

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 _____ Student Assistant
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 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any) | Other Last Names Used (if any) | | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | | Employee's Telephone Number | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | | |
| | | <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 (Enter USCIS or A-Number.) | | | | | |
| | | <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) | | | | | |
| | | If you check Item Number 4. , enter one of these: | | | | | |
| | | USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance | |
| Signature of Employee | | | | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | | OR | List B | AND | List C | |
|---|--|--|--|-----|---------------------------------------|--|
| Document Title 1 | | | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 2 (if any) | | Additional Information | | | | |
| Issuing Authority | | | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Document Title 3 (if any) | | | | | | |
| Issuing Authority | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |
| Document Number (if any) | | | | | | |
| Expiration Date (if any) | | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. | | | | | First Day of Employment (mm/dd/yyyy): | |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A | | LIST B | LIST C | |
|--|----|--|--|--|
| Documents that Establish Both Identity and Employment Authorization | OR | Documents that Establish Identity | AND 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, sex, 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, sex, height, eye color, and address | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) | |
| 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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal | |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | 4. Native American tribal document | |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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. U.S. Citizen ID Card (Form I-197) | |
| | | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) | |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document. | |
| | | 8. Native American tribal document | | |
| | | For persons under age 18 who are unable to present a document listed above: | | |
| | | 9. Driver's license issued by a Canadian government authority | | |
| 10. School record or report card | | | | |
| 11. Clinic, doctor, or hospital record | | | | |
| 12. Day-care or nursery school record | | | | |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | | |
| • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. | |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more 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

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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Are you a citizen of the United States? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 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 <input type="checkbox"/> No <input type="checkbox"/> | Name and location of High School | |
| Or a High School Equivalency (GED) Diploma? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 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

COUNTIES
CODE MUNICIPALITY
BRNX Bronx County
COLB Columbia County
DUTH Dutchess County
KING Kings County (Brooklyn)
NASS Nassau County
NYNY New York County (Manhattan)
ORAN Orange County
PUTN Putnam County
QUEN Queens County
RICH Richmond County (Staten Island)
ROCK Rockland County
SUFF Suffolk County
SULL Sullivan County
ULST Ulster County
WEST Westchester County
WTH Other

CITIES
CODE MUNICIPALITY
CPK Peekskill
CRY Rye City
CTH Other

TOWNS
CODE MUNICIPALITY
TBF Town of Bedford
TCT Town of Cortlandt
TEC Town of Eastchester
TGB Town of Greenburgh

TLB Town of Lewisboro
TMM Town of Mamaroneck
TMP Town of Mount Pleasant
TNW Town of New Castle
TNC Town of North Castle
TNS Town of North Salem
TOS Town of Ossining
TPL Town of Pelham
TPR Town of Pound Ridge
TRY Town of Rye
TSM Town of Somers
TYT Town of Yorktown
TTH Other

VILLAGES
CODE MUNICIPALITY
VAR Village of Ardsley
VBC Village of Buchanan
VBM Village of Briarcliff Manor
VBV Village of Bronxville
VCR Village of Croton-on-Hudson
VDF Village of Dobbs Ferry
VEF Village of Elmsford
VHH Village of Hastings-on-Hudson
VHR Village of Harrison
VIR Village of Irvington
VLM Village of Larchmont
VMK Village of Mount Kisco
VMM Village of Mamaroneck
VOS Village of Ossining

VPL Village of Pelham
VPM Village of Pelham Manor
VPV Village of Pleasantville
VPC Village of Port Chester
VRB Village of Rye Brook
VSD Village of Scarsdale
VNT Village of Sleepy Hollow
VTK Village of Tuckahoe
VTI Village of Tarrytown
VTH Other

