

## OATH OF OFFICE

\_\_\_\_\_

(Print Last Name)

\_\_\_\_\_

(First Name)

\_\_\_\_\_

(Middle Initial)

State of New York)  
County of Westchester) §§:

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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

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

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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](http://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](http://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](http://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 8 1/2" 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 URINALYSIS, 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: _____ / _____  <input type="checkbox"/> Approved By: _____ Date: _____  <input type="checkbox"/> Conditional: _____  <input type="checkbox"/> Disapproved: _____  Section 7: _____	Paid	Date Received
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## BACKGROUND, EDUCATION AND TRAINING

**VETERANS:** If you served or if you are an active member of the Armed Forces of the United States, read and fill out Section H on page 4  
(FORM DD214 or proof of current service MUST BE ATTACHED)

**CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY:** In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.  
I claim additional credit as a child of a firefighter or police officer killed in the line of duty.  Yes  No

Are you 18 years of age or older? Yes  No

Are you a citizen of the United States? Yes  No  If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a High School Diploma? Yes  No  Name and location of High School

Or a High School Equivalency (GED) Diploma? Yes  No  Issuing Governmental Authority Document Number

**TRANSCRIPTS:** previously filed  on request from school

An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and **prior to participation in continuous recruitment examinations.** If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

### COLLEGE/UNIVERSITY

Name of School and City in which located	Dates of Attendance (Month/Year) From To	Type of Course or Major	Number of College Credits Received	Were You Graduated?	Type of Degree Received	Date Degree Received or Expected

### PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS


**LICENSE:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or posting, for which you are applying, complete the following and **attach a copy:**

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing Agency) City or State	Date License First Issued	Registered From (Mo/Yr) To (Mo/Yr)

**Note:** If a position requires a specified license to operate a motor vehicle, the applicant must provide the appointing authority with proof of a current, valid license (subject to verification) prior to appointment.

