I am claiming credit as a ☐ Veteran ☐ Disabled Veteran ☐ Active Service Member

Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes ☐ No ☐

Subsequent to using non-disabled veterans credits to obtain appointment have you been qualified as a disabled veteran? Yes ☐ No ☐

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

	FROM MO/YR	TO MO/YR
<input type="checkbox"/> World War II:	December 7, 1941- December 31, 1946.....	() ()
<input type="checkbox"/> US Public Health Service:	July 29, 1945-September 2, 1945.....	() ()
<input type="checkbox"/> Korean Conflict:	June 27, 1950-January 31, 1955.....	() ()
<input type="checkbox"/> US Public Health Service:	June 26, 1950-July 3, 1952.....	() ()
<input type="checkbox"/> Vietnam Conflict:	February 28, 1961-May 7, 1975.....	() ()
* <input type="checkbox"/> Hostilities in Lebanon:	June 1, 1983-December 1, 1987.....	() ()
* <input type="checkbox"/> Hostilities in Grenada:	October 23, 1983-November 21, 1983.....	() ()
* <input type="checkbox"/> Hostilities in Panama:	December 20, 1989-January 31, 1990.....	() ()
<input type="checkbox"/> Persian Gulf Conflict:	August 2, 1990 - ()	() ()
<input type="checkbox"/> Active Duty:		() ()

*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

LEAVE THIS SPACE BLANK



Conditional Offer of Employment Background Clearance

To be completed after a conditional offer of employment is made to the candidate

County Department Westchester Community College

Candidate Name _____ **Candidate Title** _____

1. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (MISDEMEANOR OR FELONY)
(GIVE DETAILS) YES ___ NO ___

2. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE?
(GIVE DETAILS) YES ___ NO ___

3. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE? (MISDEMEANOR OR FELONY)
(GIVE DETAILS) YES ___ NO ___

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS BELOW AND/OR ATTACHED, INCLUDING DATE, NATURE AND CURRENT DISPOSITION.

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.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification. This application may be used for review by the prospective appointing authority as part of a background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Print Name

Signature

Date

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865. If the employee is also a new hire or rehire, see **Box B** instructions.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the **Yes** or **No** box indicating if dependent health insurance benefits are available to this employee. If **Yes**, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119. To report newly-hired or rehired employees online instead of submitting this form, go to www.nynewhire.com.

Worksheet

See the instructions before completing this worksheet.

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.		
7 College tuition credit	7	_____
8 New York State household credit	8	_____
9 Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.		
10 Child and dependent care credit	10	_____
11 Earned income credit	11	_____
12 Empire State child credit	12	_____
13 Other credits (see instructions)	13	_____
14 Head of household status and only one job (enter 2 if the situation applies)	14	_____
15 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____		
Divide this estimate by \$1,000. Drop any fraction and enter the number	15	_____
16 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 25. All others enter 0	16	_____
17 Add lines 6 through 16. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	17	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

18 Enter your estimated federal itemized deductions for the tax year	18	_____
19 Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 18	19	_____
20 Subtract line 19 from line 18	20	_____
21 Enter your estimated college tuition itemized deduction	21	_____
22 Add lines 20 and 21	22	_____
23 Based on your federal filing status, enter the applicable amount from the table below	23	_____

Single (cannot be claimed as a dependent)	\$ 7,900	Qualifying widow(er)	\$15,850
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$15,850
Head of household	\$11,100	Married filing separate returns	\$ 7,900

24 Subtract line 23 from line 22 (if line 23 is larger than line 22, enter 0 here and on line 16 above)	24	_____
25 Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25	_____

Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

26 Enter the amount from line 6 above	26	_____
27 Add lines 14 through 16 above and enter total here	27	_____
28 Add lines 26 and 27. Enter the result here and on line 2	28	_____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2018, 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					
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.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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(f)(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 who claims no withholding allowances; 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 possessions 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.



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.					
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 18)				1	
2 Total number of allowances for New York City (from line 29)				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
----------------------	------

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 a copy for your records.

