

Last Name: _____ First Name: _____

City of Long Beach

City Council

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City Manager
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PAPERWORK REQUIREMENTS FOR SEASONAL/PART-TIME APPLICATIONS

The attached paperwork must be completed and submitted to the Civil Service office of the City of Long Beach, 1 West Chester Street, Room 504, Long Beach NY 11561:

- _____ Seasonal/Part-Time Employment Application
- _____ W-4
- _____ I-9 (complete Section 1 only)
- _____ Employer Health Benefits Waiver of Coverage

In addition, you must submit the following documents:

- _____ **Original Working Papers** (ages 14 & 15 – blue card) (ages 16 & 17 – green card)
(must be kept on file by the City if hired)
- _____ **Social Security Card**
(needed for verification, will be returned immediately)
- _____ **Birth Certificate**, if unable to produce photo ID with date of birth
(needed for verification, will be returned immediately)
- _____ **Photo Identification** (valid/current), if over age of 18 (i.e. Driver's License, Non-Driver's ID, Passport, School ID)
(needed for verification, will be returned immediately)
- _____ **Proof of Health Insurance Coverage**
(needed for verification, will be returned immediately)
- _____ **Alien Registration Card**, if applicable
(needed for verification, will be returned immediately)

The New York State Labor Department requires Working Papers for students under eighteen who seek employment. Working Papers are valid for two years. Students who attend Long Beach Middle School should apply in the Health Office of the Middle School. Students who attend Long Beach High School should apply in the Health Office of the High School. Students who attend non-public schools may obtain Working Papers at Long Beach High School.

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For office use only:

Paperwork complete, application approved: _____ Date: _____
Application returned, above designated paperwork missing: _____ Date: _____

Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony? Yes ___ No ___

A conviction is not an automatic bar to employment. Each case is considered on its individual merits. A false statement may result in the disqualification of your application in accordance with section 50 of Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

Except for lack of work or funds, were you ever dismissed or discharged from any employment?

Yes ___ No ___

If you answered "yes" to either question above, you must give specifics below. 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 for which you are applying.

Check the highest grade level completed as of June 30th:

9 ___ 10 ___ 11 ___ 12 ___ College completed 1 ___ 2 ___ 3 ___ 4 ___

Did you graduate? Yes ___ No ___ Degree: _____ Date: _____

Name of School: _____

Do you have certifications for: First Aid ___ and/or CPR ___

Do you have a driver's license? Yes ___ No ___

If yes, please list type: _____

Employment History

Name of Employer: _____ Position: _____ Describe Duties: _____ _____ Address: _____ Phone Number/Contact: _____ Date Employed: _____ to _____ Reason for leaving: _____
Name of Employer: _____ Position: _____ Describe Duties: _____ _____ Address: _____ Phone Number/Contact: _____ Date Employed: _____ to _____ Reason for leaving: _____

For Recreation Specialist or Camp Counselor

If you are interested in a position in any area below, please check next to the activity and list qualifications and experience in the space provided. Please include any Jr. Varsity, Varsity or coaching experience.

___	Baseball:	_____
___	Softball:	_____
___	Basketball:	_____
___	Soccer:	_____
___	Softball:	_____
___	Lacrosse:	_____
___	Tennis:	_____
___	Volleyball:	_____
___	Swimming:	_____
___	Diving:	_____
___	Ice Hockey:	_____
___	Figure Skating:	_____
___	Roller Hockey:	_____
___	Wrestling:	_____
___	Yoga/Aerobics:	_____
___	Arts & Crafts:	_____
___	Music:	_____
___	Dramatic Arts:	_____
___	Child Care:	_____
___	Other:	_____

According to §45 of the NYS Retirement and Social Security Law, you have the option of becoming a member of the New York State Employees' Retirement System. By becoming a member, 3% of your salary will be deducted by-weekly.

I acknowledge that I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the retirement system, I must file an application with the Civil Service office and pay the applicable certified mailing fee.