SCHOOL DISTRICTS
CODE DISTRICT
SAR Ardsley School District
SMK Bedford Central School District
SBB Blind Brook School District
SBH Byram Hills School District
SBM Briarcliff Manor School District
SBV Bronxville School District
SCH Chappaqua School District
SCR Croton School District
SCT Hendrick Hudson School District
SDF Dobbs Ferry School District
SEC Eastchester School District
SEF Elmsford School District
SEM Edgemont School District
SHD Greenburgh Central #7 School District
SHH Hastings School District
SHR Harrison Central School District
SIR Irvington School District

SKL Katonah-Lewisboro School District
SLL Lakeland School District
SMM Mamaroneck School District
SMP Mt. Pleasant School District
SNS North Salem School District
SNT Pocantico Hills School District
SOS Ossining School District
SPC Port Chester School District
SPK Peekskill City School District
SPL Pelham School District
SPV Pleasantville School District
SRN Rye Neck School District
SRY Rye City School District
SSD Scarsdale School District
SSM Somers School District
STK Tuckahoe School District
STT Tarrytown School District
SVL Valhalla School District
SYH Yorktown Heights School District
STH Other

FIRE DISTRICTS
CODE DISTRICT
FEC Eastchester Fire District
FFV Fairview Fire District
FGV Greenville Fire District
FHD Hartsdale Fire District
FLM Lake Mohegan Fire District
FTH Other

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 | | | |
| 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** Student Assistant

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

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

| | | |
|---|-----------|---|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|--|---|-------------|----------|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ | | |
| | Multiply the number of other dependents by \$500 \$ _____ | | |
| | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

| | | |
|-----------------------------|--------------------------|--------------------------------------|
| Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------------|--------------------------|--------------------------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

| | |
|---|--|
| { | • \$30,000 if you're married filing jointly or a qualifying surviving spouse |
| | • \$22,500 if you're head of household |
| | • \$15,000 if you're single or married filing separately |

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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 (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions. | | | | | |
| 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) | | | | 1 | |
| 2 Total number of allowances for New York City (from line 31, if using worksheet) | | | | 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.

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's signature | Date |
|----------------------|------|

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? 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 New York State Tax Department.) | Employer identification number |
|---|--------------------------------|

Scan here

<https://www.tax.ny.gov/r/it2104i-2025>



FICA EXEMPTION ACKNOWLEDGMENT

It is the policy of Westchester Community College (WCC) that students who are enrolled in credit classes at least half-time and are also employed by WCC, may be exempted from paying Social Security taxes (FICA). FICA and Medi-FICA taxes will not be deducted from the wages of student/employees who meet the above criteria.

I hereby acknowledge that I have been informed of this policy by WCC, my employer.

Select one of the following options:

____ I am currently enrolled at WCC for a minimum of six credits or with half-time status

____ I am not currently enrolled as a student at WCC*

____ I elect not to accept the default exempt designation and wish to be subject to FICA taxes.

Name (Print) :

Social Security Number:

Signature_____ Date_____

***Enrollment in Community Service Courses does not qualify for exemption.**

| Business Office Use Only | | Personnel Office Use Only | |
|--------------------------|-----------------------|---------------------------|--|
| Semester Enrolled | | _____ | |
| _____ | Business Office Auth. | Payroll Use Only | |
| Date. | | _____ | |
| | | Payroll Auth./Date | |

1/20



HUMAN RESOURCES

To: All Adjuncts and Seasonal/ Hourly Employees

From: Aurora Workman
Director, Human Resource

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 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 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 & 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



HUMAN RESOURCES

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



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

APPLICATION FOR DIRECT DEPOSIT

PLEASE PRINT CLEARLY

It is the responsibility of the employee to make sure information being provided is accurate.

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 financial institution 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 financial institution 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 _____

*****ACCOUNT** **BANK CHECKING** _____ **SAVINGS** _____

9 DIGIT ROUTING NUMBER _____

EMPLOYEE'S ACCOUNT NUMBER _____

*****PLEASE PROVIDE VOIDED CHECK OR VERIFIED ACCOUNT INFORMATION FROM YOUR BANKING INSTITUTION**

This authority is to remain in full force until 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.