Employer: Keep this certificate with your records.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 instructions):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
--	--------------------------------

Instructions

Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 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 moved into or out of NYC or Yonkers.
- 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 \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 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 IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	66
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

Example: You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 14.

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married*, but withhold at higher single rate on the certificate front, and divide the

total number of allowances that you compute on line 18 and line 29 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

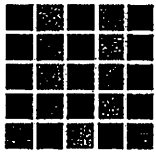
You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

(continued)



Westchester Community College

State University of New York

HUMAN RESOURCES

To: All Adjuncts and Seasonal/ Hourly Employees:
From: Sabrina Johnson Chandler, SPHR
Director, Human Resources
Re: Welcome & At-Will Employment Statement

Welcome to Westchester Community College!

The attached forms should be completed in full so that we can process your employment as expeditiously as possible.

Payroll schedules can be picked up here or in the Payroll office, **Admin. Rm.124**. Questions on paycheck pick-up should also be directed to Payroll or to your immediate supervisor.

Please note that, once hired, you will be an at-will employee. You will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. Please note, that no representative of the College, other than the President, has authority to change the terms of an at-will employment and that any such change can occur only in writing. Additionally, this appointment is subject to the provisions of the Policies, Rules and Regulations and Agreements applicable to Westchester Community College and Westchester County. **Please sign below indicating that you understand the terms of this assignment.**

Human Resources can be reached at (914) 606-6880 if you have other employment-related questions in the future.

Thank you in advance for your cooperation and, once again, Welcome!

Printed Name & Date

Signature & Date



EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION:

Name: _____

Address: _____

Home: **Phone** _____ **Cell** _____ **E-mail** _____ @ _____ . _____

IN CASE OF AN EMERGENCY:

Primary Contact: _____

Relationship to Employee: _____

☐ same address as employee

☐ same home phone as employee

Address: _____

Phone: **Work** _____ **Cell** _____ **Home** _____

Secondary Contact: _____

Relationship to Employee: _____

Address: _____

Phone: **Work** _____ **Cell** _____ **Home** _____

Employee Signature

Date

HR Representative

Date of Input

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM:

(Statement Acknowledging Optional Membership)

CHAPTER 636 of the Laws of 1985:

I hereby acknowledge that I have been informed by **Westchester Community College**, my employer, that as a "**teacher**" not currently a member of the New York State Teachers' Retirement System (NYSTRS) who is or will be rendering less than full-time service for the school year, I may, as a matter of right, join the New York State Teachers' Retirement System.

I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute a percentage of my salary.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Printed Name

Signature

Date

- ☐ I am currently a member of NYSTRS. If I am interested in obtaining service credit for my position(s) at Westchester Community College, I will submit my completed and notarized NYSTRS application to the Payroll office.
- ☐ Yes. I am interested in joining NYSTRS. I will submit my completed and notarized NYSTRS application to the Payroll office.



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

PLEASE RETURN THIS MANDATORY APPLICATION TO
WESTCHESTER COMMUNITY COLLEGE
PAYROLL OFFICE, ROOM 124, ADMINISTRATION BUILDING
75 GRASSLANDS ROAD, VALHALLA, N.Y. 10595

MANDATORY APPLICATION FOR DIRECT DEPOSIT

I hereby authorize and request Westchester Community College, to initiate credit entries, and adjustment for any credit entries in error to my account in my bank named below. Westchester Community College will not be responsible for any incurred bank fees to the below named employee. These credits will be made periodically as such amounts become payable without any further authorization from me.

I further authorize and request my bank to accept any credit entries initiated by Westchester Community College to such account and to credit the same account without responsibility for the correctness thereof or for the existence of any further authorization relating there to:

**WCC CAN ONLY DIRECT DEPOSIT YOUR NET PAY INTO A
CHECKING ACCOUNT OR A SAVINGS ACCOUNT.**

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

ACCOUNT *BANK CHECKING _____ SAVINGS _____

9 DIGIT ROUTING NUMBER _____ (VERY IMPORTANT)

EMPLOYEE'S ACCOUNT NUMBER _____

***ATTACH A VOIDED BLANK CHECK FROM YOUR BANK CHECKING ACCOUNT.**

This authority is to remain in full force until the Westchester Community College has received written notification from me of its termination or modification in such time and in such manner as to afford Westchester County a reasonable opportunity to act upon it. ***I understand that Direct Deposit is mandatory at WCC and will give another bank account as soon as I can.

