



**Town of Clinton**  
1215 Centre Rd.  
Rhinebeck, NY 12572  
(845) 266-5721 ext. 105 (Mornings)  
(845) 266-5932 Fax

Enclosed is your hiring packet for SEASONAL SUMMER EMPLOYMENT for the Town of Clinton. This is a temporary, seasonal position with no benefits. You will not accrue sick, personal or vacation time. However, you may enroll in the New York State Local Retirement System and accrue service time for the hours that you work, as a civil service employee. The forms to enroll in the retirement system are included in this packet. If you decide to enroll, your portion of pre-tax contributions to the Retirement plan will be deducted from your paycheck.

ALL forms must be completely filled out *before employment begins* and submitted to the Town Supervisor's Office for processing.

Checklist:

- \_\_\_\_\_ Employment Eligibility Verification (with copies of Identification)
- \_\_\_\_\_ W-4 Federal Employee's Withholding Allowance Certificate
- \_\_\_\_\_ IT-2104 New York State Employee's Withholding Allowance Certificate
- \_\_\_\_\_ New York State Retirement Registration Form (Optional)
- \_\_\_\_\_ New York State Participation Sign-Up (Answer Yes or No)
- \_\_\_\_\_ Dutchess County Employment Application (Please be sure to sign)
- \_\_\_\_\_ Dept. of Labor Notice and Acknowledgement of Pay Rate
- \_\_\_\_\_ Lifeguard/First Aid/WSI/AED Certifications

Thank you in advance for helping the Town comply with its federal, state and county obligations in its employment practices.



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><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>	
QR Code - Section 1 Do Not Write In This Space	

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*





**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

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**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.

<p align="center"><b>LIST A</b>  <b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p align="center"><b>OR</b></p>	<p align="center"><b>LIST B</b>  <b>Documents that Establish Identity</b></p>	<p align="center"><b>AND</b></p>	<p align="center"><b>LIST C</b>  <b>Documents that Establish Employment Authorization</b></p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>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</p> <p>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</p>	<p>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</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p>		
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(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.</p>	<p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p>	<p>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</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>		
<p>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</p>	<p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>7. Employment authorization document issued by the Department of Homeland Security</p>		

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

Refer to the instructions for more information about acceptable receipts.

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

**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, when to use the online estimator, and privacy.

**Step 2:** 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.  
**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# Employee's Withholding Allowance Certificate

# IT-2104

New York State • New York City • Yonkers

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 4 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
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep 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 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, 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 2020 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use the same number of allowances you claimed on your 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.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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.



**Town of Clinton**  
1215 Centre Rd.  
Rhinebeck, NY 12572  
(845) 266-5721 ext. 105 (Mornings)  
(845) 266-5932 Fax

TO: Personnel file for \_\_\_\_\_

SUBJECT: NYS Retirement Participation Request

As a Town of Clinton employee you are eligible to participate in the New York State Retirement System. Please check one of the following options that apply to your situation, sign where shown and return to the Town Supervisor's Office.

\_\_\_\_\_ I do not wish to participate in the NYS Retirement System.

\_\_\_\_\_ I do wish to participate in the NYS Retirement System.

\_\_\_\_\_ I am already in the NYS Retirement system and wish to continue participation.  
My Retirement Registration Number is \_\_\_\_\_, Tier # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Fax Number (518)486-4382

Please type or print clearly  
in blue or black ink

NYSLRS ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number \*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

# Employees' Retirement System Membership Registration

RS 5420  
(Rev. 7/18)

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

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

Employee's Name: (First, Middle Initial, Last)

Employee's Address: (Including Street, Apt No and/or PO Box, City, State and Zip Code)

Former Name: (if applicable)	Date of Birth (mm/dd/yyyy)	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F

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

If yes, please indicate name of system: \_\_\_\_\_

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

If yes, please indicate name of system: \_\_\_\_\_

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

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

Employer's Name: (Indicate State, or name of public entity by which employed and Department, Division or Institution)

**TOWN OF CLINTON**

Employer's Address: (Including Street, City, State and Zip Code)

**1215 CENTRE ROAD, RHINEBECK, NY 12572**

Employer's Telephone		Employer's Fax Number		Employee's Payroll Title (Job Code) [1]											
8452665721		8452665932													
*Hire Date			Date of Full-Time Permanent Appointment			Employee Classification									
Month	Day	Year	Month	Day	Year	12 Month <input type="checkbox"/>	10 Month <input type="checkbox"/>	12 Month Provisional <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Substitute <input type="checkbox"/>	On Call <input type="checkbox"/>	Per Diem <input type="checkbox"/>			
						Regular <input type="checkbox"/>	Full Time <input type="checkbox"/>	Location Code			Report Code				
For a Substitute, Seasonal, On Call or Per Diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes						Temporary <input type="checkbox"/>	Part Time <input type="checkbox"/>	3	0	4	6	4	0	1	0
						Check if Either Applies			For State Agency Use Only						
						Elected Official <input type="checkbox"/> Appointed Official <input type="checkbox"/>			Agency Code:						

**Frequency of Payment**

Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly  Semi-Annually  Annually  Other- Please Specify \_\_\_\_\_

**Basis of Compensation and Rate**

Annual \$ \_\_\_\_\_ Daily \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Units of Work Performed \$ \_\_\_\_\_ per \_\_\_\_\_ (Example: \$50 per meeting or per examination etc)

Projected Annualized Wage \_\_\_\_\_ [2] Tier 6 requires employers to determine the Annual Wage for individuals who work Part-Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See back of this page for examples.