DIRECT DEPOSITS WILL BEGIN ONCE ACCEPTED BY YOUR FINANCIAL INSTITUTION; AT THAT TIME YOU MUST REGISTER FOR IPAY-WCC ELECTRONIC PAPERLESS PAYROLL SYSTEM, PLEASE EMAIL PAYROLL.OFFICE@SUNYWCC.EDU FOR INSTRUCTIONS.

PLEASE CONTACT THE PAYROLL DEPARTMENT EMAIL PAYROLL.OFFICE@SUNYWCC.EDU BEFORE CLOSING YOUR ACCOUNT.

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** _____



ADP iPayStatements

For direct deposit paychecks

Dear Employee:

Through ADP iPayStatements, Westchester Community College can offer you independent access to three years of your earnings statements and W-2 forms 24 hours per day, 7 days a week: **for all employees receiving direct deposit paychecks.**

Once you receive your first direct deposit paycheck, please send an email from your Westchester Community College email address to Payroll.Office@sunywcc.edu requesting access to ADP iPayStatements.

Your employee set-up information will be entered in ADP iPayStatements by the Payroll Office. Once confirmed, an email will be sent by the Payroll Office to your Westchester Community College email address with a link and the necessary current information to self-register for ADP iPayStatements.

Once your self-registration is completed, you will be assigned a unique system generated User ID. You will then be prompted to select a unique password. Your password must contain between 8 to 20 characters and at least one alpha and one numeric character.

You may elect to have an automatic email notification sent to you when your current earnings statement is available. Included in the email notification is a direct link to the ADP iPayStatements website.

Thank you.

Westchester Community College Payroll Office
Payroll.Office@sunywcc.edu



**Equal Employment Opportunity/
Affirmative Action**

ACKNOWLEDGEMENT AND RECEIPT OF:

**Executive Order #2 of 2009
The Westchester County Equal Employment Opportunity Policy**

**Executive Order #3 of 2009
The Westchester County Anti-Harassment and Discrimination Policy**

**Executive Order #11 of 2018
The Westchester County Sexual Harassment Prevention Policy**

I acknowledge that on ____/____/____ I have been provided with a copy of Westchester County's Executive Order #2 of 2009 entitled "The Westchester County Equal Employment Opportunity Policy, Executive Order #3 of 2009 entitled "The Westchester County Harassment and Discrimination Policy," and Executive Order #11 of 2018 entitled "The Westchester County Sexual Harassment Prevention Policy."

I understand any employee who engages in conduct prohibited by these policies will be subject to disciplinary action, up to and including discharge.

I understand it is my obligation to refrain from engaging in harassing or discriminatory conduct of any kind.

Print Name:

Signature:

Department: Westchester Community College

Date:



Executive Order No. 3 of 2008-
Code of Conduct

ACKNOWLEDGEMENT

I _____, have read, understand and am in compliance with the provisions of the Code of Conduct. I have also read the summary of policies attached to the Code of Conduct and have read, understand and in compliance with those policies mentioned as well.

I am not aware of any violations of the Code of Conduct or attached policies at this time. Should I become aware of any violations of this Code of Conduct, I understand it is my obligation to notify the Office of Professional Responsibility, my supervisor, appointing or department head.

Signed: _____

Date: _____

Department: Westchester Community College

WESTCHESTER COUNTY DRUG-FREE WORKPLACE POLICY AND PROCEDURES

ACKNOWLEDGEMENT

I hereby acknowledge that I have received the Westchester County Drug-Free Workplace Policy and Procedures. I have carefully and thoroughly read, The County's Drug-free Workplace Policy and Procedures. I agree, without reservation, to follow the policy and procedures. I understand I may be required to submit to an alcohol and/or drug test. I also understand that failure to comply with the policy and procedures is the basis for discipline.

Date

Employee's Signature

Employee's Name (printed)