**DEPOSITS INTO YOUR ACCOUNT WILL BEGIN 2 PAY PERIODS AFTER
SUBMISSION; AT THAT TIME YOU MUST REGISTER FOR IPAY-WCC
ELECTRONIC PAPERLESS PAYROLL SYSTEM (DETAILED ENROLLMENT
INSTRUCTIONS CAN BE FOUND IN THE PUBLIC FOLDERS/PAYROLL
OFFICE, AS WELL AS IN THE PAYROLL OFFICE).**

**PLEASE CONTACT THE PAYROLL DEPARTMENT BEFORE CLOSING YOUR ACCOUNT.
REMEMBER DIRECT DEPOSIT IS MANDATORY AT WCC.

EMPLOYEE NAME _____

WORK PHONE NUMBER _____ DATE _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

EMPLOYEE EMAIL ADDRESS: _____

TO BE COMPLETED BY THE PAYROLL DEPARTMENT

ENTERED BY _____ DATE _____



Westchester
Community College

State University of New York

HUMAN RESOURCES

If you are employed in a position that requires a degree, as a Westchester Community College employee you must supply the Human Resources department with sealed/unopened, **Official Transcript(s) for all degree levels** within the next 60 days. Candidates whose education is outside of the United States educational system are required to submit an acceptable evaluation of their educational credentials. This evaluation must be from one of the companies that provide evaluations of foreign higher education for New York State employment. (Please see the reverse side of this form if this is applicable to you.) The evaluation fees must be paid by the employee.

If you have attended a college or university under another name or your maiden name, please request that the school indicate both names on the Official Transcripts.

Job Title:

Job Group: (Check all that Apply)

☐ **Hourly**

☐ I am teaching a credit course

☐ I am teaching a TESOL course

☐ I am teaching a non-credit course at the credit rate

☐ I am a Senior Tutor

☐ I am a teaching a non-credit course (no transcript required)

☐ I am an hourly/clerical worker (no transcript required)

☐ **Salaried**

☐ Management

☐ Faculty

☐ Nurse

☐ CSEA

☐ I have Official Transcripts to submit (Please attach)

☐ I do not have Official Transcripts and will request

School

Degree

School	Degree

Please have all Official Transcripts and foreign credit evaluations (if applicable) sent to:

Westchester Community College
Attn: Roxanne Parks, Personnel Clerk
Human Resources Dept., Admin. Bldg. Suite B42
75 Grasslands Road, Valhalla, NY 10595-1698
914-606-6880 (phone)
e-mail: humanresources@sunywcc.edu

Employee Name (Print)

Maiden or Former Name (Name on Transcripts)

XXX — XX — — — — —
(Last 4 Digits of Social Security Number)

(Phone Number/E-mail Address)

(Signature)

(Date)

TURN —————>

Evaluations of Foreign Education

If the minimum qualifications on an announcement require a degree or course work and you have obtained this education in another country, the following provide evaluations of foreign education for New York State employment. We accept ONLY the evaluations performed by these companies. Evaluation fees must be paid by the applicant.