### LEGAL RESIDENCE CODES

<p><b>COUNTIES</b></p> <p><b>CODE MUNICIPALITY</b></p> <p>BRNX Bronx County</p> <p>COLB Columbia County</p> <p>DUTH Dutchess County</p> <p>KING Kings County (Brooklyn)</p> <p>NASS Nassau County</p> <p>NYNY New York County (Manhattan)</p> <p>ORAN Orange County</p> <p>PUTN Putnam County</p> <p>QUEEN Queens County</p> <p>RICH Richmond County (Staten Island)</p> <p>ROCK Rockland County</p> <p>SUFF Suffolk County</p> <p>SULL Sullivan County</p> <p>ULST Ulster County</p> <p><b>WEST Westchester County</b></p> <p>WTH Other</p> <p><b>CITIES</b></p> <p><b>CODE MUNICIPALITY</b></p> <p>CPK Peekskill</p> <p>CRY Rye City</p> <p>CTH Other</p> <p><b>TOWNS</b></p> <p><b>CODE MUNICIPALITY</b></p> <p>TBF Town of Bedford</p> <p>TCT Town of Cortlandt</p> <p>TFC Town of Eastchester</p> <p>TGB Town of Greenburgh</p>	<p>TLB Town of Lewisboro</p> <p>TMM Town of Mamaroneck</p> <p>TMP Town of Mount Pleasant</p> <p>TNW Town of New Castle</p> <p>TNC Town of North Castle</p> <p>TNS Town of North Salem</p> <p>TOS Town of Ossining</p> <p>TPL Town of Pelham</p> <p>TPR Town of Pound Ridge</p> <p>TRY Town of Rye</p> <p>TSM Town of Somers</p> <p>TYT Town of Yorktown</p> <p>TTH Other</p> <p><b>VILLAGES</b></p> <p><b>CODE MUNICIPALITY</b></p> <p>VAR Village of Ardsley</p> <p>VBC Village of Buchanan</p> <p>VBM Village of Briarcliff Manor</p> <p>VBV Village of Bronxville</p> <p>VCR Village of Croton-on-Hudson</p> <p>VDF Village of Dobbs Ferry</p> <p>VEF Village of Elmsford</p> <p>VHH Village of Hastings-on-Hudson</p> <p>VHR Village of Harrison</p> <p>VIR Village of Irvington</p> <p>VLM Village of Larchmont</p> <p>VMK Village of Mount Kisco</p> <p>VMM Village of Mamaroneck</p> <p>VOS Village of Ossining</p>	<p>VPL Village of Pelham</p> <p>VPM Village of Pelham Manor</p> <p>VPV Village of Pleasantville</p> <p>VPC Village of Port Chester</p> <p>VRB Village of Rye Brook</p> <p>VSD Village of Scarsdale</p> <p>VNT Village of Sleepy Hollow</p> <p>VTK Village of Tuckahoe</p> <p>VTT Village of Tarrytown</p> <p>VTH Other</p> <p><b>SCHOOL DISTRICTS</b></p> <p><b>CODE DISTRICT</b></p> <p>SAR Ardsley School District</p> <p>SMK Bedford Central School District</p> <p>SBB Blind Brook School District</p> <p>SBH Byram Hills School District</p> <p>SBM Briarcliff Manor School District</p> <p>SBV Bronxville School District</p> <p>SCH Chappaqua School District</p> <p>SCR Croton School District</p> <p>SCT Hendrick Hudson School District</p> <p>SDF Dobbs Ferry School District</p> <p>SEC Eastchester School District</p> <p>SEF Elmsford School District</p> <p>SEM Edgemont School District</p> <p>SHD Greenburgh Central #7 School District</p> <p>SHH Hastings School District</p> <p>SHR Harrison Central School District</p> <p>SIR Irvington School District</p>	<p>SKL Katonah-Lewisboro School District</p> <p>SLL Lakeland School District</p> <p>SMM Mamaroneck School District</p> <p>SMP Mt. Pleasant School District</p> <p>SNS North Salem School District</p> <p>SNT Pocantico Hills School District</p> <p>SOS Ossining School District</p> <p>SPC Port Chester School District</p> <p>SPK Peekskill City School District</p> <p>SPL Pelham School District</p> <p>SPV Pleasantville School District</p> <p>SRN Rye Neck School District</p> <p>SRY Rye City School District</p> <p>SSD Scarsdale School District</p> <p>SSM Somers School District</p> <p>STK Tuckahoe School District</p> <p>STT Tarrytown School District</p> <p>SVL Valhalla School District</p> <p>SYH Yorktown Heights School District</p> <p>STH Other</p> <p><b>FIRE DISTRICTS</b></p> <p><b>CODE DISTRICT</b></p> <p>FEC Eastchester Fire District</p> <p>FFV Fairview Fire District</p> <p>FGV Greenville Fire District</p> <p>FHD Hartsdale Fire District</p> <p>FLM Lake Mohegan Fire District</p> <p>FTH Other</p>
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## 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 8 1/2" 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](http://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** Adjunct Faculty

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**

# Form W-4 (2019)

**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](http://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 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 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 2019 expires February 17, 2020. 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 2019 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](http://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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://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](http://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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're 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.					
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 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul>					
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 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)	

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: { <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> } . . . . .	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	_____
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	_____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: { <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> } . . . . .	<b>2</b>	\$ _____
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for Information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	Add lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____



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
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 35) .....	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 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 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 2019 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 5 of the worksheet on page 3. 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 making estimated tax payments, 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 20 and line 35 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 6 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 7 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 6 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.

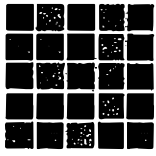
**Note:** If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 6 or Part 7, is accurate for a weekly payroll. Therefore, if you 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.

**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. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.



Westchester  
Community College

State University of New York

**HUMAN RESOURCES**

**To:** All Adjuncts and Seasonal/ Hourly Employees:  
**From:** Aurora Workman  
Director, Human Resources  
**Re:** Welcome & At-Will Employment Statement

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**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!

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**Printed Name & Date**

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**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.