I acknowledge that I am requesting permission to work as a seasonal or part-time employee, and therefore will be restricted in the duration of my employment or number of hours I may be permitted to work. I acknowledge that I received and completed the attached Employer Health Benefits Waiver of Coverage.

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

Applicant's Signature

Date

The City of Long Beach is an equal opportunity employer.

Return completed application, and all required paperwork, to:

Civil Service (Room 504)
1 West Chester Street
Long Beach, NY 11561

Phone: 516-431-1000 x7214 Fax: 516-897-5669

www.longbeachny.gov

City of Long Beach



Pre-employment reference check

Applicant's Name: _____

Social Security Number: _____

Position Applied for: _____

Please list THREE (3) references (other than a "Family Member"):

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1.		
2.		
3.		

DO NOT WRITE BELOW THIS LINE; FOR OFFICE USE ONLY

1. Person Contacted: _____ **Title/Relationship:** _____

	GOOD	FAIR	POOR
<input type="checkbox"/> Attendance			
<input type="checkbox"/> Punctuality			
<input type="checkbox"/> Work Attitude			
<input type="checkbox"/> Job Performance			
<input type="checkbox"/> Ability to get along with others			
<input type="checkbox"/> Personal Appearance			
<input type="checkbox"/> Dependability			

2. Person Contacted: _____ **Title/Relationship:** _____

	GOOD	FAIR	POOR
<input type="checkbox"/> Attendance			
<input type="checkbox"/> Punctuality			
<input type="checkbox"/> Work Attitude			
<input type="checkbox"/> Job Performance			
<input type="checkbox"/> Ability to get along with others			
<input type="checkbox"/> Personal Appearance			
<input type="checkbox"/> Dependability			

3. Person Contacted: _____ **Title/Relationship:** _____

	GOOD	FAIR	POOR
<input type="checkbox"/> Attendance			
<input type="checkbox"/> Punctuality			
<input type="checkbox"/> Work Attitude			
<input type="checkbox"/> Job Performance			
<input type="checkbox"/> Ability to get along with others			
<input type="checkbox"/> Personal Appearance			
<input type="checkbox"/> Dependability			

****additional comments on reverse side (if necessary)**

Completed by: Name: _____

Date: _____

Employee's Withholding Certificate

▶ **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

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 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:
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 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.)

Step 3: Claim Dependents	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 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)
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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"/>
<p>Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Complete the worksheet on page 4 before making any entries.</p> <p>1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) 1 <input type="text"/></p> <p>2 Total number of allowances for New York City (from line 35) 2 <input type="text"/></p> <p>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</p> <p>3 New York State amount 3 <input type="text"/></p> <p>4 New York City amount 4 <input type="text"/></p> <p>5 Yonkers amount 5 <input type="text"/></p>					

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
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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.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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 10/31/2022

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.")

Employee Info from Section 1	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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

City of Long Beach 2020

EMPLOYER HEALTH BENEFITS WAIVER OF COVERAGE

If you are declining enrollment for yourself or your dependents (including your spouse) under this plan because you have other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment **within 30 days** after your other coverage involuntarily ends.

In addition, if you are not enrolled under your employer's group health plan and you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after marriage, birth, adoption or placement.

If you are declining coverage, please check one of the following reasons:

I decline coverage for:

- Myself
- Spouse
- Dependent Children
- Myself and all dependents

Declining coverage due to existence of other coverage: **(Attach Copy of Your Proof)**

- Spouse's Employer's Plan
- Individual Plan
- Covered by Medicare
- Medicaid
- COBRA from Prior Employer
- VA Eligibility
- I (we) have no other coverage at this time
- Other _____

I understand that by waiving coverage at this time, I will not be allowed to participate unless I qualify at a special enrollment period or as a late enrollee, if applicable, or at the next open enrollment period. I acknowledge that I have been given the opportunity to enroll in the City of Long Beach medical plan.

Date: _____

Signature: _____

Printed Name: _____

Social Security Number: _____