Evaluations of Foreign Education

<p>Academic Evaluation Services, Inc. 11700 N 58th Street G & H, Tampa, FL, 33617. Phone: (813) 374-2020 Fax: (813) 374-2023 email: info@aes-edu.org Website: http://www.aes-edu.org</p>	<p>The Foreign Educational Document Service PO Box 4091, Stockton, CA 95204 Phone (209) 948-6589 Fax (209) 937-0717</p>
<p>Center for Applied Research, Evaluations & Education, Inc. PO Box 20348, Long Beach, CA 90801 Phone (562) 430-1105 Or (562) 430-2030 Fax: (562) 430-8215 email: evalcaree@earthlink.net</p>	<p>Foundation for International Services, Inc. 14926 35th Avenue W., Suite 210, Lynnwood, WA 98087 Phone (425) 248-2255 Fax (425) 248-2262 email: info@fis-web.com Website: www.fis-web.com</p>
<p>Education Evaluators International, Inc. 11 South Angell Street #348, Providence, RI 02906 Phone (401) 521-5340 Fax (401) 437-6474 email: eval@educei.com Website: http://www.educei.com</p>	<p>Global Credential Evaluators, Inc. P.O. Box 9203, College Station, TX 77842-9203 Phone: (512) 528-0908 Fax: (512) 528-9293 email: gce@gceus.com Website: http://www.gceus.com or http://www.gcevaluators.com</p>
<p>Education International, Inc. 29 Denton Road, Wellesley, MA 02482 Phone: (781) 235-7425 Fax: (781) 235-6831 email: edint@gis.net Website: www.educationinternational.org</p>	<p>Globe Language Services, Inc. 319 Broadway, New York, NY 10007 Phone (212) 227-1994 Fax (212) 693-1489</p>
<p>Educational Credential Evaluators, Inc. PO Box 514070, Milwaukee, WI 53203-3470 Phone (414) 289-3400 Fax (414) 289-3411 email: eval@ece.org Website: www.ece.org</p>	<p>Global Services Associates 2554 Lincoln Blvd. #445, Marine del Rey, CA 90291 Phone: (310) 828-5709 Fax: (302) 828-5709 email: info@globaleval.org Website: www.globaleval.org</p>
<p>Educational Perspectives, nfp. P.O. Box 618056, Chicago, IL 60661-8056 Phone: (312) 421-9300 Fax: (312) 421-9353 email: info@edperspective.org Website: http://www.edperspective.org</p>	<p>International Consultants of Delaware, Inc. 625 Barksdale Road, Suite 109, Newark, DE 19711-3258 Phone (302) 737-8715 Fax (302) 737-8756 email: icd@icdel.com Website: www.icdel.com</p>
<p>Educational Records Evaluation Service, Inc. 777 Campus Commons Road, Suite 200 Sacramento, CA 95825-8309 Phone (916) 565-7475 Fax (916) 565-7476 email: edu@eres.com Website: www.eres.com</p>	<p>International Education Research Foundation, Inc. PO Box 3665, Culver City, CA 90231-3665 Phone (310) 258-9451 Fax (310) 342-7086 email: info@ierf.org Website: www.ierf.org</p>
<p>e-ValReports 10924 Mukilteo Speedway, #290, Mukilteo, WA 98275 Phone: (425) 349-5199 Fax: (425) 349-3420 email: brad@e-valreports.com Website: http://www.e-valreports.com</p>	<p>Josef Silny & Associates, Inc. International Education Consultants PO Box 248233, Coral Gables, FL 33124 Phone (305) 273-1616 Fax (305) 273-1338 email: info@jsilny.com Website: www.jsilny.com</p>
<p>Evaluation Service, Inc. 333 W. North Avenue, #284, Chicago, IL 60610 Phone (847) 477-8569 Fax (312) 587-3068 email: esi2@frontier.net Website: www.evaluationsservice.net</p>	<p>SpanTran Educational Services, Inc. 7211 Regency Square Blvd., Suite 205, Houston, TX 77036-3197 Phone (713) 266-8805 Fax (713) 789-6022 email: info@spantran-edu.com Website: www.spantran-edu.com</p>
<p>Foreign Academic Credential Service, Inc. P.O. Box 400, Glen Carbon, IL 62034 Phone (618) 656-5291 Fax: (618) 656-5292 email: facsa@aol.com Website: www.facsusa.com</p>	<p>World Education Services, Inc. PO Box 5087, Bowling Green Station, New York, NY 10274-5087 Phone (800) 937-3895 Or (212) 966-6311 Fax (212) 739-6100 email: info@wes.org Website: www.wes.org</p>