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 \_\_\_\_\_

**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 non-credit course at the credit rate
- I am a teaching a non-credit course (no transcript required)
- I am teaching a TESOL course
- I am a Senior Tutor
- 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

<u>School</u>	<u>Degree</u>

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 &amp; H, Tampa, FL, 33617. Phone: (813) 374-2020 Fax: (813) 374-2023 email: <a href="mailto:info@aes-edu.org">info@aes-edu.org</a> Website: <a href="http://www.aes-edu.org">http://www.aes-edu.org</a></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 &amp; Education, Inc. PO Box 20348, Long Beach, CA 90801 Phone (562) 430-1105 Or (562) 430-2030 Fax: (562) 430-8215 email: <a href="mailto:evalcaree@earthlink.net">evalcaree@earthlink.net</a></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: <a href="mailto:info@fis-web.com">info@fis-web.com</a> Website: <a href="http://www.fis-web.com">www.fis-web.com</a></p>
<p>Education Evaluators International, Inc. 11 South Angell Street #348, Providence, RI 02906 Phone (401) 521-5340 Fax (401) 437-6474 email: <a href="mailto:eval@educei.com">eval@educei.com</a> Website: <a href="http://www.educei.com">http://www.educei.com</a></p>	<p>Global Credential Evaluators, Inc. P.O. Box 9203, College Station, TX 77842-9203 Phone: (512) 528-0908 Fax: (512) 528-9293 email: <a href="mailto:gce@gceus.com">gce@gceus.com</a> Website: <a href="http://www.gceus.com">http://www.gceus.com</a> or <a href="http://www.gcevaluators.com">http://www.gcevaluators.com</a></p>
<p>Education International, Inc. 29 Denton Road, Wellesley, MA 02482 Phone: (781) 235-7425 Fax: (781) 235-6831 email: <a href="mailto:edint@gis.net">edint@gis.net</a> Website: <a href="http://www.educationinternational.org">www.educationinternational.org</a></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: <a href="mailto:eval@ece.org">eval@ece.org</a> Website: <a href="http://www.ece.org">www.ece.org</a></p>	<p>Global Services Associates 2554 Lincoln Blvd. #445, Marine del Rey, CA 90291 Phone: (310) 828-5709 Fax: (302) 828-5709 email: <a href="mailto:info@globaleval.org">info@globaleval.org</a> Website: <a href="http://www.globaleval.org">www.globaleval.org</a></p>
<p>Educational Perspectives, nfp. P.O. Box 618056, Chicago, IL 60661-8056 Phone: (312) 421-9300 Fax: (312) 421-9353 email: <a href="mailto:info@edperspective.org">info@edperspective.org</a> Website: <a href="http://www.edperspective.org">http://www.edperspective.org</a></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: <a href="mailto:icd@icdel.com">icd@icdel.com</a> Website: <a href="http://www.icdel.com">www.icdel.com</a></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: <a href="mailto:edu@eres.com">edu@eres.com</a> Website: <a href="http://www.eres.com">www.eres.com</a></p>	<p>International Education Research Foundation, Inc. PO Box 3665, Culver City, CA 90231-3665 Phone (310) 258-9451 Fax (310) 342-7086 email: <a href="mailto:info@ierf.org">info@ierf.org</a> Website: <a href="http://www.ierf.org">www.ierf.org</a></p>
<p>e-ValReports 10924 Mukilteo Speedway, #290, Mukilteo, WA 98275 Phone: (425) 349-5199 Fax: (425) 349-3420 email: <a href="mailto:brad@e-valreports.com">brad@e-valreports.com</a> Website: <a href="http://www.e-valreports.com">http://www.e-valreports.com</a></p>	<p>Josef Silny &amp; Associates, Inc. International Education Consultants PO Box 248233, Coral Gables, FL 33124 Phone (305) 273-1616 Fax (305) 273-1338 email: <a href="mailto:info@jsilny.com">info@jsilny.com</a> Website: <a href="http://www.jsilny.com">www.jsilny.com</a></p>
<p>Evaluation Service, Inc. 333 W. North Avenue, #284, Chicago, IL 60610 Phone (847) 477-8569 Fax (312) 587-3068 email: <a href="mailto:esi2@frontier.net">esi2@frontier.net</a> Website: <a href="http://www.evaluationservice.net">www.evaluationservice.net</a></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: <a href="mailto:info@spantran-edu.com">info@spantran-edu.com</a> Website: <a href="http://www.spantran-edu.com">www.spantran-edu.com</a></p>
<p>Foreign Academic Credential Service, Inc. P.O. Box 400, Glen Carbon, IL 62034 Phone (618) 656-5291 Fax: (618) 656-5292 email: <a href="mailto:facsa@aol.com">facsa@aol.com</a> Website: <a href="http://www.facsusa.com">www.facsusa.com</a></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: <a href="mailto:info@wes.org">info@wes.org</a> Website: <a href="http://www.wes.org">www.wes.org</a></p>