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

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Telephone Number: \_\_\_\_\_ Employee's Email Address: \_\_\_\_\_

TOWN OF CLINTON  
1215 CENTRE ROAD  
RHINEBECK, NY 12572

## Direct Deposit Authorization Agreement

Your net pay can be deposited into any checking or savings account held at most banks and credit unions.

Name: \_\_\_\_\_

### DEPOSIT MY NET PAY INTO THE FOLLOWING ACCOUNT

Type of Account: Checking or Savings (please circle)

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

I hereby authorize Town of Clinton and its subsidiaries to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above.

This authority is to remain in full force and effect until Town of Clinton or its subsidiaries has received written notification from me on its termination in such time and in such manner as to afford Town of Clinton and its subsidiaries a reasonable time to act on it.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please attach a voided check for checking accounts.

## Dutchess County Summer Camp 2019 Application

Title of Position: \_\_\_\_\_

Municipality: \_\_\_\_\_

**For Dutchess County HR Use Only**

Approved \_\_\_\_\_  
 Conditional \_\_\_\_\_  
 Disapproved \_\_\_\_\_

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_  
 Last Name, First Name, Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

3. If you are under 18 years of age, can you provide proof of eligibility to work? Yes  No

4. ~~If the position you are applying for has minimum or maximum age limits (see job description), please enter your date of birth:~~

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Are you currently a U.S. citizen? Yes  No   
 If "No", please give alien registration number: \_\_\_\_\_

**6. CERTIFICATIONS/LICENSES: (\*Attach a copy of your certification/license to this application.)**

Title/Issuing Authority	License #	Original Date of Issue	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid license to operate a motor vehicle in New York? Yes  (Class \_\_\_\_\_) No

**7. EDUCATION:**

High School: Do you possess a high school or equivalency diploma? Yes  No  If no, last grade completed: \_\_\_\_\_  
 Name of High School \_\_\_\_\_

College:	Name/Location	Dates Attended	Major	# of Credits	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**8. WORK EXPERIENCE: (Attach additional sheets if necessary.)**

Name of Employer/Address \_\_\_\_\_ Title \_\_\_\_\_  
 Dates of Employment (From Mo/Yr) \_\_\_\_\_ (To Mo/Yr) \_\_\_\_\_ # of hours/wk \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

Name of Employer/Address \_\_\_\_\_ Title \_\_\_\_\_  
 Dates of Employment (From Mo/Yr) \_\_\_\_\_ (To Mo/Yr) \_\_\_\_\_ # of hours/wk \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

**Affirmation and Authorization to Investigate and Release**

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

**1. Employer Information**

Name: *Town of Clinton*

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:  
*1215 Centre Rd  
Rhinebeck, NY 12572*

Mailing Address:  
*Same*

Phone: *845-266-5121 ext 130*

- 2. Notice given:**
- At hiring
  - Before a change in pay rate(s), allowances claimed or payday

**3. Employee's rate of pay:**  
\$ \_\_\_\_\_ per hour

- 4. Allowances taken:**
- None
  - Tips \_\_\_\_\_ per hour
  - Meals \_\_\_\_\_ per meal
  - Lodging \_\_\_\_\_
  - Other \_\_\_\_\_

**5. Regular payday:** \_\_\_\_\_

- 6. Pay is:**
- Weekly
  - Bi-weekly
  - Other \_\_\_\_\_

**7. Overtime Pay Rate:**  
\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgement:**  
On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

- Check one:**
- I have been given this pay notice in English because it is my primary language.
  - My primary language is \_\_\_\_\_, I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Preparer's Name and Title \_\_\_\_\_

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

**Please note:** It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

## AFFIRMATION STATEMENT

To be completed by those employees working in the capacity of **LIFEGUARD**.

I affirm that I possess a current American Red Cross Certified Lifeguard Training Certificate, or its equivalent, and a current American Red Cross CPR For The Professional Rescuer Certificate, or its equivalent.

If I am appointed by an authority that operates a Beach or Waterfront Facility, I will also possess the American Red Cross Waterfront Lifeguard Module, or its equivalent.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

In addition to meeting the above qualifications, please have those employees supervising other lifeguards check where indicated below.

\_\_\_\_ I have two seasons of full time paid work experience as a lifeguard or an equivalent combination of training and experience.

Signature: \_\_\_\_\_

To be employed by: \_\_\_\_\_

(Specify City, Town, Village, School District)

Appointing Authority Signature: \_\_\_\_\_

**DUTCHESS COUNTY HUMAN RESOURCES**